ACOG
The American College of Obstetricians and Gynecologists

FAQs

Perimenopausal Bleeding and Bleeding After Menopause

Frequently Asked Questions

What are menopause and perimenopause?

Usually beginning in the mid-40s, women enter a phase called perimenopause . During this phase, hormone levels and the menstrual cycle begin to change. Perimenopause may last from ages 45 to 55, although the timing varies from person to person. During this time, the ovaries get smaller and make less estrogen . The body goes through other changes as well.

Because these changes happen slowly over time, women may not be aware of them at first. Menopause is defined as the absence of menstrual periods for 1 year. In the United States, the average age of the last menstrual period is 51.

What is a normal menstrual cycle?

The length of the menstrual cycle is typically between 24 and 38 days. A normal period generally lasts up to 8 days. During your reproductive years, your periods may be regular. Your bleeding may be the same from month to month. With perimenopause, things change.

What happens during a menstrual cycle?

During a normal menstrual cycle, the levels of the hormones estrogen and progesterone increase and decrease in a regular pattern. Ovulation occurs in the middle of the cycle. If a woman does not get pregnant, a period starts about 2 weeks later.

What changes during perimenopause?

During perimenopause, the ovaries begin to make less estrogen. Some months, the ovaries may release an egg. Other months, they do not release an egg. In your 40s, your periods may be shorter or longer, and the days between may increase or decrease. Your bleeding may change too—it may be heavier or lighter. You also may skip periods.

How do I know if my bleeding is abnormal?

It is not normal to have

- bleeding or spotting between periods
- bleeding or spotting after sex
- heavy bleeding during your period
- bleeding that is heavier or lasts for more days than usual
- bleeding after menopause

Should I talk with my ob-gyn about my bleeding?

Yes. Although it's normal for periods to change as you near menopause, you should still talk with your obstetrician–gynecologist (ob-gyn) about bleeding changes. Abnormal bleeding sometimes can be a sign of health problems. It's especially important to tell your ob-gyn if you have bleeding after menopause.

What are some of the common causes of abnormal bleeding?

If you have any bleeding after menopause, or if you have any of the abnormal changes in your monthly cycle listed above, it's important to see your ob-gyn to find out the cause. Many things can cause abnormal bleeding, including

- polyps

- endometrial atrophy
- endometrial hyperplasia
- endometrial cancer

What are polyps?

Polyps are noncancerous (benign) growths that attach to the wall of the uterus. They also may develop on the endometrium (lining of the uterus). These growths may cause irregular or heavy bleeding. Polyps also can grow on the cervix or inside the cervical canal. Polyps on the cervix may cause bleeding after sex.

What is endometrial atrophy?

After menopause, the uterine lining may become too thin. This can happen when a woman has low levels of estrogen. The condition is called endometrial atrophy. As the lining thins, a woman may have abnormal bleeding.

What is endometrial hyperplasia?

Endometrial hyperplasia is a condition that causes the lining of the uterus to get too thick. The condition is not cancer, but in some cases, it can lead to cancer. Endometrial hyperplasia most often is caused when a woman has too much estrogen and not enough progesterone. Early treatment may reduce the risk of endometrial cancer developing.

What is endometrial cancer?

Endometrial cancer is cancer of the lining of the uterus. It is the most common type of cancer of the female reproductive system. Bleeding is the most common sign of endometrial cancer in postmenopausal women. When diagnosed early, most cases of endometrial cancer can be treated successfully.

What are risk factors for endometrial cancer?

The risk factors for endometrial cancer include

- getting older

- early age when periods started
- older age at menopause
- never having been pregnant
- irregular periods
- history of infertility
- long-term use of medications containing high doses of estrogen
- obesity
- polycystic ovary syndrome (PCOS)
- treatment with a drug called tamoxifen
- certain tumors of the ovaries
- history of diabetes mellitus, high blood pressure, gallbladder disease, or thyroid disease
- personal or family history of certain types of cancer (such as ovarian cancer or colon cancer)
- smoking

Endometrial cancer also can occur without any of these risk factors.

What are some other causes of bleeding after menopause?

Other causes of bleeding after menopause include

- hormone therapy
- infection of the uterus or cervix
- use of some medications
- other types of cancer

How is abnormal bleeding diagnosed?

