Choosing the Right Treatment for You

There are a number of treatment options available. This chart highlights the main advantages and disadvantages of the most common options. Please consult your doctor to determine which treatment may be right for you.

live comfortably

Most Common Treatment Options For Heavy Menstrual Bleeding

	Non-Hormonal			Hormonal	
	Medication e.g. NSAIDs or Tranexamic Acid	Minimally Invasive Surgery Endometrial Ablation	Major Surgery e.g. Hysterectomy	Oral Contraceptives	Hormone-Releasing Intrauterine Device or IUD
Description	Nonsteroidal anti-inflammatory drugs (NSAIDs) are painkillers, generally available as over-the-counter medication. Tranexamic acid is an antifibrinolytic agent that helps block the breakdown of blood clots.[1] A prescription is required.	A quick and effective procedure that removes the lining of the uterus in about 5 minutes.	Surgery to remove the uterus - a permanent option for women when less invasive options are ineffective or unsuitable.	Low doses of female hormones (oestrogen and/or progestin) such as birth control pills.	Device inserted into the uterus that releases a steady amount of progestins, which can help control bleeding.
Advantages	• NSAIDs are suitable for milder menorrhagia [2] • NSAIDs can relieve painful menstrual cramps [4] • NSAIDs and tranexamic acid only need to be taken at the time of bleeding [4] • Tranexamic acid is more effective at relieving symptoms than NSAIDs [3] • Some NSAIDs can reduce the amount of blood volume by up to 45% [2] • Transexamic acid is shown to reduce the amount of blood flow during each period by 40-60% [5]	• More than 9 in 10 women return to normal or lower than normal bleeding [6] • Can be performed in the hospital or a day surgery unit • Local or general anaesthetic can be used (general is mostly used in Australia and New Zealand) • Can be done at any time during the cycle without hormonal pretreatment • Recovery in 1 to 2 days • Removes lining but leaves uterus intact	• Eliminates problem bleeding • Permanent	• Reduces bleeding in around one-third of patients [9] • Self-administered - taken by mouth • Contraceptive • Fertility restored when therapy is stopped	• 39% efficacy after 5 years [10] • Does not require taking pills • Contraceptive • Fertility restored when the IUD is removed
Disadvantages	• NSAIDs and tranexamic acid are associated with gastrointestinal (GI) side effects, including nausea, vomiting, diarrhoea and dyspepsia, as well as disturbances in colour vision [2] • Tranexamic acid can cause nausea and leg cramps [3] • Patients on tranexamic acid also run the risk of developing deep venous thrombosis (DVT) [2]	• Only appropriate for women who do not want more children • Surgical risks associated with minimally invasive procedures • Cannot be reversed • After an ablation, your uterus is not able to properly support foetal development so some form of birth control is required	• Involves major invasive surgery • Risks of complications associated with major surgery • Requires general anaesthesia • 2 to 8 week recovery time • May result in early onset of menopause / possible need for future hormone treatment [11] • Cannot be reversed	• May take up to 3 months before they start working [11] • About 50% of patients experience side effects [9] • Hormonal side effects can include depression, acne, headache, weight gain, breast tenderness, increased risk of cervical cancer [12] • Ongoing cost • Must remember to take them • 77% of women eventually progress to a surgical solution [13]	• Must be removed and replaced every 5 years • 70% of women experience intermenstrual bleeding/spotting [10] • 50% of women experience hormonal side effects [14] • Hormonal side effects may include: depression, acne, headaches, nausea, weight gain and hair loss [14,15] • Other potential side effects include abdominal pain, infection, and difficulty inserting the device, requiring cervical dilation [16] • May take up to 6 months before it starts working [17] • 42% of women require surgery within 5 years [10]

Note: Dilation and Curettage (D&C) is excluded from the treatment list due to its limited efficacy.[18] It is generally not offered as a treatment option in Australia and New Zealand.

1. Mayo Clinic. Tranexamic Acid. Available at www.mayoclinic.org/drugs-supplements/tranexamic-acid-oral-route/description/drg-20073517. 2. Accessed February 2016. Panesar K, "Managing Menorrhagia", US Pharmacist. 2011;36(9):56-61. 3. PubMed Health, Informed Health Online. Treatment options for heavy periods, June 2013. Available at www.ncbi.nlm.nih.gov/pubmedhealth/PMH0072477/. Accessed February 2016. 4. Mayo Clinic. Menorrhagia (heavy menstrual bleeding). Available at www.mayoclinic.org/diseases-conditions/menorrhagia/basics/treatment/con-20021959. Accessed February 2016. 5. Munro M G, Abnormal Uterine Bleeding, Cambridge University Press. First published 2010. ISBN 978-0-521-72183-7. 6. Cooper J, Gimpelson R, Laberge P, et al. A Randomized, Multicenter Trial of Safety and Efficacy of the NovaSure® System in the Treatment of menorrhagia.J Am Assoc Gynecol Laparosc. 2002;9(4):418-428. 8. Gallinat A. An Impedance-Controlled System for Endometrial Ablation: Five-Year Follow-up of 107 Patients. J Reprod Med. 2007;52(6):467-472. 9. Cooper KG, et al. A randomised comparison of medical and hysteroscopic management in women consulting a gynaecologist for treatment of heavy menstrual loss. Br J Obstet Gynecol 1997;104:1360-66. 10. Hurskainen R, et al. Clinical outcomes and costs with the levonorgestrel-releasing intrau-terine system of hysterectomy for treatment of menorrhagia: randomized trial 5-year follow-up. JAMA 2004; 291:1456-1463. 11. ACOG Committee on Practice Bulletins. ACOG Practice Bulletin: Endometrial Ablation. Obstet Gynecol 2007;109(5)1233-48. 12. Yasmin Prescribing Information. Wayne, NJ: Bayer HealthCare Pharmaceuticals Inc.; 2007. 13. Cooper KG, Jack SA, Parkin DE, Grant AM. Five-Year Follow-up of Women Randomised to Medical Management or Transcervical Resection of the Endometrium for Heavy Menstrual Loss: Clinical and Quality of Life Outcomes. Br J Obstet Gynaecol. 2001;108(12):1222-1228. 14. Backman T, et al. Length of use and symptoms associated with premature removal of levonorgestrel intrauterine system: a nation-wide study of 17,360 users. BJOG 2000;107:335-9. 15. Mirena Prescribing Information. Wayne, NJ: Bayer HealthCare Pharmaceuticals Inc.; 2007. 16. Istre O, e al. Treatment of menorrhagia with levonogestrol intrauterine system versus endometrial resection. Fertil Steril 2001. 17. Busfield RA, Farquhar CM, Sowter MC, et al. A Randomised Trial Comparing the Levonorgestrel Intrauterine System and Thermal Balloon Ablation for Heavy Menstrual Bleeding. BJOG. 2006;113(3):257-263. 18. Decherney AH, et al. Current Obstetric & Gynecologic Diagnosis & Treatment, ninth edition. New York, NY: McGraw-Hill Medical; 2003.