



by **Shauna Leeson**

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Menopause is the point in a woman's life when she stops having menstrual periods. For most women this occurs around age 52, though the timing varies among women. During the menopausal transition, the point when a woman's ovarian function begins to decline, her menstrual cycle may become less regular. After menopause, women should not experience any bleeding. Any bleeding that occurs more than 12 months after the final menstrual period is referred to as postmenopausal bleeding and must be investigated by a physician.

There are numerous methods of investigation that may be used to determine the cause of postmenopausal bleeding. They are detailed clinical history, ultrasound, endometrial biopsy (scraping a small amount of tissue

Postmenopausal bleeding needs doctor's attention

Problem could progress to cancer if it isn't treated.

from the lining of the uterus and examining it under a microscope) and a Pap test. Depending on the results of these tests, further investigations such as a diagnostic hysteroscopy may be needed.

The cause of the postmenopausal bleeding is either of vaginal or uterine origin. If the bleeding is of vaginal origin, the cause is likely thinning tissues. At menopause, the ovaries produce less of a hormone called estrogen. This declining level of estrogen makes tissue more fragile, which makes it bleed more easily.

If the bleeding originates in the uterus, it is most often benign polyps or fibroids. However, the cause could also be abnormal cells, a condition known as endometrial hyperplasia whereby the endometrial lining becomes thicker. If left untreated, this condition may lead to cancer. To determine the cause of bleeding, a diagnostic hysteroscopy may be necessary. A diagnostic hysteroscopy is a direct visualization of the inside of the uterus with a

lighted camera. Using this technique, the physician can see the polyps or fibroids and easily obtain a sample of the endometrium for testing. Because of recent advances in technology, physicians are able to perform this procedure safely in a procedure room with a local anaesthetic.

Effective treatment for postmenopausal bleeding is dependant upon the problem and its cause. If the vaginal tissues are thinning, local estrogen may be given in the form of a cream or tablet inserted into the vagina. If the endometrial lining is thickening, which is called hyperplasia, progesterone may be used. Without progesterone treatment, the abnormal thickening can progress into an endometrial cancer.

Polyps and fibroids can be removed surgically – this does not necessarily mean hysterectomy (the removal of the uterus), it means cutting or burning out the disease. In rare instances, polyps can be malignant and that is why it is recommended they be removed.

While on hormone replacement therapy, any heavy or breakthrough bleeding that does not lessen over time should be reported. Bleeding that seems to be lessening in the first six months of starting hormone therapy is normal and should not be worrisome.

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