

Frequently Asked Questions

What is a normal menstrual cycle?

The normal length of the [menstrual cycle](#) is typically between 21 and 35 days. A normal [menstrual period](#) generally lasts up to 7 days.

When is bleeding abnormal?

Bleeding in any of the following situations is considered [abnormal uterine bleeding](#) :

- Bleeding or spotting between periods
- Bleeding or spotting after sex
- Heavy bleeding during your period
 - Bleeding that soaks through one or more tampons or pads every hour
 - Bleeding that lasts more than 7 days
- Menstrual cycles that are longer than 35 days or shorter than 21 days
- “Irregular” periods in which cycle length varies by more than 7 to 9 days
- Not having a period for 3 to 6 months
- Bleeding after [menopause](#)

What is the difference between chronic and acute abnormal uterine bleeding?

Abnormal uterine bleeding can be a chronic condition, which means that it has happened often for at least the past 6 months.

Sudden, unusual episodes of abnormal bleeding also can occur. This is called acute abnormal uterine bleeding. If you are changing pads or tampons every hour for more than 2 hours in a row, and you also have chest pain, have shortness of breath, and are lightheaded or dizzy, seek emergency medical care right away.

At what ages is abnormal bleeding more common?

Abnormal bleeding can occur at any age. But at certain times in a woman's life it is common for periods to be somewhat irregular:

- Periods may not occur regularly when a girl first starts having them (around age 9 to 14).
- During [perimenopause](#) (around age 50), the number of days between periods may change. It is common to skip periods or for bleeding to get lighter or heavier at this time.

Although these changes may be expected, you should talk with your [obstetrician–gynecologist \(ob-gyn\)](#) about any abnormal uterine bleeding.

What causes abnormal bleeding?

Some of the causes of abnormal bleeding include the following:

- Problems with [ovulation](#) —Lack of ovulation can cause irregular, sometimes heavy, menstrual bleeding. If you do not ovulate for several menstrual cycles, areas of the [endometrium](#) (the tissue that lines the [uterus](#)) can become too thick. This condition can occur during the first few years after you start having periods and during perimenopause. It also can occur in women with certain medical conditions, such as [polycystic ovary syndrome \(PCOS\)](#) and [hypothyroidism](#).
- [Fibroids](#) and [polyps](#) —Fibroids are noncancerous growths that form from the muscle tissue of the uterus. Polyps are another type of noncancerous growth. They can be found inside the uterus or on the [cervix](#). Both can cause irregular or heavy menstrual bleeding.

- **Adenomyosis**—In this condition, the endometrium grows into the wall of the uterus. Signs and symptoms may include heavy menstrual bleeding and menstrual pain that worsens with age.
- **Bleeding disorders**—When a woman’s blood does not clot properly, there can be heavy bleeding. You may have a bleeding disorder if you have had heavy periods since you first started menstruating. Other signs include heavy bleeding after childbirth or during surgery, gum bleeding after dental work, easy bruising, and frequent nosebleeds.
- **Medications**—Hormonal birth control methods can cause changes in bleeding, including breakthrough bleeding (bleeding at a time other than your period). Some medications, such as blood thinners and aspirin, can cause heavy menstrual bleeding. The copper **intrauterine device (IUD)** can cause heavier menstrual bleeding, especially during the first year of use.
- **Cancer**—Abnormal uterine bleeding can be an early sign of **endometrial cancer**. Most cases of endometrial cancer occur in women in their mid-60s who are past menopause. It usually is diagnosed at an early stage when treatment is most effective. A condition that can lead to endometrial cancer is called **endometrial intraepithelial neoplasia (EIN)**. It also causes abnormal uterine bleeding. Treatment of this condition can prevent endometrial cancer.
- **Other causes**— **Endometriosis** and other problems related to the endometrium can cause heavy menstrual bleeding. Other causes of abnormal uterine bleeding include those related to pregnancy, such as **ectopic pregnancy** and **miscarriage**. **Pelvic inflammatory disease (PID)** also can be a cause. Sometimes, there is more than one cause.

How is abnormal bleeding diagnosed?

