

Abnormal Menstruation: Alternatives to a Hysterectomy

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Millions of women suffer from abnormal menstruation and often choose hysterectomy when these problems become difficult to live with. However, today there are other alternatives for women.

Menstruation

During a woman's reproductive years, a normal menstrual cycle usually lasts anywhere from 21 to 35 days, with approximately seven to eight days of bleeding, and usually expelling approximately two to three ounces of blood. For the majority of women, the color of the blood or the amount of bleeding is not as important as how regular her menstrual periods are and whether there is any bleeding between periods.

A female's menstrual cycle is basically controlled by four hormones. There are two hormones in the brain: follicle stimulating hormone (FSH) and luteinizing hormone (LH), and two hormones in the ovaries: estrogen and progesterone. During a normal menstrual cycle, a woman produces estrogen during the first half of her cycle. Estrogen is like a fertilizer to the uterus – it makes the lining (endometrium) grow. After ovulation, the ovary produces progesterone. Prior to ovulation, the ovary produces almost no progesterone. Progesterone's purpose is to ripen the lining and get the lining ready for the fertilized egg that is going to implant. If no fertilized egg implants, the progesterone level falls, causing the lining to breakdown and a woman to have a menstrual cycle. It is this alteration of estrogen and progesterone that produces a woman's regular menstrual cycle. If a woman does not ovulate, she does not produce enough progesterone to ripen the lining and cause this natural process. A woman will still menstruate without ovulating, but this menstrual cycle will be more irregular because she is lacking progesterone.

The brain of a woman produces FSH and LH that drives the ovaries to ovulate. As a woman gets older in her reproductive life cycle, the FSH and LH need to hit a higher level in order to create



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ovulation. It is the rising of the FSH and LH levels and the misfiring of the ovulation cycle (occasionally not ovulating), that causes the premenopausal changes or what people refer to as "change of life."

Problem Periods

Most abnormal bleeding can be divided into functional problems (which are most common) or pathological (disease-related) problems with the uterus. The uterus is a very

simple organ. It is a very thick muscle that is lined in the inside by the replenishable lining called the endometrium. It produces no hormones and, as far as we know, has no other function than to hold a pregnancy. The ovaries produce all the hormones the woman needs in life.

If a woman has a functional problem, it is probably related to failure to ovulate. Pathological problems usually consist of polyps, fibroids, precancer or cancer.

When we evaluate a woman for bleeding, we usually try to find out if she is not ovulating and why. The majority of women who do not ovulate don't due to stress or advancing age, but there are some other causes including thyroid disease and a high prolactin (a hormone that stimulates milk production) level. Functional problems are usually ruled out by either ultrasounds, biopsies or even a D&C (hysteroscopy). A blood count is usually obtained to determine if the patient is anemic.

Treatment

Before treatment can begin, we need to determine if we are treating an acute or chronic problem. Acute means that the woman is heavily flowing and needs to stop this heavy flow. Chronic usually means a menstrual problem that has lasted months or even years.

For all intents and purposes, the only two hormones that will affect the uterus are estrogen and progesterone. When a

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woman is bleeding very heavily, estrogen is usually given to stop the bleeding. This is for acute bleeding, not for a woman who is having chronic abnormal menses. Another good treatment option is birth control pills for acute bleeding. Usually giving three pills a day for seven days will stop 99% of women who are having a heavy bleed. Acute heavy bleeding is usually caused by failure to ovulate and having a very thick lining that is spontaneously bleeding.

The treatment of chronic bleeding usually consists of either observation, estrogen/progesterone, or surgery. Some women with heavy or regular bleeding will benefit with Motrin-type products. This has been shown in studies to decrease the amount of bleeding. One of the best drugs to cure abnormal bleeding is the birth control pill. In a nonsmoker, birth control pills can be given up to the age of menopause. Progesterone products, like Depo-Provera also help, but tend not to regulate the cycle as well as birth control pills.

A D&C (dilation and curettage in which the cervix is dilated and a curet is used to scrape the lining of the uterus) is good for evaluation of abnormal bleeding, but does not help in treatment. Studies have shown that within a month or two after a D&C, the patient will have the same heaviness of bleeding. If a patient has a polyp, a hysteroscopy (a scope placed in the uterus as an outpatient procedure) has been shown to be successful in reducing a woman's heavy bleeding.

One of the newest procedures is endometrial ablation. There are a few ways to do endometrial ablation. The theory behind endometrial ablation is to burn and eliminate the lining of the uterus and stop heavy periods. As stated before, the uterus is a very simple organ. It is a big, thick muscle with a replenishable lining. If one can burn and scar this lining so it no longer exists, the woman will no longer have periods. Endometrial ablation has been shown to be 90 percent successful. It is an outpatient procedure and women usually return to work in one to two days. There is no cutting or suturing involved. The physician just dilates the cervix as in a D&C and then places a scope or balloon within the

uterus and burns the lining.

If the above treatment options fail, a hysterectomy can be performed. Currently, hysterectomies can be accomplished laparoscopically with a one- to two-day hospital stay and two- to four-week recovery. The laparoscopic hysterectomy requires only three small 1/4-inch incisions in the abdomen with removal of the uterus through the vagina. Most of these hysterectomies can be performed leaving the ovaries in place, and therefore a woman does not need estrogen replacement therapy.

In summary, most abnormal bleeding is caused by a functional problem of the uterus and is directly attributable to not ovulating or what we call anovulation. A patient should see her physician for evaluation of abnormal bleeding. There are many treatment options available. Medical treatment options are always used before surgical treatment options.

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