



## Patient Guide: Understanding and Managing Abnormal Bleeding During Menopause

### Why you're holding this guide

Menopause is supposed to bring rest from the monthly rhythm, but for some women, unexpected bleeding crops up months—or even years—later. It's unsettling, confusing, maybe even a little alarming. This guide walks you through what you're experiencing, what to do next, and how to take care of yourself along the way.

### What Is Abnormal Bleeding During Menopause?

Menopause is medically defined as 12 months without a period.

Perimenopause is the transition phase when hormone shifts can cause irregular bleeding.

Abnormal bleeding covers:

- Any spotting after menopause (even one appearance).
- Very heavy bleeding—soaking through pads or tampons in under an hour.
- Prolonged or unusually frequent periods.
- Bleeding after sex.

**Why it matters:** While many causes are benign, some signal something that benefits from early evaluation.

### What Might Be Causing It?

#### **Hormonal Instability**

Shifts in oestrogen and progesterone can thicken or shed the womb lining unpredictably, triggering irregular bleeding—even if your periods seemed to have stopped.

#### **Benign, Treatable Causes**

- Fibroids: muscular, non-cancerous growths in or around the uterus.
- Polyps: small surface growths that can bleed between periods or after intercourse.
- Endometrial atrophy: a thinning lining that becomes more fragile post-menopause.
- Infections: pelvic inflammation that can lead to spotting.

Think of fibroids and polyps as little speed bumps on the lining—disrupting what used to be a smooth flow.

### Less Common but Important Causes

- Endometrial hyperplasia: excessive lining growth—sometimes a precursor to cancer.
- Endometrial, cervical, or ovarian cancer: early signs can include bleeding—poorly overlooked.

## Knowing When to See Your GP

Don't wait—get it checked if you notice:

- Any bleeding after menopause.
- Heavy or prolonged bleeding.
- Bleeding during sex.
- Pelvic discomfort accompanying bleeding.

**Remember:** GPs see this more than you'd think, and early evaluation often brings reassurance.

## What Might Happen at Your Appointment?

### Initial GP Visit

Your GP will:

- Ask about your bleeding and overall health.
- Do a pelvic exam (you can request a chaperone).
- Review your medications—some can influence bleeding.

### Key Diagnostic Tests

- Pelvic or transvaginal ultrasound for fibroids, polyps, or lining thickness.
- Hysteroscopy, a tiny camera to examine the womb.
- Endometrial biopsy to exclude serious causes.

**Pro tip:** Bring a short symptom log—it helps your GP sort through details faster.

## Treatment & Self-Care

### Medical Options

- Hormone therapy to restore balance.
- Non-hormonal medicines to reduce bleeding.
- Minimally invasive procedures for fibroids or polyps.
- Cancer treatments, if required, managed by specialists (rare).

### Supporting Yourself at Home

- Track your symptoms in a diary or spreadsheet.
- Eat iron-rich foods like spinach, red meat, legumes to avoid anaemia.
- Keep moving—gentle walks, yoga, or other low-impact exercise.
- Manage stress with mindfulness, baths, or breathwork.

## Looking After Your Mind as Well as Your Body

Experiencing abnormal bleeding can feel emotionally overwhelming—maybe like a body you thought you understood just changed the rules. You're not alone, and your feelings are completely valid.

**Healthier perspectives to lean on:**

- Talk to your GP—they've heard it all and will treat you professionally.
- Confide in a friend, partner, or a trusted group—often just voicing it takes the edge off.
- Online or in-person menopause support groups can offer empathy and solidarity.

**Take charge of your menopause journey today.**

Visit [themenopausenetwork.co.uk](https://themenopausenetwork.co.uk) for more expert advice, resources, and support.