

MENSTRUAL PROBLEMS

NORMAL MENSTRUATION

Most young women will first menstruate (menarche) around the age of 12 years. If a young woman starts to menstruate under the age of 8-9 years or if she hasn't menstruated by age 14 with no breast development or 16 years with breast development; then investigations should be performed.

The menstrual length is calculated from day one of the periods to day one of the next cycle. Normal cycle length is 3-8 weeks with 1-7 days of bleeding. A woman having fewer than 6 periods per year ("oligomenorrhoea"), or no periods for 6 months ("amenorrhoea") needs to have some tests performed. Bleeding between periods is called "intermenstrual bleeding." Some have a small bleed at ovulation. Sometimes intermenstrual bleeding needs to be investigated too.

HEAVY PERIODS

This is one of the commonest reasons for a woman needing to see a gynaecologist. Warning signs that the menstrual loss needs to be investigated include:

- Passing menstrual clots
- Flooding past sanitary protection
- Anaemia and iron deficiency on blood testing

The doctor will usually organise an ultrasound scan to see if there are any physical reasons for the heavy periods. These include fibroids (balls of muscle within the wall of the uterus), polyps inside the uterus and adenomyosis (the uterine lining grows into the wall). Blood tests may be ordered to check the blood count and iron stores and sometimes the thyroid. A sexually active woman should make sure that her pap smear is up to date and sometimes the doctor might want to do a cervical (vaginal) swab for infections.

TREATMENTS FOR HEAVY PERIODS

There are many treatments available today. Some include:

Cyklokapron®: this is a very old but highly effective treatment for bleeding. The full dose is 2 tablets four times a day taken only during menstruation. It typically reduces menstrual loss by more than half. It has few side effects but can occasionally cause nausea.

The Contraceptive Pill: The Pill is now 50 years old. Taken according to the packet, most Pills will reduce menstrual loss by half. Some, such as Qlaira® can reduce blood loss even more. Some women can take their active pills for up to 3 months at a time to "skip" periods.

The Mirena® device: This is fitted to the uterus and so delivers the drug directly to the lining of the uterus. It is our best medical option. It typically takes several months to fully work but eventually reduces menstrual loss by an average of 90%. It lasts 5 years and is covered by Medicare (i.e. it is cheap!). At WHRIA we are able to insert the Mirena® IUD and use our own specialised anaesthetic gel to numb and dilate your cervix to make

the procedure as comfortable as possible for you, while eliminating the need for local anaesthetic via a needle. This is a service unique to WHRIA.

Progestins: These thin the lining of the uterus and form the active component of the Pill and Mirena® device. Drugs such as Primolut® can be used to terminate a heavy period (often in combination with Cyklokapron®).

Infrequent periods

Most women with infrequent periods will have PCOS. These women can have excess body hair, acne, scalp hair loss and weight gain too. However, there are many other causes of irregular periods too. Most of these women will need a blood test to measure their hormone profile and some, an ultrasound scan of their uterus and ovaries.

Premenstrual spotting

Some women find that they have premenstrual spotting for 1-7 days before they bleed properly. This can be a sign of endometriosis (and sometimes other conditions) and should be investigated.

Postmenopausal bleeding

Menopause means “last period.” Once 12 months has gone by, any bleeding after that is considered abnormal. Most women will be investigated with a pap smear and an ultrasound and if the lining of the uterus is too thick, then a diagnostic procedure called a hysteroscopy (with biopsies) is performed.