Your ob-gyn should ask about your personal and family health history, such as past and present illnesses and surgical procedures, pregnancy history, medications, including those you buy over the counter, and your birth control method.

Information about when bleeding occurs and the amount of bleeding also is helpful. If possible, keep track for several weeks before your visit. Note the dates, length, and type (light, medium, heavy, or spotting) of your bleeding on a calendar. You also can use a smartphone app designed to track menstrual cycles.

If you have an acute episode of heavy bleeding, you should be treated right away to control it. If you have lost a great deal of blood, you may need to be given fluids or a blood transfusion. After your condition is stable, your ob-gyn will begin to look for the cause of your bleeding.

What tests and exams may be needed to diagnose abnormal bleeding?

You should have a physical exam, including a [pelvic exam](#) . Lab tests may be done. A blood test called a [complete blood count \(CBC\)](#) can help determine if you have anemia or an infection. You may have tests for certain bleeding disorders. You may have a pregnancy test and tests for [sexually transmitted infections \(STIs\)](#) .

Based on your symptoms and your age, other tests may be needed:

- [Ultrasound exam](#) –Sound waves are used to make a picture of the pelvic organs.
- [Hysteroscopy](#) –A thin, lighted scope is inserted through the vagina and the opening of the cervix. It allows your ob-gyn to see the inside of the uterus.
- [Endometrial biopsy](#) –A sample of the endometrium is removed and looked at under a microscope.
- [Sonohysterography](#) –Fluid is placed in the uterus through a thin tube while ultrasound images are made of the uterus.
- [Magnetic resonance imaging \(MRI\)](#) –This imaging test uses powerful magnets to create images of the internal organs.
- [Computed tomography \(CT\)](#) –This X-ray procedure shows internal organs and structures in cross section.

What medications are used to help control abnormal bleeding?

Medications often are tried first to treat irregular or heavy menstrual bleeding. Some of them also prevent pregnancy. This can be useful if you need a birth control method. The medications that may be used include the following:

- [Hormonal birth control methods](#)—Irregular bleeding and heavy bleeding caused by problems with ovulation, PCOS, and fibroids often can be managed with certain hormonal birth control methods.

- Combined hormonal birth control pills, the skin patch, and the vaginal ring contain both [estrogen](#) and [progestin](#) . They can lighten menstrual flow and help make periods more regular. Taken continuously, they can reduce the number of periods you have or stop them completely.
- Progestin-only hormonal methods, including the hormonal IUD, pills, and injection, also may reduce bleeding. The IUD and injection may stop bleeding completely after 1 year of use.
- [Hormone therapy](#) can be helpful for heavy menstrual bleeding that occurs during perimenopause and can treat other perimenopausal symptoms, such as hot flashes, night sweats, and vaginal dryness. Perimenopausal women also can take the hormonal birth control methods discussed above. You still may have periods while taking hormone therapy, but they usually are lighter and more predictable. [Hormone therapy](#) has risks, including an increased risk of heart attack, stroke, and cancer. Before deciding to use hormone therapy, it is important to weigh the benefits and risks based on your symptoms and your personal and family medical history.
- [Gonadotropin-releasing hormone \(GnRH\) agonists](#) –These drugs can stop the menstrual cycle and reduce the size of fibroids. They are used only for short periods (less than 6 months). Their effect on fibroids is temporary. Once you stop taking the drug, fibroids usually return to their original size.
- [Tranexamic acid](#) –This prescription medication treats heavy menstrual bleeding. It comes in a tablet and is taken each month at the start of the menstrual period.
- [Nonsteroidal anti-inflammatory drugs \(NSAIDs\)](#) –These drugs, which include ibuprofen, also may help control heavy bleeding and relieve menstrual cramps.
- If you have a bleeding disorder, your treatment may include medications to help your blood clot.
- If you have an infection, you may be given an antibiotic.

What types of surgery are performed to treat abnormal bleeding?

If medication does not reduce your bleeding, a surgical procedure may be needed. There are different types of surgery depending on your condition, your age, and whether you want to get pregnant in the future.

