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## The lining of the uterus become thin after bleeding

Abnormal uterine bleeding is one of the most common reasons women see their doctors. It can occur at any age and has many causes. Some are easily treated, while others are more serious. Finding the cause is the first step in treatment. This pamphlet will explain: Causes of abnormal bleeding How it is diagnosed How it can be treated If your cycles are irregular, see your doctor. Abnormal bleeding can have a number of causes. The Normal Menstrual Cycle During the menstrual cycle, two hormones, called estrogen and progesterone, are made by the ovaries. Each month, these hormones cause the endometrium to grow in preparation for a possible pregnancy. About 12-14 days before the start of the period, an egg is released from one of the ovaries. This is called ovulation. The egg then moves into one of the fallopian tubes. There it can be fertilized by a sperm. If it is not, pregnancy does not occur. The levels of hormones decrease. This decrease is a signal for the uterus to shed its lining. This shedding is the menstrual period. The cycle begins with the first day of bleeding of one period and ends with the first day of the next. In most women, this cycle lasts about 28 days. Cycles that are shorter or longer by up to 7 days are normal. Abnormal Bleeding Bleeding in any of the following situations is abnormal: Bleeding between periods Bleeding after sex Spotting anytime in the menstrual cycle Bleeding heavier or for more days than normal Bleeding after menopause Menstrual cycles that are longer than 35 days or shorter than 21 days are abnormal. The lack of periods for 3-6 months (amenorrhea) also is abnormal. Abnormal bleeding can occur at any age. At certain times in a woman's life it is common for periods to be somewhat irregular. They may not occur on schedule in the first few years after a girl starts to have them (around age 9-16 years). The cycle may get shorter near age 35 years. It often gets shorter as a woman nears menopause (around age 50 years). It also is normal then to skip periods or for bleeding to get lighter or heavier. Causes Abnormal bleeding can have many causes. Your doctor may start by checking for problems most common in your age group. Some of them are not serious and are easy to treat. Others can be more serious. All should be checked. In some women, too much or not enough of a certain hormone can cause abnormal or heavy bleeding. This imbalance can be caused by many things, such as thyroid problems or some medications. Other Causes of Abnormal Bleeding Other causes of abnormal uterine bleeding include pregnancy miscarriage ectopic pregnancy problems linked to some birth control methods, such as an intrauterine device (IUD) or birth control pills infection of the uterus or cervix fibroids problems with blood clotting polyps certain types of cancers, such as cancer of the uterus, cervix, or vagina chronic medical conditions (for instance, thyroid problems and diabetes) Diagnosis To find the cause, your doctor will ask about your personal and family health history. You may be asked about these issues: Past or present illnesses Use of medications Use of birth control Weight, eating and exercise habits, and level of stress Your doctor also will ask about your menstrual cycle. You can help by keeping track of it before your visit. Note the dates, length, and type (light, medium, heavy, or spotting) of your bleeding on a calendar (see "Menstrual Flow Diary"). Your doctor can use your notes to help pinpoint the problem. You will have a physical exam. You also may have blood tests. These tests check your blood count and hormone levels and rule out some diseases of the blood. You also may have a test to see if you are pregnant. Based on your symptoms, other tests may be needed: Ultrasound—Sound waves are used to make a picture of the pelvic organs. Endometrial biopsy—Using a small or thin catheter (tube), tissue is taken from the lining of the uterus. It is looked at under a microscope. Sonohysterography—Fluid is placed in the uterus through a thin tube, while ultrasound images are made of the uterus. Hysteroscopy—A thin device is inserted through the vagina and the opening of the cervix. It lets the doctor view the inside of the uterus. Hysterosalpingography—Dye is injected into the uterus and fallopian tubes. Then an X-ray is taken. Dilation and curettage (D&C)—The opening of the cervix is enlarged. Tissue is gently scraped or suctioned from the lining of the uterus. It is examined under a microscope. Laparoscopy—A thin device like a telescope is inserted through a small cut just below or through the navel. The doctor can then view the inside of the abdomen. Some of these tests can be done in your doctor's office. Others may be done at a hospital or surgical center. Treatment Treatment will depend on many factors, including the cause of the bleeding. Your age and whether you want to have children also play a role. Treatment falls into three types. You may be given medications, such as hormones. You may need to have surgery. You may decide with your doctor to "watch and wait" before trying the other two treatments. Most women can be treated with medications. To judge how well treatment is working, you may need to be tested again. If you think