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## WOMAN TO WOMAN NEWS

Summer, 2006

**HOW MUCH CLOTHING HAS YOUR PERIOD RUINED:  
DO YOU KNOW IT DOES NOT HAVE TO BE LIKE THIS?  
WHAT IS NORMAL AND WHAT IS NOT?**

BY: DR. MICHELLE L. BECHER



### Irregular Cycles: Metrorrhagia

One of the most common gynecological problems is an irregular menstrual cycle. But before you jump to the conclusion that you're irregular, it's important to remember that being regular doesn't mean your cycle is the same number of days each time. One month your cycle may be twenty-nine days, and the next month it may be thirty-one days. This is still considered normal. It's also normal to be lighter one month and heavier the next. So long as you're menstruating every twenty to forty days, it's a sign that you're ovulating. Another common misperception about irregular cycles is the belief that unless you have a period every four weeks (again, the statistical average) you're irregular. This is not true. Some women menstruate every three weeks, which is normal for them; some menstruate every five weeks, which is normal for them. The only time you should be concerned is if your period consistently yo-yos: three weeks, then four weeks, then five weeks, then three weeks, and so on. When this happens, it's usually a sign that you're not ovulating regularly. This is common in young girls after they first begin menstruating. If your period only jumps around once or twice a year, there isn't anything to worry about. Occasional stress is usually the culprit when this happens.

### When You've Skipped a Period

Women may skip a period from time to time and then experience a heavier flow with their next period. This is extremely common. Women who are trying to get pregnant, however, often fear that this is a mild miscarriage—so mild that it simply feels like a heavy period. This is usually not the case. Although it's possible for a pregnancy not to take and instead to expel in the menstrual flow, it's rare and occurs in less than 1 percent of women. If this were to occur, it would be so early a pregnancy that the term *miscarriage* would be inappropriate; it would simply be a pregnancy that wasn't yet established, technically called a blighted ovum. Skipping one period, in most cases, is caused by stress. The flow is heavier after a skipped period because the estrogen has been building up in the endometrium (uterine lining) longer, and there is more lining than usual that needs to be shed. In essence, you would have built up two cycles' worth of lining, so the flow is naturally heavier than normal.



It's also common to skip a period altogether and not experience a heavier flow the next time around. This means you actually skipped an ovulation cycle and had not produced a lining in your endometrium that would support a pregnancy. In this case, there wasn't a lining to shed. It's not unusual to skip one or two periods a year; it is unusual to skip them more often than that, however and you should make an appointment with your provider if this occurs.



### Heavy Flow: Menorrhagia

If you have an extremely heavy flow, it may be normal for you. This is known as primary menorrhagia, which means that your flow has been heavy since you first began menstruating. If this is the case, there isn't anything to worry about. You should regularly (every six months) have your blood levels checked, however, because consistent heavy flows could cause anemia. In fact, the number-one cause of anemia is a heavy menstrual flow.

If a lighter flow slowly develops into a continuous heavy flow, this is known as secondary menorrhagia. If your flow suddenly becomes unexplainably heavy, see your doctor. This kind of menorrhagia may signify other problems, such as fibroids, tumors, and so on. Flows are considered dangerously heavy if you need to change your pad or tampon every hour.

### A Word About Clots

A clot looks like a tiny sample of raw liver or raw oyster and often comes out with a heavy menstrual flow. Clots are normal and do not mean you're hemorrhaging. Blood naturally clots, and often when you're sleeping during a heavy period, the blood will collect in clots and expel in the morning. The only time you need to worry about clots is if you're passing them after your period is over, passing them with a prolonged period, passing them midcycle, or passing them while you're pregnant. (Similarly, if you're bleeding at all during these times, you should see a doctor.)

Continued on pg 2

## ASK THE NURSE

**Q: I am having heavy bleeding, when should I be concerned?**

**A:** If you are bleeding enough that you need to change a pad every hour, that is too heavy, please call the office.

**Q: What do I do if I miss a birth control pill?**

**A:** Take it as soon as you remember, and use back up protection for 7 days.

**Q: Is it really safe to only have four periods a year?**

**A:** Absolutely!

**Q: Is dark brown or black menses normal?**

**A:** Yes, usually a dark color discharge only indicates old blood and not an infection or problem.

**Q: My period is heavy, is there anything I can take?**

**A:** If you are bleeding under a pad an hour, Ibuprofen can help alleviate some of the flow. If taken routinely, it can reduce flow by 75%. Please check with your provider for any reason you should not take Ibuprofen products.

**Q: Is bleeding between periods normal?**

**A:** Any intermenstrual bleeding should be evaluated by a provider.

**Q: Can blood clots be normal during my periods?**

**A:** Yes, small blood clots are not uncommon.

**Q: What if I have a period after menopause?**

**A:** True menopause is 1 year without a period, any bleeding after that should be evaluated by your physician and is not normal.

