Many American women are living with troublesome menstrual bleeding and are unaware of multiple new alternatives to hysterectomy. Recent advances in technology have provided means by which a gynecologist can accurately identify a uterine abnormality and, when trained in hysteroscopy, remove the abnormality with an outpatient procedure. These procedures typically yield excellent results with minimal discomfort.

The definition of normal menses for a mature woman is cyclic bleeding, every 21 to 35 days, lasting no longer than 7 days, without blood clots and without bleeding between periods. Generally speaking, if menstrual bleeding is interfering with your lifestyle, you cannot leave your house on those days, or you know where all the bathrooms are located in places you frequent, you are bleeding abnormally. Soaking through pads or tampons hourly for an extended period of time, or anemia due to excessive blood loss are not normal and should be corrected.

Abnormal uterine bleeding due to hormone fluctuations such as puberty and menopause will not be addressed in this article. Checking hormone levels and treating with medication is frequently effective in these situations. If the problem persists, particularly in perimenopausal women, searching for another etiology may be appropriate.

A small structural abnormality such as a polyp or fibroid can significantly disrupt a woman’s bleeding pattern. A polyp is a localized overgrowth of the uterine lining or endometrium, and can harbor a malignancy. Fibroids are benign growths in the muscle wall of the uterus and, if located along the uterine lining, will frequently cause heavy or irregular bleeding.

Historically a dilation and curettage (D & C) was the standard procedure performed in an attempt to diagnose and treat abnormal bleeding. This procedure frequently is unable to accurately diagnose either a polyp or fibroid, and usually only solves the problem temporarily, if at all.

Today there are several very accurate, painless tests to look for a structural uterine abnormality as the source of abnormal uterine bleeding. The most basic is a pelvic sonogram or ultrasound. Using sound waves to differentiate tissue types, the operator can look at the uterus, tubes and ovaries and assess size, texture and growths. Although relatively easy to perform and readily available, these tests have limited ability to characterize or localize an abnormality. Conversely, if normal an abnormality is highly unlikely.

There are two additional tests which are much more accurate in defining an abnormality identified on a sonogram. Although more expensive and somewhat less readily available, both are also essentially painless. The first is a modification of the pelvic sonogram called a saline infusion sonogram or SIS. Using a small catheter inserted through the cervix, sterile water is slowly injected with ultrasound guidance. The two walls...
of the uterus are separated and any localized irregularity becomes easily visible. The second test is an office hysteroscopy. In the office, with a mild analgesic and/or a local injection, a fiber optic lens is threaded through the cervix, and the physician can visualize the entire womb. If an abnormality is present, it may be removed at that time, but more commonly a second procedure is planned for the operating room.

The last two tests are both highly accurate. The gynecologist now knows exactly what the problem is, and exactly where it is located, in order to plan and perform the proper surgical procedure.

Many times medical treatment will be prescribed prior to surgical treatment for abnormal uterine bleeding. If medical therapy has failed, or one of the above tests reveals an abnormality, surgery is indicated. Hysterectomy is still an excellent option for women no longer interested in childbearing who do not want to have any bleeding at all, or who may have concomitant gynecologic problems. If the recovery required for a hysterectomy presents a difficulty, the newer outpatient hysteroscopic or ablative procedures are excellent options.

An operative hysteroscopy is performed in the operating room with anesthesia. Using a fiber optic lens and fluid to aid in visualization, various instruments can be used to completely remove an abnormality such as a polyp or fibroid. The entire uterine lining can be burned or removed using one of various techniques to make the menstrual flow significantly lighter. This should not be utilized for birth control and childbearing is not recommended after this latter procedure. Both hysteroscopy and endometrial ablation, if performed by an experienced gynecologist, are highly effective procedures with high patient satisfaction rates. Both are outpatient procedures with 24-48 hour recovery times.

As always in medicine, each case is individual. Feel free to talk with your doctor about your particular problem, and remember multiple options are available for treatment due to recent, exciting technological advances.

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