NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

Gynaecology

Menstrual Disorders Clinic

The Menstrual disorders Clinic is specifically for women who have problems with their periods.

To reach a diagnosis your appointment has been planned to ensure the tests needed by the specialist are completed in one visit.

Why are you attending?

Heavy menstrual bleeding and menstrual disturbance

Heavy menstrual bleeding (HMB) is defined as excessive menstrual blood loss which interferes with a woman's physical, social, emotional and/or material quality of life. It can occur alone or in combination with other symptoms.

You may also attend this clinic if you are suffering with periods that are;

- Painful
- Irregular
- Absent, i.e. no period
- Bleeding in-between period (break through bleeding)
- Bleeding during or after intercourse

What causes these symptoms?

Dysfunctional uterine bleeding: 60% of ladies have no structural or pathological reason for uterine bleeding and it is believed to be down to a hormonal imbalance which is called ‘dysfunctional uterine bleeding.’ When you attend the clinic your clinician will investigate your symptoms and will discuss your treatment options with you.

Endometrial polyp: an overgrowth of cells in the lining of the uterus (endometrium) leads to the formation of uterine polyps, also known as endometrial polyps. These polyps are usually non-cancerous (benign). No definitive cause of endometrial polyps is known, but they appear to be affected by hormone levels and grow in response to circulating oestrogen. They often cause no symptoms. Polyps can be removed fairly easily; if a polyp is identified your specialist will discuss your treatment options with you.

Uterine fibroids: these are also known as **uterine leiomyoma** and are benign tumours which originate from the smooth muscle layer (myometrium) of the uterus. Fibroids are often multiple. Unless the fibroid is particularly large it is the position of the fibroid that is more important. If your fibroids are significant your specialist will discuss the treatment options, highlighting the ones relevant to you.

Endometriosis/adenomyosis: the main symptom of endometriosis is usually painful periods, but studies have found that HMB may be a significant secondary symptom.

Other causes include:

- Blood disorders such as von Willebrand disease
- Thyroid disorders
- Cancer
- Contraceptive problems
- Lifestyle (smoking, weight, high alcohol consumption, stress)
- Genetics

Before your visit

Please bring a sanitary towel and a list of your medications with you when you come to your appointment.

You can eat and drink as normal and we do suggest you eat breakfast on the day of the investigation as without, you may feel faint.

Please attend the clinic reception on **Ward 23,** where a receptionist will greet you and ensure your details are correct. You will then meet your specialist. A

After the initial consultation you will be taken into another room where other procedures (described below) may be performed. After the procedures you will have an opportunity to discuss the findings and plan the management of your care with your specialist.

The results of the tests will be processed as soon as possible so that the appropriate treatment can be planned. Once the results are obtained they will either be discussed with you personally or communicated in a letter to you and your General Practitioner (GP).

Further visits may be arranged for you by the specialist or your GP. These will monitor your response to the treatment or the need for additional treatment.

During your visit you are likely to have at least one of the following:

Consultation

A discussion about the problem that brought you to this clinic, and an explanation about the actual procedure.

Ultra sound scan

This is a procedure to assess and view the uterus (womb) and is performed internally by placing a small shaped probe into the vagina. The bladder should be empty for this procedure.

Ultra sound scan and saline sonography

This may be carried out to outline the inside of the womb and may show evidence of polyps (usually non-cancerous skin tags), or fibroids (usually non-cancerous lumps of tissue). If a saline scan is performed a small amount of saline (salt water) is gently inserted via the scan probe into the uterus.

Hysteroscopy

If there is a need to look inside the womb because something has been seen on the scan and needs to be looked at more closely, a thin telescope is passed gently through the cervix (neck of the womb).

Swab

A speculum (instrument used for smears) is inserted into the vagina to allow a clear view of the cervix then a specially designed cotton bud is wiped over the cervix to collect cells. This is sent away to be looked at under the microscope to see if there is an infection which can be treated easily with antibiotics.

Biopsy

A tiny tube is introduced into the womb and cells are collected from the lining of the womb and sent to be analysed. This assists the specialist to make a diagnosis. This may cause some discomfort.

Blood test

If indicated.

Treatment options

Please be aware not all of these options will be suitable for everyone and your specialist will advise you about your individualised care

Treatment	**What is it?**	**Potential unwanted outcomes experienced by some women** (**Common:** 1 in 100 chance; **less common:** 1 in 1000 chance; **rare**: 1 in 10,000 chance; **very rare:** 1 in 100,000 chance)
No treatment Do nothing	If we reassure you that the investigations are normal you do not need to start any of the below options.	