**Q: Should I douche after my period?**

**A:** No! Douching is not recommended.



### Irregular Bleeding (con't)

#### When You Experience Abnormal Heavy Bleeding

Abnormal heavy bleeding is when your bleeding is suddenly heavy or significantly heavier than what your normal menstrual flow "pattern" is. In fact, it is your own perception of what's heavy that's more important than your doctor's perception. And good doctors will try to get you to describe your impression of "heavy" and have you compare it to your normal pattern.

Clinically, an abnormally heavy menstrual flow is defined as being more than 80 cc of blood lost per cycle. But studies show that many women who complain of an abnormally heavy flow have lost much less than that. In fact, a more "scientific" measurement is to simply take inventory of the number of pads and tampons you're going through and compare that with your normal pattern.

#### But Why Is It Suddenly So Heavy?

Your age has a lot to do with your menstrual flow. In fact, teenaged women and women approaching menopause will have similar cycles, often characterized by changes in flow. Women between the ages of twenty and forty will have (or should have!) regular patterns that do not fluctuate that much from period to period.

If you are under twenty and are noticing heavy bleeding, ask your doctor to check for a blood coagulation disorder known as von Willebrand's disease or for platelet disorders, such as thrombocytopenia. Most of the time, however, abnormal heavy bleeding is caused by some sort of hormonal disorder, which can be investigated, so contact the office.

If you're over forty, abnormal heavy bleeding is usually caused by what's known as the anovulatory period. Here, you make estrogen in the first part of your cycle, but for some reason (often unknown) you just don't ovulate. Therefore, you do not produce progesterone and you develop an unusually thick uterine lining, which is expelled during your period. This translates into abnormally heavy bleeding.

No matter how old you are, one of the chief culprits of abnormally heavy bleeding in women is often high doses of acetylsalicylic acid (ASA), or aspirin. So if you're fighting off headaches or other ailments before your period, you may want to use an alternative pain reliever.

Sometimes your contraception method can affect your menstrual cycle. For instance, an IUD (intrauterine device) or hormonal contraception can sometimes trigger heavy bleeding. Changes in exercise patterns (usually less exercise) can also affect your menstrual flow.

### Painful Periods: Dysmenorrhea

Primary dysmenorrhea means that you've always had painful periods—ever since you started menstruating. Secondary dysmenorrhea means that your periods have become more painful with time. In either case, painful periods are common. Cramps are simply caused by uterine contractions, which is how the lining is pushed out; some uteri contract more than others. It is also believed that cramps may be caused by low levels of calcium. Drinking alcohol or eating lots of eggs, meat, and dairy foods can worsen menstrual cramps.

Taking an analgesic such as ibuprofen before your period starts can really help; this will also reduce flow. Oral contraceptives also reduce cramping and flow, which is known as one of the noncontraceptive benefits. It's also important to recognize the difference between normal cramping and unusual, debilitating pain during your periods. Often the culprit behind severe pain during your period is endometriosis, a serious disease affecting women in their reproductive years, which until recently was widely undiagnosed.



### **Heavy Bleeding, Prolonged Bleeding, and Clots**

Each woman's assessment of her period varies. What is heavy or prolonged bleeding for one woman is normal for another. It's a good idea for women with prolonged bleeding, heavy bleeding, or excess clots to get checked for anemia.

Women with excess bleeding are prone to developing iron deficiency anemia.

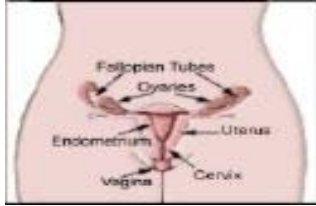
If periods become heavier or thicker over time, there may be nothing to fret about as long as annual pelvic exams and blood tests are performed. Talk to your doctor about ways to help prevent anemia or control excess or heavy bleeding.

It is normal for clots to come out with heavy menstruation. Blood can collect during sleep, and come out thicker in the morning. This is OK providing it doesn't happen for a long time, during pregnancy, or in between periods.

Women who are concerned about the thickness, heaviness, or length of their flow should see their doctors. Sometimes it helps to report how many pads or tampons you've used per hour or per day. Be aware, however, that perception of blood loss is highly subjective.

The problem is that a woman's assessment of the amount of bleeding does not correlate real well with the amount of actual blood loss that they have. Nonetheless, changing a full pad or tampon every hour is a warning sign of a problem.

