



# Women's Health Specialists

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## Menorrhagia (Heavy Menses)

Menorrhagia is a fairly common disorder that is characterized by an unusually heavy or prolonged menstrual flow. The menstrual flow in menorrhagia, will generally last more than 7 days, and be accompanied by fatigue, anemia and the passing of large blood clots.

There are numerous causes of menorrhagia. Heavy menses may be seen in women who are perimenopausal (approaching menopause), women with fibroids, women who do not ovulate regularly, women who take unopposed estrogen, have hormone imbalances, thyroid problems, endometriosis, lupus, certain cancers, using an intrauterine device (IUD), diabetes, have platelet disorders, are on certain drugs, including anticoagulants and anti-inflammatory medications.

The major problem with menorrhagia is the subsequent anemia that is often severe. Sometimes the bleeding and anemia is so severe that blood transfusions are required, iron supplements may be required and it disrupts normal life like school and work. Nonsteroidal anti-inflammatory drugs (NSAIDs) may be effective for relieving menstrual pain and for reducing heavy menstrual bleeding.

It is important to determine the cause of the menorrhagia and then to implement the appropriate treatment. The work up will usually begin with a pelvic exam including a Pap smear. Special laboratory tests may also be performed such as an endometrial biopsy, pregnancy test and hormone tests to help determine the cause of the bleeding. Often a pelvic ultrasound will be ordered to rule out fibroids or other uterine abnormalities as well as to evaluate the ovaries for cysts.

Treatment of menorrhagia usually begins with hormone therapy, however treatment depends on the age of the woman and whether future fertility is desired.

If contraception is desired, using an IUD, like Mirena may be recommended or switching to another form of contraception altogether.

If a woman does not desire “major” surgery then an endometrial ablation (destroying the lining of the uterus) may be recommended. This procedure can be done in your doctors’ office and requires no “down time”. This procedure is for women who do not desire a future pregnancy, but it is not to be considered a form of contraception.

Dilatation and curettage (D & C) (dilatation of the cervix and a scraping out of the lining of the uterus with a curette) may be recommended. This is often diagnostic and therapeutic. However, often the bleeding may return after several months.

Hysterectomy may be considered in persistent cases where fertility is no longer desired and a patient has failed conservative management.