you might be pregnant, let your doctor know before you start any treatment. Hormones Hormones can control some abnormal bleeding. It may take a few months. Your periods may be heavier at first. However, they usually will lighten over time. If they do not, let your doctor know. The type of hormone you take will depend on whether you want to get pregnant as well as your age. Hormones can be given in different ways. Your doctor may prescribe birth control pills to help make your periods more regular. Hormones also can be given as an injection, as a vaginal cream, or through an IUD that releases hormones. An IUD is a birth control device that is inserted in the uterus. The hormones in the IUD are released slowly and may control abnormal bleeding. Bleeding may be caused by endometrial hyperplasia. This condition occurs when the lining of the uterus grows too thick. Progesterone can help treat and prevent it. Other Medications Nonsteroidal antiinflammatory drugs, like ibuprofen, may help control heavy bleeding. They also may be used to relieve menstrual cramps. If you have an infection, you will be given antibiotics. Surgery Some women may need to have surgery to remove growths (such as polyps or fibroids) that cause bleeding. This often can be done with hysteroscopy. Sometimes other techniques are used. Endometrial ablation may be used to control bleeding. This treatment uses electricity, laser, heat, or freezing to destroy the lining of the uterus. It is intended to stop or reduce bleeding permanently. A woman may not be able to get pregnant after ablation. An endometrial biopsy is needed before ablation is considered. Hysterectomy may be done when other forms of treatment have failed or they are not an option. This is major surgery. Afterward, a woman no longer has periods. She also cannot get pregnant. Discuss all of your options with your doctor before choosing a treatment. Finally... If you are having abnormal bleeding, see your doctor. Abnormal bleeding can have a number of causes. There is no way to tell why your bleeding is abnormal until your doctor examines you. Once the cause is found, it often can be treated with success. If it persists or returns, you should see your doctor again. Glossary Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in the fallopian tubes. Endometrial Hyperplasia: A condition that occurs when the lining of the uterus (endometrium) grows too much. Endometrium: The lining of the uterus. Estrogen: A female hormone produced in the ovaries that stimulates the growth of the lining of the uterus. Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus. Fibroids:

Benign (noncancerous) growths that form on the inside of the uterus, on its outer surface, or within the uterine wall itself. Hysterectomy: Removal of the uterus. Intrauterine device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy. Menopause: The process in a woman's life when ovaries stop functioning and menstruation stops. Miscarriage: The spontaneous loss of a pregnancy before the fetus can survive outside the uterus. Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones. Polyps: Growths that develop from membrane tissue, such as that lining the inside of the uterus. Progesterone: A female hormone that is produced in the ovaries and matures the lining of the uterus. When the level of progesterone decreases, menstruation occurs. Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus. Womb cancer is the 4th most common cancer in women in the UK. We don't know what causes most womb cancers. But there are some factors that can increase your risk of developing it. What is a risk factor? Anything that increases your risk of getting a disease is called a risk factor. Different cancers have different risk factors. Having a risk factor does not necessarily mean that you will develop cancer. Also, not having any risk factors does not mean that you definitely won't get cancer. Some factors lower your risk of cancer and are known as protective factors. Age The risk of womb cancer increases with age. Most women diagnosed with womb cancer have had their menopause. And almost three quarters of cases of womb cancer are in women aged 40 to 74. Being overweight Being overweight or obese is the biggest preventable risk factor of womb cancer. Being overweight or obese causes around a third of womb cancers. Higher levels of oestrogen Overweight women have higher levels of oestrogen. Fat cells convert hormones into a type of oestrogen. So the more body fat you have, generally the more oestrogen you produce. When more oestrogen is produced, the lining of the womb builds up. When more lining (endometrial) cells are produced, there is a greater chance of one of them becoming cancerous. Oestrogen Oestrogen is a female hormone. Before the menopause the ovaries make most of the oestrogen a woman needs. Along with another female hormone called progesterone it regulates womens reproductive cycle. After the menopause the ovary stops producing hormones. But the body continues to make a small amount of oestrogen. Fat cells also make oestrogen. Oestrogen causes the cells in the womb to divide increasing the risk of mistakes being made. So anything that increases the amount of oestrogen in your body increases your risk of womb cancer. Hormone replacement therapy (HRT) There are different types of