

Be bloody confident Period diary.

Treatment **Options.**

The following pages show a number of different treatment options that may be available to you.

You can use this information to discuss your treatment options with your GP.







GP/Primary Care Non-hormonal

Primary Care Hormonal

Secondary Care Surgical

Primary Care Non-hormonal

e.g. NSAIDs, Tranexamic acid^{1,2}



For Heavy bleeding, period pain



Treatment type Tablets



Treatment duration Taken during each period



Conception Still possible



Recovery time Not applicable



Success rate

NSAIDs - 20-50% reduction Tranexamic acid -60% reduction^{1,2}

Benefits

- Reduces bleeding
- Suitable for women trying to get pregnant
- Non-invasive, self-administered
- Helps with period pain
- Not permanent



Disadvantages

- Risk of side effects
- May take 3 months to take effect
- Two tablets taken 3 times a day²

Primary Care Hormonal

Contraceptive pill/injection or intrauterine hormonal system (IUS) e.g. Mirena®3,4



For Period pain, heavy bleeding



Treatment type Tablets, injection or inserted into the womb (coil)



Treatment duration Ongoing



Conception Still possible if treatment stopped



Recovery time Not applicable



Success rate 67% reduction to normal bleeding (1yr)⁵



- Retains fertility
- Reduces bleeding
- Taken by mouth or injection
- Also functions as contraception
- Not permanent



Disadvantages

- Risk of hormonal side effects
- Tablets must be taken daily
- Injections are needed every 12 weeks
- It can take 3-6 months for treatment to take effect
- May take 6-12 months to get pregnant after stopping treatment (injections)
- 3-5 yearly replacement of coil

Secondary Care Fibroid & **Polyp Removal**

Removal via hysteroscopy e.g. with MyoSure^{®6}



For Intra-uterine fibroids and polyps



Treatment type Minor operation



Treatment duration An average of 10 minutes⁷



Conception Still possible



Recovery time May experience mild cramps post-procedure⁷

Success rate 95% for fibroids³, 99% for polyps⁸



- **Benefits**
- Retains fertility
- Womb remains intact
- Excellent success rate⁷
- No pre-treatment required⁷
- Quick recovery • Reduces bleeding



Disadvantages

- May need to be repeated
- Contraception still required

Uterine artery embolization: This is a procedure where an

• Requires local or general anaesthetic

Secondary Care Endometrial Ablation

Removal of the womb lining e.g. with NovaSure®10



For Heavy bleeding



Treatment type

Minor operation that removes the uterine lining while preserving the uterus (womb) to reduce or eliminate bleeding¹⁰



Treatment duration Average treatment time is 90 seconds¹⁰ (max 2 mins)



Conception No longer possible

Recovery time

Possible post-procedure cramping, pain, nausea, vomiting, vaginal discharge and vaginal spotting/bleeding¹⁰



Success rate 98% successful reduction in bleeding (1 yr)¹¹

Benefits

- One-off treatment
- Safe and effective
- Excellent success rate
 - No pre-treatment required
- Can be performed any time during the menstrual cycle under local anaesthetic¹⁰
- Ouick recovery

Disadvantages

- Not suitable for women who want to get pregnant¹⁰
- women
- Cannot be reversed¹⁰
- Contraception still required¹⁰

• Bleeding decreases or stops entirely

• Only suitable for pre-menopausal

• Requires local or general anaesthetic

Secondary Care Hysterectomy

Removing the womb and possibly ovaries



For Removing the womb and possibly ovaries



Treatment type Major operation to remove the uterus (womb)

Treatment duration

- 1 hour (vaginal surgery)
- 2 hours (keyhole surgery)



Conception

No longer possible



Recovery time 2-8 weeks



Success rate

100%





Disadvantages

- Requires general anaesthetic
- Cannot be reversed
- responsive to other treatments

• Major surgery with associated risks

• May cause early onset of menopause¹²

• Hormone therapy is sometimes required • Typically the last option for women not

1 in 5 women suffer with heavy periods¹³

Treating **Heavy Periods**

Since heavy bleeding can develop gradually, you may get used to it, or at least manage it. Often women do not realise that continuous heavy periods are a treatable medical condition, called menorrhagia.

There are a number of treatment options available that can help give you back control of your life.

Tracking your periods

Use this period diary to help you and your doctor understand your periods and the symptoms you experience. Your doctor can then discuss potential treatment options with you.



How to use this diary

in 5 easy steps



Add the month



Tick the box that best describes your blood loss during the day – description below



If you experience any pain, rate your highest pain score over the day, according to the pain score chart on the next page



Add any additional information about symptoms you are feeling



Return to your GP when your diary is complete for further advice on your best treatment options

This diary will enable you to track your period for 3 months.

Discuss with your GP whether it is beneficial to keep tracking your period further.

We recommend to continue tracking your symptoms if you are between treatment pathways.