- [Endometrial ablation](#) destroys the lining of the uterus. It stops or reduces the total amount of bleeding. Pregnancy is not likely after ablation, but it can happen. If it

does, the risk of serious complications, including life-threatening bleeding, is greatly increased. If you have this procedure, you will need to use birth control until after menopause. Sterilization (permanent birth control) may be a good option to prevent pregnancy for women who get ablation. Another risk is that it may be harder to detect endometrial cancer after ablation.

- Fibroid treatments that do not remove the uterus:
 - **Uterine artery embolization** : The blood vessels to the uterus are blocked, stopping the blood flow that allows fibroids to grow.
 - MRI-guided ultrasound surgery: Ultrasound waves are used to destroy fibroids.
 - **Myomectomy** : This surgery removes just the fibroids, not the uterus. A drawback is that fibroids may regrow after this surgery.
 - This procedure can be used to remove fibroids or stop bleeding caused by fibroids in some cases.
- **Hysterectomy** is the removal of the uterus. This surgery is used to treat fibroids and adenomyosis when other types of treatment have failed or are not an option. It also is used to treat endometrial cancer. A hysterectomy can be done in different ways: through the vagina, through the abdomen, or with **laparoscopy** . After the uterus is removed, a woman can no longer get pregnant and will no longer have periods.

Glossary

Abnormal Uterine Bleeding: Bleeding from the uterus that is different from what is normal for a woman who is not pregnant. This bleeding may vary in how long, how regular, and how often it occurs.

Adenomyosis: A condition in which the tissue that normally lines the uterus begins to grow in the muscle wall of the uterus.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Complete Blood Count (CBC): A blood test that measures and describes different cell types in the blood.

Computed Tomography (CT): A type of X-ray that shows internal organs and structures in cross section.

Ectopic Pregnancy: A pregnancy in a place other than the uterus, usually in one of the fallopian tubes.

Endometrial Ablation: A minor surgical procedure in which the lining of the uterus is destroyed to stop or reduce menstrual bleeding.

Endometrial Biopsy: A procedure in which a small amount of the tissue lining the uterus is removed and examined under a microscope.

Endometrial Cancer: Cancer of the lining of the uterus.

Endometrial Intraepithelial Neoplasia (EIN): A precancerous condition in which areas of the lining of the uterus grow too thick.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Endometrium: The lining of the uterus.

Estrogen: A female hormone produced in the ovaries.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Gonadotropin-Releasing Hormone (GnRH) Agonists: Medical therapy used to block the effects of certain hormones.

Hormone Therapy: Treatment in which estrogen and often progestin are taken to help relieve symptoms that may happen around the time of menopause.

Hypothyroidism: A condition in which the thyroid gland makes too little thyroid hormone.

Hysterectomy: Surgery to remove the uterus.

Hysteroscopy: A procedure in which a lighted telescope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Magnetic Resonance Imaging (MRI): A test to view internal organs and structures by using a strong magnetic field and sound waves.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined as the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Menstrual Period: The monthly shedding of blood and tissue from the uterus.

Miscarriage: Loss of a pregnancy that is in the uterus.

Myomectomy: Surgery to uterine fibroids only, leaving the uterus in place.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): Drugs that relieve pain by reducing inflammation. Many types are available over the counter, including ibuprofen and naproxen.

Obstetrician–Gynecologist (Ob-Gyn): Doctors with special training and education in women's health.

Ovulation: The time when an ovary releases an egg.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Pelvic Inflammatory Disease (PID): An infection of the upper female genital tract.

Perimenopause: The time period leading up to menopause.

Polycystic Ovary Syndrome (PCOS): A condition that leads to a hormone imbalance that affects a woman's monthly menstrual periods, ovulation, ability to get pregnant, and metabolism.

Polyyps: Abnormal tissue growths that can develop on the inside of an organ.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sonohysterography: A procedure in which sterile fluid is injected into the uterus through the cervix while ultrasound images are taken of the inside of the uterus.

Tranexamic Acid: A drug to treat or prevent heavy bleeding.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Uterine Artery Embolization: A procedure to block the blood vessels to the uterus. This procedure is used to stop bleeding after delivery. It is also used to stop other causes of bleeding from the uterus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ095

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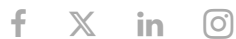
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