Anytime you have a concern regarding heavy or prolonged bleeding, or clots, see your doctor. Possible causes include:

- Uterine Fibroids
  - Uterine Cancer
  - Obesity
  - Reproductive problems such as endometriosis
- 
  - Hormonal imbalances including PCOS and thyroid problems
  - Blood disorders such as von Willebrand's disease
  - High doses of aspirin
  - Contraceptive use, including IUD and hormonal birth control methods

## Avoiding a hysterectomy?

### Have you considered an ABLATION?

Endometrial ablation is an office procedure for heavy bleeding. It is the destruction of the endometrium (lining of the uterus). It does not require hospitalization, and most women return to work in a day or two. Ablation is an alternative to hysterectomy for many women with heavy uterine bleeding who wish to avoid major surgery. After a successful endometrial ablation, most women will have little or no menstrual bleeding. Patient selection and physician experience is essential to a good outcome.

#### How is endometrial cryoablation done?

The cryoablation probe is placed inside the uterine cavity using ultrasound guidance. Each segment of the uterine cavity is then systematically ablated. The success rate is 93% at one year with approximately 50% not having any menstrual bleeding at six months.

#### Recovery from endometrial ablation

Most women are able to go home within an hour. There may be mild cramping, which can usually be relieved by ibuprofen. Occasionally stronger medicine may be needed. Intercourse is restricted for two weeks. It is normal to have an increased discharge for two to four weeks afterward, as the lining is shedding.

#### Who should consider endometrial ablation?

Women who have menstrual bleeding that is impacting their life, and do not have other problems that require a hysterectomy should consider endometrial ablation.

- **You limit your activity because of your periods**
- **Bleeding is causing you to be anemic and tired**
- **Bleeding limits your intimate time with your partner**
- **You do not desire to retain fertility**

#### Risks of endometrial ablation

As with any procedure, there are risks, which should be compared to the risks of things we do in every day life. A number of things can be done to reduce these risks. Some of the risks of endometrial ablation procedure are perforation of the uterus, bleeding, infection, injury to organs within the abdomen and pelvis and uterine scarring.

A small percentage of the properly selected women having an ablation will still eventually need a hysterectomy, but the vast majority will not.

*Who should not have an ablation? continued on pg 4*



## When Your Period Signals a Problem

Rain, bleeding, and missed periods may be signs that something is wrong!

by Dr. Michelle L. Becher

Many women experience menstrual problems such as heavy bleeding, severe pain, and irregular cycles. Most of these problems aren't usually serious and most are temporary. However, in some cases the ailments may actually signal problems in the body. For a woman, the menstrual cycle is a really good indicator of her overall health status,

The pattern, should not vary tremendously. If a woman is having a 40-day cycle, and all of a sudden, she's having a 22-day cycle, that would be a concern, The cycle links should be within plus or minus five days.

A significant change could be sign of a problem. Many experts say it's best to observe your periods over a three-month before becoming overly worried.

Menstrual bleeding time or an actual period, is usually two to eight days long, and anything outside of that is a cause of concern.

The best way to figure out if something is wrong is to visit a doctor, who can evaluate your symptoms. Some helpful things to note before the appointment:



- How many days is it from the first day of one period to another?
- How long do your periods last?
- How heavy/light is the bleeding?
- What are the heaviest days in your cycle?

- Do you have spotting in between periods? If so, when? After sex?
- Do you have pain? Describe it. Where is it coming from? When does it occur?
- What are your other symptoms? Do you experience headaches, backaches, gastrointestinal problems, fatigue, or fainting spells? Do you have any unusual discharge?
- Are you taking any medications?



### Ablation (cont from page 3)

#### Who should not have an endometrial ablation?

Since an endometrial ablation destroys the lining of the uterus, **endometrial ablation is not for anyone who desires to keep her fertility.** It is essential women use reliable contraception after an endometrial ablation. Women who have a malignancy or pre-malignant condition of the uterus are not candidates for ablation.

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### We are Women Dedicated to Serving Women!!

#### The PMS Rules



*If you enjoyed this newsletter, please share it with a friend!!*

**DANGEROUS:** "What's for dinner?"

**SAFER:** "Can I help you with dinner?"

**SAFEST:** "Where would you like to go for dinner?"

**DANGEROUS:** "Are you wearing THAT?"

**SAFER:** "Gee, you look good in brown."

**SAFEST:** "Wow! Look at you!"

**DANGEROUS:** "What did you DO all day?"

**SAFER:** "I hope you didn't overdo today."

**SAFEST:** "I've always loved you in that robe."

**DANGEROUS:** "What are you so worked up about?"

**SAFER:** "Could we be overreacting?"

**SAFEST:** "Here's fifty dollars."

**DANGEROUS:** "Should you be eating that?"

**SAFER:** "You know, there are a lot of apples left."

**SAFEST:** "Can I get you a glass of wine with that?"