

Laparoscopy allows the doctor to view the inside of the abdomen directly. In this procedure, a slender, telescope-like instrument (called a *laparoscope*) is inserted through a small cut just below or through the navel.

Dilation and Curettage (D&C) is a surgical procedure in which the cervix is dilated (stretched) and tissue is gently scraped or suctioned from the lining of the uterus. It gives your doctor a sample of the lining of the uterus, which can be examined under a microscope to detect the presence of any tumors. D&C may also be used to attempt to control the bleeding.

Hysterosalpingography is a special X-ray procedure in which dye is injected into the uterus and fallopian tubes. It can help determine whether the shape and size of the inside of the uterus are normal.

Some of these procedures can be performed in a doctor's office, while others may be done in a hospital with anesthesia.

TREATMENT

Treatment for abnormal uterine bleeding will be based on the diagnosis. It may involve surgery or taking hormones, iron or other drugs.

HORMONE THERAPY

Hormones can be used to give a more normal hormone balance, which will stimulate the uterine lining to bleed on a regular basis. After a few cycles, your doctor will be able to judge how well this treatment is working. If you think you might be pregnant, let your doctor know before you start therapy.

OTHER DRUG THERAPY

If you have an infection, your doctor will prescribe antibiotics. Some drugs, such as ibuprofen, which are also used to relieve menstrual cramps, may be

helpful for heavy bleeding. Depending on your condition, other drugs might be prescribed.

SURGICAL THERAPY

Some patients with abnormal uterine bleeding can be treated with surgical techniques to remove growths such as polyps or fibroids that are causing the bleeding. Sometimes this can be done with hysteroscopy using a resectoscope.

Hysteroscopy may also be needed for a woman in whom other forms of treatment have not worked.

FINALLY...

If you notice that your cycles have become too short (less than 21 days) or the flow has become too long (longer than 7-8 days) or too heavy (gushing of blood, large clots, the need for extra protection), see your doctor. If you are *past menopause* and not taking hormones, *any uterine bleeding is abnormal* and should be evaluated by your doctor. Abnormal uterine bleeding can stem from several causes. There is no way of telling why your bleeding is abnormal until you have been examined and evaluated.

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The symbol on the front cover symbolizes the creation of a new human person. It represents the equation $1 + 1 + 1 = 1$. A man, a woman and God all come together to create the new child.

FOR MORE INFORMATION,
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ABNORMAL UTERINE BLEEDING



A
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ABNORMAL UTERINE BLEEDING

Each month, the endometrium - the lining of the uterus - builds up and sheds. An average *menstrual cycle* lasts about 28 days, counting from the first day (day 1) of one period through the last day before the beginning of the next. However, a normal cycle may be shorter or longer than this ranging from 21 - 35 days. The *menstrual period* is the time during the cycle when bleeding occurs and may last from 3 - 7 days.

Abnormal bleeding is bleeding that is not regular, lasts longer, or is heavier than usual. This information describes abnormal uterine bleeding and explains its causes and treatments.

THE MENSTRUAL CYCLE

During the *menstrual cycle*, two hormones made by the ovaries, *estrogen and progesterone*, cause certain changes in the lining of the uterus. During a typical 28-day cycle, estrogen causes the lining of the uterus to grow and thicken, starting on about day 5. On about day 14, *ovulation*, the release of an egg from one of the ovaries, occurs. After ovulation, estrogen and progesterone cause the lining of the uterus to swell and thicken in preparation for the possibility of a pregnancy.

If a sperm meets an egg in the fallopian tube, the two may join in a process called fertilization or conception. The fertilized egg then moves to the uterus and becomes attached to the lining of the uterus. There it is nourished and begins to develop.

If an egg is not fertilized, it moves from the tube to the uterus and is shed with the menstrual flow. The amounts of estrogen and progesterone decrease, and the lining of the uterus is shed on about day 28. The beginning of a menstrual period marks the start of a new cycle.

CAUSES OF ABNORMAL BLEEDING

For the first few years after menstrual periods begin, they are often irregular. In older women, menstrual periods usually become more irregular with the approach of menopause (when the ovaries no longer function and menstrual periods end), and become lighter or heavier. The irregularity of a woman's periods is due to infrequent ovulation, which is common during these times of life. Menstrual cycles that persist in being longer than 35 days or shorter than 23 days are not normal. They should be checked by a doctor.

Abnormal bleeding may be the result of a *hormonal imbalance*. This imbalance can make bleeding longer or shorter than usual or, periods may be more or less frequent.

Besides lack of ovulation and other hormone imbalances, irregular cycles may occur because of weight loss or gain, heavy exercise, stress, illness, or use of drugs. Pregnancy can also cause missed periods or abnormal bleeding. If you think you might be pregnant, you should see your doctor.

Other causes of abnormal or heavy bleeding are:

- Problems with blood clotting
- Infection of the uterus or cervix
- Miscarriage (when a pregnancy is lost before the fetus is able to survive outside of the uterus)
- Ectopic pregnancy (pregnancy occurring outside the uterus, most often in one of the fallopian tubes)
- Uterine fibroids (noncancerous growths that form on the inside of the uterus, on its outer surface, or within the uterine wall itself)
- Abnormal growth and thickening of the lining of the uterus
- Polyps (noncancerous growths) or tumors of the lining of the uterus
- Certain types of cancer, such as cancer of the uterus, cervix or vagina

- Problems linked to certain birth control methods, such as intrauterine device (IUD) or birth control pills
- Other hormonal problems, such as thyroid disease

Some vaginal bleeding is not from the uterus and may come from other areas.

DIAGNOSIS

To diagnose abnormal uterine bleeding, your doctor will ask you about your medical history and will give you a physical exam. It is helpful for you to chart the dates and length of your periods by using the CREIGHTON MODEL FertilityCare™ System. This is an excellent and accurate means of monitoring the abnormal bleeding. The tests used to diagnose abnormal uterine bleeding may be based on that charting and the symptoms you are having.

Your doctor may perform a biopsy, in which a small amount of the tissue lining the uterus is removed and looked at under microscope. Cultures of the cervix and the vagina may be performed to check for infection.

Tests to measure levels of certain hormones may be performed to find whether there is a hormone problem or whether you are pregnant or anemic. Other tests and procedures that may be needed include the following:

Ultrasound may be performed if abnormalities of the uterus are suspected. With ultrasound, sound waves are used to create a picture (some times called a sonogram) of the pelvic organs.

Hysteroscopy allows the doctor to view the inside of the uterus directly. A thin, telescope-like instrument (called a hysteroscope) is inserted through the vagina and cervix to view the inside of the uterus. This procedure can often be performed in the office.