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Tiredness

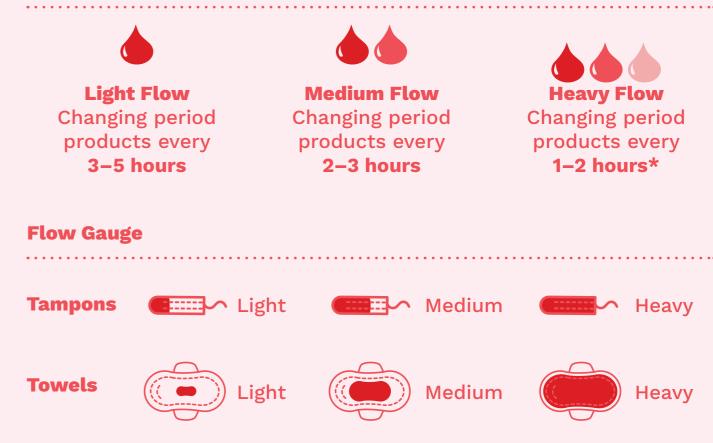
If you experience extreme tiredness (fatigue), tick the box on the relevant day.

Blood Loss

Heavy or strong flow during menstruation can cause blood to accumulate within the womb faster than the body can completely and properly expel it. When this happens blood pools and clots.

If you experience a blood clot larger than a 10p coin and/or experience pooling/flooding, tick the box.

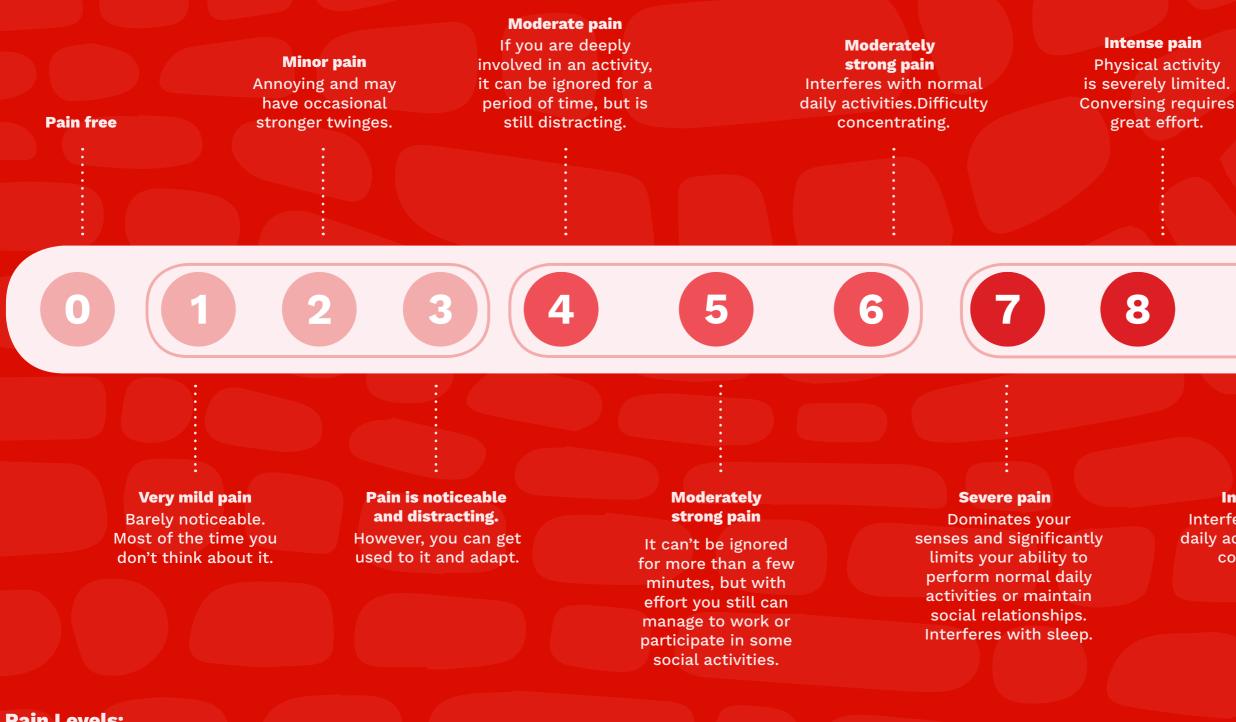




*Doubling up using multiple period products at the same time.

Measurement Guide

Pain score chart.



Pain Levels:

1/2/3 - Mild Pain Nagging, annoying, but doesn't really interfere with daily living activities 4/5/6 - Moderate Pain Interferes significantly with daily living activities 7/8/9/10 - Severe Pain Disabling; unable to perform daily activities

Unspeakable pain Bedridden and possibly delirious. Very few people will ever experience this level of pain.



Intense pain Interfereswith normal daily activities.Difficulty concentrating.

Month 1



Month 2

		Blood Loss	>							Blood Los	S
	Light	Medium	Heavy	Pain (0–10)	Tiredness	Clots			Light	Medium	Heavy
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28								2	8		
29								2	9		
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Pain (0–10) Clots Tiredness \checkmark \checkmark 6

Month 3

		Blood Loss	\longrightarrow				
	Light	Medium	Heavy	Pain (0–10)	Tiredness	Clots	
e.g.		\checkmark		6	\checkmark	\checkmark	
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For more information or advice, please contact your local GP, or visit wearwhiteagain.co.uk



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