

- Most women visit a gynecologist in midlife, because they are not feeling themselves, often with a whole array of **symptoms**, in particular when they are experiencing **irregular** or **heavy bleeding**.
- Irregular or heavy bleeding usually happens during **perimenopause** and **menopause**, due to our hormones fluctuating and so our periods start to change.
- It is very important if you are experiencing irregular or heavy bleeding to firstly establish a diagnosis. Your gynecologist will firstly ask/check that your **smears** are up to date, then usually do an investigation using an ultrasound scan to check for polyps or **fibroids** which could be causing the problems - many women may also be suffering from **Adenomyosis** or **Endometriosis**.
- Treatment options will obviously depend on the problem. If the scan is clear then the usual first line treatment is systemic – ie via medication like the pill, hrt or mini pill.
- Other treatment options for heavy or irregular bleeding, or to provide the Progesterone side of **HRT**, is to treat in a more localized fashion via an IUD (eg the mirena coil) which helps keep the lining of the womb thin.
- Some women may prefer/need an **ablation** of the womb, which will be done as a day case at hospital. Others with problematic fibroids may do better with a **hysterectomy**, which will normally mean a few days in hospital.
- Heavy bleeding should not be ignored as it can cause anemia and could also be a sign of other complications, so its SO important to go and speak to a specialist to make an informed, joint decision about all of your treatment options not just for now, but for future planning too.
- If you have a high BMI or are diabetic, there is a higher risk of cancer of the lining of the womb, so again its important to have a preventative discussion about lifestyle choices/options with your dr.

- For those who have not been able to conceive naturally in midlife, but would still like to start a family, please do go and see a **fertility** expert to discuss egg donation/ivf and other treatment options.
- If your periods have stopped under the age of 50 then it is still advisable to use contraception for another 2 years. If they stop after 50, then for another year. However please remember even with **contraception**, nothing is 100 percent. However by the age of 53, even if you are still having periods, it is very unlikely you are going to conceive. As with all of our advice, please discuss with your specialist what is the right option for you.