

## **Bleeding with HRT: What to expect**

If you are still having periods, even if infrequent, or have not been period free for at least a year when you start HRT, you should be prescribed a form of HRT that gives a monthly withdrawal bleed like a period. This is called **Cyclical or Sequential HRT** and is a combination of daily oestrogen with the addition of a progestogen for 12-14 days each month. A small percentage of women do not have a regular bleed with this HRT and this is not harmful. Occasionally you may have unexpected or heavier bleeding which can be due to your ovaries still producing hormones. If you have a change in bleeding pattern with heavier or chaotic bleeding which persists for more than a few weeks you should contact your GP for advice, as you may require further investigation.

If you are postmenopausal, with no period for more than a year, or have had both ovaries removed you can be prescribed **Continuous Combined HRT with daily oestrogen and progestogen**. Although the aim is that you should be bleed free with this HRT, irregular (usually light) bleeding is a common side effect in the first few months after starting this form of HRT, or changing HRT preparations. This usually settles with time, but if the bleeding persists for more than 6 months or occurs for the first time more than 4 months after you start HRT, you should speak to your GP as you may require a change to your prescription and/or referral for investigations.

## **Changes to HRT that may reduce bleeding**

Changing or increasing the progestogen component of your HRT may help reduce bleeding, as some progestogens have a more potent effect on the endometrium (womb lining) than others. Progestogen can also be given via an intrauterine device containing levonorgestrel. (Mirena, Benilexa or Levosert are brand names). This delivers progestogen directly into the lining of the womb, minimises side effects & can be used for 5 years. It can be inserted at a clinic or under sedation/ anaesthetic.

## **What happens at the Specialist HRT clinic if referred with bleeding problems**

Investigations may include:

- A transvaginal pelvic ultrasound scan to look at the lining of your womb. Your GP may have already referred you elsewhere for this.
- Speculum exam (same instrument used for smear test) to look at vagina & cervix
- Biopsy of the lining of your womb where a small piece of tissue from the lining of your womb is sampled. This can cause period-type cramps.

You may be offered insertion of a progestogen containing IUD (Mirena) to reduce bleeding, and provide the progestogen component of your HRT. This can be done in the clinic. If this is not an option or you decline it then you may need to increase the dose or change the progestogen in your HRT regime. You may be referred for a hysteroscopy under sedation or as an outpatient procedure to further investigate the lining of your womb most commonly if there are suspected polyps on ultrasound scan.