hormone replacement therapy (HRT). Oestrogen only HRT increases the risk of womb cancer. Because of this, doctors normally only prescribe the oestrogen only HRT for women who have had their womb removed (a hysterectomy). Combined HRT contains the hormones oestrogen and progesterone. There is evidence that the progesterone part can counteract the cancer causing effects of the oestrogen part. But it depends on the type of combined HRT used. Tamoxifen Tamoxifen is a hormone therapy for some types of breast cancer. It can increase womb cancer risk, as it is thought to have a similar effect to oestrogen on the womb. This is a rare side effect of taking it. And the benefits of taking tamoxifen as part of your treatment for breast cancer outweigh the small risk of womb cancer. If you are taking tamoxifen, tell your doctor if you have: unexpected vaginal bleeding vaginal bleeding after your periods have stopped Diabetes Several studies show a higher risk of womb cancer in women with diabetes, for both Type 1 and Type 2. This link may be due to being overweight and we need more research to find out about why it increases risk. Thickened womb lining Endometrial hyperplasia is a non cancerous (benign) condition where the lining of the womb becomes thicker. You have a higher risk of developing womb cancer if you have this thickening, especially if the extra lining cells are abnormal. Symptoms of endometrial hyperplasia are heavy periods, bleeding between periods, and bleeding after menopause. Polycystic ovary syndrome Women with polycystic ovary syndrome (PCOS) have a hormone imbalance which may cause very irregular periods. Women with PCOS have an increased risk of womb cancer compared to women who don't have PCOS. The cause of the increase is unclear but it may be due to the hormone imbalance. Polycystic ovary syndrome is also linked with insulin resistance, being overweight and type 2 diabetes. These are risk factors for womb cancer. Menstrual history Some factors linked with periods (menstruation) can increase your risk of womb cancer because they cause higher levels of oestrogen. These include:starting your period at a young agea late menopause Family History Research has shown that daughters of women with womb cancer have double the risk of women in the general population. If you have several close relatives on the same side of the family who have had bowel cancer or womb cancer you may be at increased risk of womb cancer. Lynch syndrome is an inherited faulty gene linked with an increased risk of some cancers, including bowel cancer and womb cancer. Out of every 100 women who carry this gene fault, 40 to 60 will develop womb cancer at some point in their lives. Having had children decreases your risk Studies show having children lowers womb cancer risk by around a third. The risk decreases with the more children a woman has. Oestrogen levels are low and progesterone levels are high during pregnancy. During the menstrual cycle, there is oestrogen in the body without progesterone. This is called unopposed oestrogen. Unopposed oestrogen increases womb cancer risk. So anything that stops this (such as pregnancy) lowers the risk of womb cancer. The contraceptive pill is linked to a reduced risk The combined pill, the most common type of birth control pill, is linked with a reduced risk of womb cancer. These protective effects are bigger the longer a woman takes the combined pill for. They can continue for decades after she stops taking it. Using a non hormonal intrauterine device (IUD or coil) has also been linked with a decreased risk of womb cancer. Diet and alcohol Studies have looked at whether diet could affect womb cancer risk. At the moment there are no convincing dietary factors that directly increase or decrease your womb cancer risk. But a healthy diet helps you keep a healthy weight, which in turn reduces the risk of womb cancer. Coffee has also been linked to a reduced womb cancer risk. But overall the evidence is not strong. An analysis of studies hasn't shown a link between drinking alcohol and the risk of womb cancer. But alcohol increases the risk of many other types of cancer. Physical activity The world cancer research fund has listed physical activity as probably being protective against womb cancer. This link may partly be because women who are more active have a lower body weight. Being physically active also helps to control hormones in the body, such as oestrogen and insulin. Other possible causes Stories about potential causes of cancer are often in the media and it isn't always clear which ideas are supported by evidence. There might be things you have heard of that we haven't included here. This is because either there is no evidence about them or it is less clear. Reducing your risk There are ways you can reduce your risk of cancer. For detailed information on womb cancer risks and causes10 Feb 202010 Feb 2023 The fraction of cancer attributable to known risk factors in England, Wales, Scotland, Northern Ireland, and the UK overall in 2015 KF Brown, H Rungay, C Dunlop and others British Journal of Cancer, 2018. Volume 118, Pages 1130-1141 Endometrial cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up N Colombo, E Preti, F Landoni and others Annals of Oncology, 2013, Vol 24 (Supplement 6)

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