Abnormal vaginal bleeding

What is abnormal vaginal bleeding?
Bleeding from your vagina or uterus that differs from your normal menstrual cycle is considered abnormal and should be checked by your health care provider. This includes unusually heavy menstrual bleeding, spotting between periods, severe pain during menstrual bleeding, and failure to bleed at the expected time. If you're in menopause and no longer have menstrual periods, any bleeding is abnormal.

If you're younger than 20 or older than 40, you're at higher risk for abnormal bleeding because hormone imbalances are common at the beginning and end of your reproductive life. Other causes may include polyps, fibroids, tumors, or infections in the uterus. In teenagers and young women, pregnancy can cause abnormal bleeding. Factors that can increase the risk of abnormal bleeding include obesity, excessive exercising, and stress.

When should I call my health care provider?
Call your health care provider if you're passing large (golf-ball-size or larger) clots, soaking a pad or tampon every hour, or feeling dizzy, weak, or feverish. Also get help if you have severe abdominal pain or if menstrual bleeding doesn't stop when expected. Tell your health care provider if you could be pregnant.

How will my health care provider find out what's wrong?
Your health care provider will take a detailed medical history and perform a physical exam. She'll want to know how regular your menstrual cycles are, the dates and duration of recent periods, and how heavy the blood flow is normally. She'll ask how many times you've been pregnant and given birth, whether you've ever had an abortion or miscarriage, and what type of contraception you use, if any. She'll also ask about medications you take, including over-the-counter products, and use of recreational drugs.

She'll perform a pelvic exam to look for vaginal or cervical problems, such as an infection, and she may also perform a Pap test. She'll perform an ultrasound exam to evaluate your uterus and ovaries. If you're over age 35, she may perform an endometrial biopsy, which involves removing a small piece of the uterine lining and examining it under a microscope.

You may be asked to give a blood sample for a complete blood cell count and thyroid function test and a urine sample for a pregnancy test.

What can be done to fix the problem?
Your treatment depends on the cause of the bleeding. If your blood count and blood pressure are normal, your health care provider may start you on a birth control pill to help balance your hormones. If you have high blood pressure or can't take estrogen, she may prescribe progesterone instead.

To treat pain, take ibuprofen or naproxen unless your health care provider says not to. Avoid aspirin, which can increase your bleeding. If you have severe bleeding, your blood count or blood pressure is low, and you're having symptoms such as dizziness, you may need to go to the emergency department.

If medications don't work, you may need a hysterectomy, a procedure that lets your health care provider examine the uterus to look for the cause of the bleeding. Or she may perform an endometrial ablation, which involves threading a device into your uterus through your vagina and applying heat to destroy excessive uterine lining. (She'll perform this only if you don't want to have more children.)

If medications and endometrial ablation don't stop the excessive bleeding, you may need a hysterectomy (surgical removal of your uterus).