



BASIC INFORMATION

DESCRIPTION

Postmenopausal uterine bleeding is defined as unexpected, bleeding that begins 6 to 12 or more months after menopause.

FREQUENT SIGNS AND SYMPTOMS

- Vaginal bleeding, which may be a light-brown discharge or heavy, red bleeding (with or without clots). Mucus may accompany the bleeding. Bleeding episodes vary in length. The type or quality of the bleeding is not as relevant as the fact that it has taken place. Following menopause, women who are being treated with hormonal replacement will likely encounter some bleeding and should consult the doctor about the types of bleeding to be concerned about.
- Pelvic pain (sometimes).

CAUSES

- Endometrial or vaginal atrophy (shrinking or wasting away of tissue).
- Cancer of the reproductive system (up to 10% of the cases of postmenopausal uterine bleeding).
- Irritation or infection of the membranes lining the uterus, vagina and vulva.
- Injury or trauma to the vagina, associated with reduced estrogen levels.
- Polyps or benign tumors of the cervix.
- Polyps on the inner uterine lining; myomas.
- Hormone therapy that stimulates the endometrium (uterine lining), causing sloughing similar to normal menstruation. Estrogens (female hormones) used irregularly are a common cause of this.
- Disorders of the blood cells, lymphatic system or bone marrow.
- Liver disorders.
- Anticoagulant or aspirin-containing drugs.

RISK INCREASES IN/WITH

- Recent vaginal infection.
- Adults over 60, due to fragile blood vessels and thin vaginal or uterine lining.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOME

Depends on the underlying cause and treatment chosen.

POSSIBLE COMPLICATIONS

- Anemia.
- If cancer is the cause, it may spread to other body parts.



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory blood studies and Pap smear. Be sure to advise the doctor about nonprescribed substances that you take, such as soy protein.
- Unexplained postmenopausal bleeding *requires* further testing. This may include a hysteroscopic (telescopic instrument with fiberoptic light) examination, ultrasound of the pelvic area, sonohystogram (ultrasound with a saline [salt-water solution] injected into the uterus). A dilatation and curettage, referred to as D & C (dilatation of the cervix and a scraping out of the uterus with a curette) may be both diagnostic and a treatment to relieve the bleeding. Sometimes, even after the testing, no clear-cut reason for the bleeding is found.
- Specific therapy, usually medications or surgery, is dependent on the cause. The most common cause of postmenopausal bleeding is an atrophic endometrium.
- Surgery (hysterectomy) to remove the uterus may be needed.
- For more information, check the library or the internet.

MEDICATION

- If hormone medications are currently being taken, the dose may need to be adjusted. In other cases, hormones may be prescribed depending on the medical evaluation of the bleeding.
- Medication to treat any underlying disorder diagnosed.

ACTIVITY

- Resume your normal activities as soon as symptoms improve.
- Sexual relations may be resumed as soon as desired after diagnosis and treatment.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You have postmenopausal vaginal bleeding.
- Bleeding persists for 1 week, despite treatment.
- The bleeding becomes excessive (saturates a pad more frequently than once each hour).
- Signs of infection develop—fever, a general ill feeling, headache, dizziness and muscle aches.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.