To diagnose the cause of abnormal bleeding, your ob-gyn should review your personal and family health history. You may have a physical exam. You also may have one or more tests. Some of these tests can be done in your ob-gyn's office. Other tests may be done at a hospital or surgical center.

What is an endometrial biopsy?

This procedure takes a small piece of tissue from the lining of the uterus. A thin tube is passed through the cervix and into the uterus to take the sample. The sample is sent to a lab where it is looked at under a microscope.

What is a pelvic ultrasound?

An ultrasound exam uses sound waves to create a picture of the pelvic organs. A transducer sends out the sound waves. The sound waves reach the organs and bounce back, like echoes. The transducer receives these echoes and turns them into images that are shown on a video screen. For a pelvic ultrasound, the transducer can be moved across the abdomen or it can be placed in the vagina .

What is sonohysterography?

This is a special kind of ultrasound exam. A thin tube is passed through the cervix and into the uterus. Fluid is injected into the uterus through the tube. When the uterus is filled with fluid, ultrasound images are made of the inside of the uterus and the uterine lining. For this procedure, the transducer is placed in the vagina.

What is hysteroscopy?

This procedure uses a thin, lighted tube with a camera at the end. The tube is inserted through the cervix and into the uterus. The camera gives a view of the inside of the uterus.

What is dilation and curettage (D&C)?

This procedure removes tissue from the lining of the uterus. To start this procedure, also called a D&C, a series of rods is inserted into the opening of the uterus. Each rod will be slightly larger than the last one. This expands the cervix so instruments can pass through. When the cervix is expanded, the ob-gyn inserts an instrument called a curette. This is a sharp instrument that also may use suction. The removed tissue is sent to a lab, where it is looked at under a microscope.

What treatment is available for abnormal bleeding?

Treatment for abnormal bleeding during perimenopause or after menopause depends on the cause (see below).

How are benign causes of abnormal bleeding treated?

- Polyps may be removed with a surgical procedure.
- Endometrial atrophy can be treated with medications.
- Endometrial hyperplasia can be treated with progestin therapy, which causes the endometrium to shed. Since women with hyperplasia are at increased risk of endometrial cancer, they need regular biopsies to make sure that the hyperplasia has been treated and does not return.
- Endometrial hyperplasia also can be treated with a D&C procedure.

What if abnormal bleeding is caused by cancer?

Endometrial cancer usually is treated with surgery. During surgery, the cervix and uterus are removed (hysterectomy), as well as both ovaries and fallopian tubes . Lymph nodes and other tissue may be removed and tested to see if the cancer has spread.

What happens after surgery for endometrial cancer?

After surgery, the stage of disease is determined. Staging helps determine if additional treatment, such as chemotherapy or radiation therapy , is needed. Stages of cancer range from I to IV. Stage IV is the most advanced. The stage of cancer affects the treatment and outcome.

Glossary

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Chemotherapy: Treatment of cancer with drugs.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Endometrial Hyperplasia: A condition in which the lining of the uterus grows too thick.

Endometrium: The lining of the uterus.

Estrogen: A female hormone produced in the ovaries.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

High Blood Pressure: Blood pressure above the normal level. Also called hypertension.

Hormone: Substance made in the body that controls the function of cells or organs.

Hormone Therapy: Treatment in which estrogen and often progestin are taken to help relieve symptoms that may happen around the time of menopause.

Hysterectomy: Surgery to remove the uterus.

Lymph Nodes: Small groups of special tissue that carry lymph, a liquid that bathes body cells. Lymph nodes are connected to each other by lymph vessels. Together, these make up the lymphatic system.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined as the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Menstrual Periods: The monthly shedding of blood and tissue from the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Ovaries: Organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Ovulation: The time when an ovary releases an egg.

Perimenopause: The time period leading up to menopause.

Polycystic Ovary Syndrome (PCOS): A condition that leads to a hormone imbalance that affects a woman's monthly menstrual periods, ovulation, ability to get pregnant, and

metabolism.

Polyps: Abnormal tissue growths that can develop on the inside of an organ.

Progesterone: A female hormone that is made in the ovaries and prepares the lining of the uterus for pregnancy.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Radiation Therapy: Treatment with radiation.

Stage: Stage can refer to the size of a tumor and the extent (if any) to which the disease has spread.

Tamoxifen: An estrogen-blocking medication sometimes used to treat breast cancer.

Transducer: A device that sends out sound waves and translates the echoes into electrical signals.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? Learn how to find a doctor near you.

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