

OB-GYN ASSOCIATES, P.A.



ABNORMAL UTERINE BLEEDING

The normal menstrual cycle begins with the first day of bleeding and ends with the first day of the next period. This cycle averages 28 days. When the menstrual cycle is not regular, bleeding lasts longer or is heavier than normal, or bleeding occurs between periods, it is known as abnormal uterine bleeding. Menstrual cycles that are longer than every 35 days or shorter than every 21 days are not normal.

There are two hormones made by the ovaries - estrogen and progesterone. During the menstrual cycle these hormones cause changes in the endometrium (lining of the uterus). On about day 14 of your cycle, an egg is released from one ovary and into the fallopian tube where it can be fertilized. If the egg is not fertilized, pregnancy does not occur and the hormone levels drop. This signals the uterus to shed its lining.

As women approach menopause, around the age of 50, their periods become irregular because at this age they ovulate less. Periods may become lighter or heavier. If you have gone through menopause and are not taking hormones, any uterine bleeding is abnormal. Increased bleeding as a woman approaches menopause is also abnormal. Abnormal uterine bleeding may also include absence of menstrual periods, unexplained bleeding between periods, bleeding after sex, and/or spotting.

A hormone imbalance occurs when the body makes too much or not enough of a certain hormone. It can be caused by weight gain or loss, heavy exercise, stress, illness, or some medications.

Other causes include pregnancy, problems linked to some birth control methods, infections, uterine fibroid, certain types of cancer, and medical conditions (such as diabetes, hyperthyroidism, or hypothyroidism).

The most common cause of hormone imbalance is anovulation - when the ovaries do not release an egg and a woman does not have a period. This can cause the lining of the uterus to grow too much. It occurs when the balance between the progesterone and estrogen is disturbed or if the ovaries produce too much androgen - a male hormone.

Along with a physical exam, your doctor may order a blood count, pregnancy test and/or hormone levels. Other minor procedures may be indicated such as ultrasound or an endometrial biopsy. Your OB-GYN Associates physician will discuss these with you.