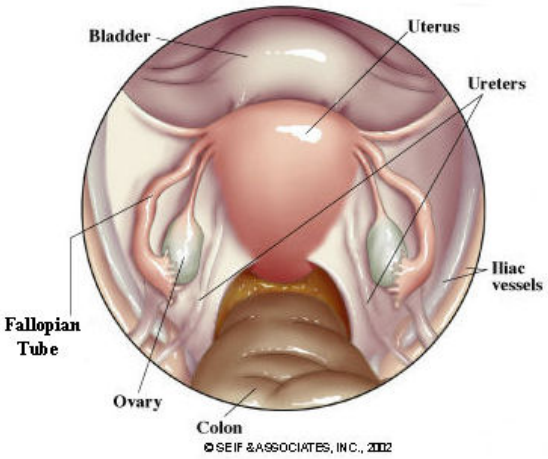
Dysfunctional Uterine Bleeding (DUB)
(Abnormal Uterine Bleeding (AUB))

Normally menstrual periods begin between ages 11 to 17 in young women. A normal menstrual cycle/period may begin every 23 days up to 35 days and lasts from 1 to 7 days. Around 12 to 14 days before your menstrual period starts, ovulation (*ovary produces an egg*) occurs. When counting the time between menstrual periods, count from the first day of bleeding of the previous period to the first day of bleeding of the next period.



Dysfunctional (*abnormal*) uterine bleeding is bleeding that is different from a normal menstrual period. Your periods may come earlier or later than usual. They may be lighter, have blood clots or be heavier. You may have bleeding between periods, or you may skip one period or more. You may have bleeding after sexual intercourse, bleeding after menopause, or no menstrual period.

CAUSES:

- Pregnancy (normal, miscarriage, tubal).
- IUDs (*intrauterine device, birth control*).
- Birth control pills.
- Hormone treatment.
- Menopause.
- Infection of the cervix.
- Blood clotting problems.
- Infection of the inside lining of the uterus.
- Endometriosis, inside lining of the uterus growing in the pelvis and other female organs.
- Adhesions (*scar tissue*) inside the uterus.
- Obesity or severe weight loss.
- Uterine polyps inside the uterus.
- Cancer of the vagina, cervix, or uterus.
- Ovarian cysts or polycystic ovary syndrome.
- Medical problems (diabetes, thyroid disease).
- Uterine fibroids (*noncancerous tumor*).
- Problems with your female hormones.
- Endometrial hyperplasia, very thick lining and enlarged cells inside of the uterus.
- Medicines that interfere with ovulation.
- Radiation to the pelvis or abdomen.
- Chemotherapy.

DIAGNOSIS:

- Your doctor will discuss the history of your menstrual periods, medicines you are taking, changes in your weight, stress in your life, and any medical problems you may have.
- Your doctor will do a physical and pelvic examination.
- Your doctor may want to perform certain tests to make a diagnosis, such as:
  - Pap test.
  - Blood tests.
  - Cultures for infection.
  - CT scan.
  - Ultrasound.
  - Hysteroscopy.
  - Laparoscopy.
  - MRI.
  - Hysterosalpingography.
  - D and C.
  - Endometrial biopsy.

TREATMENT:

Treatment will depend on the cause of the dysfunctional uterine bleeding (DUB). Treatment may include:

- Observing your menstrual periods for a couple of months.
- Prescribing medicines for medical problems, including:
  - Antibiotics.
  - Hormones.
  - Birth control pills.

- Removing an IUD (*intrauterine device, birth control*).
- Surgery:
  - D and C (*scrape and remove tissue from inside the uterus*).
  - Laparoscopy (*examine inside the abdomen with a lighted tube*).
  - Uterine ablation (*destroy lining of the uterus with electrical current, laser, heat, or freezing*).
  - Hysteroscopy (*examine cervix and uterus with a lighted tube*).
  - Hysterectomy (*remove the uterus*).

HOME CARE INSTRUCTIONS

- If medicines were prescribed, take exactly as directed. Do not change or switch medicines without consulting your caregiver.
- Long term heavy bleeding may result in iron deficiency. Your caregiver may have prescribed iron pills. They help replace the iron that your body lost from heavy bleeding. Take exactly as directed.
- Do not take aspirin or medicines that contain aspirin one week before or during your menstrual period. Aspirin may make the bleeding worse.
- If you need to change your sanitary pad or tampon more than once every 2 hours, stay in bed with your feet elevated and a cold pack on your lower abdomen. Rest as much as possible, until the bleeding stops or slows down.
- Eat well-balanced meals. Eat foods high in iron. Examples are:
  - Leafy green vegetables.
  - Whole-grain breads and cereals.
  - Eggs.
  - Meat.
  - Liver.
- Do not try to lose weight until the abnormal bleeding has stopped and your blood iron level is back to normal. Do not lift more than ten pounds or do strenuous activities when you are bleeding.
- For a couple of months, make note on your calendar, marking the start and ending of your period, and the type of bleeding (light, medium, heavy, spotting, clots or missed periods). This is for your caregiver to better evaluate your problem.

SEEK MEDICAL CARE IF:

- You develop nausea (*feeling sick to your stomach*) and vomiting, dizziness, or diarrhea while you are taking your medicine.
- You are getting lightheaded or weak.
- You have any problems that may be related to the medicine you are taking.
- You develop pain with your DUB.
- You want to remove your IUD.
- You want to stop or change your birth control pills or hormones.
- You have any type of abnormal bleeding mentioned above.
- You are over 16 years old and have not had a menstrual period yet.
- You are 55 years old and you are still having menstrual periods.
- You have any of the symptoms mentioned above.
- You develop a rash.

SEEK IMMEDIATE MEDICAL CARE IF:

- An oral temperature above 100°F (37.8°C) develops.
- You develop chills.
- You are changing your sanitary pad or tampon more than once an hour.
- You develop abdominal pain.
- You pass out or faint.

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