



Treatment Options for Heavy Bleeding

1 NSAIDs (nonsteroidal anti-inflammatory drugs):

Over-the-counter medications like ibuprofen (*Motrin, Advil*) and naproxyn sodium (*Aleve*) are effective in reducing the amount of flow and cramping that may be associated with your period. These drugs are most helpful when taken at the initial onset of symptoms, which means about a day before flow actually begins.

Ibuprofen: 800 mg (4 tablets) every eight hours (with food)
Naproxyn sodium: 440 mg (2 tablets) every twelve hours

2 Tranexamic Acid (*Lysteda*):

Lysteda is a prescription medication that lightens periods by preventing clot breakdown (fibrinolysis) within the body. Women with a history of blood clots in their vessels (not just with menstrual flow) should not take Lysteda. Lysteda doesn't prevent pregnancy or protect against sexually transmitted infections (STI). For more information, go to www.lysteda.com.

3 Birth Control Pills, Birth Control Patch, NuvaRing, and Depo-Provera shots or Implanon implant:

Women who suffer with heavy or painful periods and also need a reliable form of birth control may benefit from these methods of contraception. The pill, the patch, and the ring each contain a combination of an estrogen and a progestin. Because of this combination, the uterine lining (called the endometrium) often remains thinner than with spontaneous menstrual cycling. As a result, the period is typically lighter and less painful. These forms of contraception can also safely and effectively allow you to have a period less often. Select forms of birth control (including *Depo-Provera* and *Implanon*) only use a progestin to decrease flow.

4 Mirena IUD:

This popular method of birth control is so effective at controlling bleeding that it is also approved by the FDA to treat heavy periods. The *Mirena* Intrauterine System releases a very small amount of progestin (levonorgestrel) which inhibits the growth of the inside lining of the uterus (called the endometrium). Most women with *Mirena* have either very light or no period altogether. The *Mirena* IUD acts locally on the uterine lining and because the dose is so small, any systemic hormonal side effects are very rare. The *Mirena* IUD is approved for 5 years as a contraceptive, but may last longer if not needed for birth control. The IUD is placed into the uterus in the office, and usually does not require any anesthetic. For more information, ask your provider or go to www.mirena.com.

Helpful information can be found at these manufacturers' websites: www.orthoevera.com (the patch) • www.nuvaring.com (nuva ring) • www.depoprovera.com (the shot) • www.implanon-usa.com

5 Endometrial Ablation:

This outpatient surgical procedure is now commonly performed in the doctor's office with anesthesia. It is very popular for women who have completed their childbearing and would like to enjoy a significant reduction or complete elimination of their menstrual flow. Endometrial ablation uses heat to destroy the inside lining of the uterus (endometrium). It is NOT a method of birth control and needs to be combined with tubal sterilization, Essure® or a vasectomy. For more information, go to www.thermchoice.com or www.novasure.com.

6 Hysterectomy:

Removal of the uterus may be necessary if you are having other pelvic problems such as painful intercourse, prolapse symptoms, fibroids, or other conditions that are not effectively managed with the more conservative methods. In most cases, this can be accomplished through the vagina without an abdominal incision, or with several very small incisions using the laparoscope or robot. This procedure may be combined with repair of the vagina to treat urinary incontinence and difficulty with bowel movements.

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