Levonorgestrel-releasing intrauterine system (Mirena)	A small plastic t-shaped device containing progesterone, which is released steadily over a five year period (see Mirena leaflet).	**Common:** irregular bleeding that may last for over 6 months; hormone-related problems such as breast tenderness, acne or headaches, which, if present, are generally minor and transient. **Less common:** amenorrhoea (absent period). **Rare:** uterine perforation at the time of insertion.
Tranexamic acid	Tablets to help reduce bleeding, this works by reducing the break down of clots in the uterus.	**Less common:** indigestion; diarrhoea; headaches.
Non-steroidal anti-inflammatory drugs (mefanemic acid)	Tablets to help with period cramps and reduce blood flow. They reduce your body's production of a hormone like substance called prostaglandin.	**Common:** indigestion; diarrhoea. **Rare:** worsening of asthma in sensitive individuals; peptic ulcers with possible bleeding and peritonitis.
Combined oral contraceptives (COCP)	Tablets: COCP suppress production of gonadotrophins and reduces menstrual loss and helps with pain.	**Common:** mood changes; headaches; nausea; fluid retention; breast tenderness. **Very rare:** deep vein thrombosis; stroke; heart attacks.
Oral progestogen (norethisterone)	Tablets: progesterone reduces blood flow by preventing your womb's lining growing quickly.	**Common:** weight gain; bloating; breast tenderness; headaches; acne (but all are usually minor and transient). **Rare:** depression.

Injected/implant progestogen	Works by preventing the lining of your womb growing quickly.	**Common:** weight gain; irregular bleeding; amenorrhoea; premenstrual-like syndrome (including bloating, fluid retention, breast tenderness). **Less common:** small loss of bone mineral density, largely recovered when treatment discontinued.
Gonadotrophin-releasing hormone analogue	An injection which puts you in a false state of the menopause.	**Common:** menopausal-like symptoms (such as hot flushes, increased sweating, vaginal dryness). **Less common**: osteoporosis, particularly trabecular bone with longer than 6 months use.
Endometrial ablation	Cleaning the lining of the uterus to reduce and sometimes stop blood flow. Only suitable if your family is complete.	**Common:** vaginal discharge; increased period pain or cramping (even if no further bleeding); need for additional surgery. **Less common:** infection. **Rare:** perforation (but very rare with second generation techniques).
Uterine artery embolisation for some ladies with fibroids	A special catheter is introduced into the groin to stop the blood supply to the fibroids.	**Common:** persistent vaginal discharge; post-embolisation syndrome – pain, nausea, vomiting and fever (not involving hospitalisation). **Less common:** need for additional surgery; premature ovarian failure particularly in women over 45 years old; haematoma. **Rare:** haemorrhage; non-target embolisation causing tissue necrosis; infection causing septicaemia.

Myomectomy	Surgical removal of the fibroids by cutting them out. Major surgery only really considered if retaining fertility is needed.	**Less common:** adhesions (which may lead to pain and/or impaired fertility); need for additional surgery; recurrence of fibroids; perforation (hysteroscopic route); infection. **Rare:** haemorrhage.
Hysterectomy	Major surgery to remove uterus plus or minus ovaries and cervix. This can be done in different ways which your specialist will discuss with you.	**Common:** infection **Less common:** intraoperative bleeding; damage to other abdominal organs, such as the urinary tract or bowel; urinary dysfunction – frequent passing of urine and incontinence. **Rare:** thrombosis (DVT and clot on the lung). **Very rare:** death. (Complications are more likely when hysterectomy is performed in the presence of fibroids.)
Oophorectomy at time of hysterectomy	Removal of ovaries	**Common:** menopausal-like symptoms

Plan for future treatment

In some circumstances it is necessary to wait for the results of investigations to plan effective treatment.

After your tests

How you feel is individual and dependent on the procedure(s) you have had. The majority of the investigations will have no impact at all on you or your day, enabling you to continue with your day as normal. However there are some procedures that may give you cramp like abdominal discomfort for a few hours. In this case it is advisable to rest. If necessary pain relief should be taken in the form of paracetamol, or your own preferred pain relief. Also with some of these procedures some fresh vaginal bleeding may be expected. We suggest that

you use protection in the form of sanitary towels, it is not advisable to use tampons for the next couple of days.

If you experience severe pain or heavy bleeding, or have any further concerns, please seek advice, firstly from your GP. If your GP is unable to assist please phone Gynaecology Suites, Ward 23 on 024 7696 7222. Out of hours for emergencies please call 024 7696 7000

Your visit may last approximately one hour however you will only be in the examination room for around twenty minutes. Please notify us if you are unable to attend. You may also use the number below if you have any other questions or would like further information before your appointment.

Gynaecology Suites, Ward 23: 024 7696 7222

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7222 and we will do our best to meet your needs.

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