Menorrhagia is defined as heavy blood loss during menstruation for several consecutive cycles. This condition can be related to a number of underlying conditions (i.e. fibroids, polyps, hormonal imbalance) or idiopathic in nature (often referred to as dysfunctional uterine bleeding). The objective definition is monthly blood loss that exceeds 80 ml or lasts greater than 7 days.

Several minimally invasive techniques are available to treat this condition:

1). First line treatment for dysfunctional uterine bleeding usually consists of drug therapy with iron supplements, antifibrinolytics and NSAIDS.
   • Excessive loss may also be treated with hormone therapy, including oral contraceptives, cyclic progesterone or the progesterone releasing IUD. When hormonal therapy is contraindicated may treat with non-hormonal medication (i.e. Lysteda) in women ages 18 years and older.
   • Bleeding associated with fibroids is usually treated with NSAIDS or hormones alone or in conjunction with surgery.
   • Drug therapy is limited in insufficient response rates, adverse-effects, limited compliance and long-term use requirement.

2). Dilation and curettage, with or without resection of endometrium as a same day procedure.

3). Endometrial ablation - destruction of the lining of the uterus by any of several mechanisms: electrocautery, hot water, microwave or freezing. Cryoablation (freezing) is a treatment designed to reduce or completely eliminate heavy menstrual blood loss and can be performed in the office. A cryoprobe, inserted through the vagina under ultrasound guidance in the uterus, delivers extreme cold (<-15 to -20C) to the endometrium in freeze-thaw cycles. Patients must meet all of the following criteria:

   1. Menorrhagia that is unresponsive to (or with contraindication to) either:
      • Hormonal therapy or other pharmacotherapy; or
      • Dilation and curettage; and

   2. Cancer, pre-cancer or structural abnormalities (polyps, fibroids) that require surgery (endometrial sampling)have been excluded; and

   3. Pap smear and gynecological examination have excluded significant cervical disease; and

   4. Patient has completed childbearing; and
5. The degree of severity should be that patient would otherwise be an appropriate candidate for a hysterectomy; **and**

6. No active genital or urinary tract infection.

If patients can not tolerate or fail the three techniques outlined above, the definitive therapy for treatment of menorrhagia is hysterectomy.

**References:**


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Chief Medical Officer  
Medical Associates Clinic & Health Plans  
Date

President  
Medical Associates Clinic  
Date

Original: 08/06  
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