Postmenopausal Bleeding

Menopause is the gradual end of ovulation and menstrual periods. Postmenopausal bleeding is bleeding from the uterus 12 months or more after menstrual periods have stopped. Postmenopausal bleeding is different from the few, irregular periods that happen around the time of menopause. Postmenopausal bleeding is common, but not normal. Tell your caregiver if you have any bleeding after menopause.

CAUSES

- Hormone therapy (HRT). This is the most common cause of postmenopausal bleeding.
- Cervical, ovarian or endometrial cancer.
- Thinning of the uterus endometrium (*uterine atrophy*).
- Thyroid and other medical diseases.
- Medications other than hormones.
- Endometrium infection (*endometritis*).
- Estrogen-secreting tumors in other parts of the body.
- Cervical lesions (polps/infection).
- Endometrial polyps
- Uterine tumors (fibroid/polyps).
- Being very overweight (*obese*).

SYMPTOMS

Postmenopausal bleeding can start in different parts of the reproductive system.

- Bleeding from the vagina may happen. This happens because when estrogen secretion stops, the vagina dries out and can weaken (*atrophy*). This is the most common cause of bleeding from the lower reproductive tract.
- Lesions and cracks on the vulva may also bleed.
- Sometimes bleeding happens after sexual intercourse.
- Bleeding from the cervix if there are polyps, cancer or an infection.
- Bleeding can happen with or without a related infection.

DIAGNOSIS

- The caregiver will ask for a detailed history of how long bleeding has been going on. A woman should keep a record of the time, the length, how often and amount of bleeding. She should tell the caregiver about any medications she is taking, especially any hormones or steroids.
- The caregiver will do a pelvic exam and PAP test. The vulva and vagina are looked at for signs of atrophy. The caregiver will feel for any sign of uterine fibroids. Depending on the exam results, more testing may be needed.

PROCEDURES

- Biopsies may be taken. This is when the caregiver studies a piece of tissue from the body. They look for tissue that is not normal.
  - Endometrial biopsy takes tissue from the uterine lining.
  - Cervical biopsy takes tissue from the cervix.
- Dilatation and curettage (D & C) is often needed for a diagnosis. This is the best test for diagnosing uterine cancer.
- Hysteroscopy is a procedure that uses a long tube with a light. This tube looks inside the uterus.
- A vaginal probe ultrasound may be done. This measures the thickness of the endometrium. This procedure does not often show polyps and fibroids in the uterus however.
- A saline infusion sonohysterography (SIS) may be done. A salt water (*saline*) solution is injected into the uterus with a small tube (*catheter*) before a vaginal probe is put in. The presence of liquid in the uterus helps make any fibroids or polyps more obvious.

TREATMENT

Treatment depends on the cause of the bleeding.

- It is common for women just beginning HRT to have some bleeding. Most women who are on HRT also take progesterone with estrogen if they still have their uterus. They may have monthly withdrawal bleeding. This is a normal side effect that often does not need treatment. Taking a low dose of estrogen and progesterone daily can prevent having a menstrual period.
- Postmenopausal bleeding due to vulva or vaginal bleeding can be treated with estrogen creams, patches or pills.
- If cancer is found, some form of surgery is needed. The uterus, cervix, ovaries and fallopian tubes may all be removed depending on the type and location of the cancer. If the problem is estrogen or androgen-producing tumors elsewhere in the body, these must also be surgically removed.
- Postmenopausal bleeding that is not due to cancer and cannot be controlled by any other treatment usually requires a hysterectomy. This operation is not without risk and possible complications.
- If the cause is endometrium thinning, hormones are given.
- If there is endometrial hyperplasia, progesterone may be given and/or D and C may be done.
- If there are polyps in the uterus, a hysteroscopy and/or D and C is done to remove them.
- If fibroids are present, they can be removed or a hysterectomy may be needed.
- If the problem is medical, thyroid or other medical treatment is done.
- If medication is causing the problem, changing or stopping the medication may be needed.

HOME CARE INSTRUCTIONS

- Postmenopausal bleeding is not a preventable disorder. However, maintaining a healthy weight will decrease the chances of it happening.
- See your caregiver if you are missing menstrual periods all the time.
- A PAP smear is done to screen for cervical cancer.
  - The first PAP smear should be done at age 21.
  - **Between ages 21 and 29**, **PAP smears are repeated every 2 years**.
  - Beginning at age 30, you are advised to have a PAP smear **every 3 years as long as your past 3 PAP smears have been normal.**
  - Some women have medical problems that increase the chance of getting cervical cancer. Talk to your caregiver about these problems. It is especially important to talk to your caregiver if a new problem develops soon after your last PAP smear. **In these cases, your caregiver may recommend more frequent screening and Pap smears.**
  - The above recommendations are the same for women who **have** or **have not** gotten the vaccine for HPV (Human Papillomavirus).
  - If you had a hysterectomy for a problem that was **not** a cancer or a condition that could lead to cancer, then you no longer need Pap smears.
  - If you are between ages 65 and 70, and you have had normal Pap smears going back 10 years, you no longer need Pap smears.
  - If you have had past treatment for cervical cancer or a condition that could lead to cancer, you need Pap smears and screening for cancer for at least 20 years after your treatment.
- See your caregiver if you have any kind of bleeding after menopause.

SEEK MEDICAL CARE IF:

- You have any kind of vaginal bleeding after menopause.
- You develop bleeding with sexual intercourse.
- You are still having menstrual periods after age 55.
- You are gaining too much weight.

Document Released: 03/28/2007 Document Re-Released: 01/09/2011
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