

Abnormal uterine bleeding occurs in approx. 15–20% of women of childbearing age. The bleeding can be regular with heavier flow and/or irregular and not follow a clear cycle.

Background

Irregular ovulation can cause irregular menstruation in teenagers and women who are approaching menopause. Other common causes of abnormal uterine bleeding include uterine changes such as endometrial hyperplasia, polyps (growths in the inner lining of the uterus) or myomas (uterine fibroids). Copper IUDs, metabolic conditions and diseases of the blood that affect its ability to coagulate can cause heavy bleeding resulting in anaemia.

Hormonal contraception (hormonal IUDs, contraceptive implants and contraceptive injections) can cause irregular menstruation. In some cases, it may be relevant to examine the patient to exclude the possibility of underlying malignant disease.

Hormonal imbalances and heavy bleeding caused by uterine changes can usually be treated with different hormonal treatments.

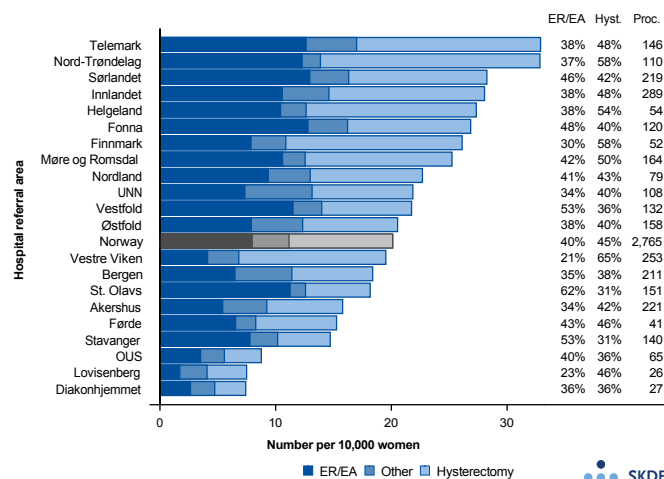
Surgery may be offered to patients who do not achieve adequate symptom relief from pharmacological treatment. Removing or destroying the endometrium will be an effective form of treatment for in most cases where no uterine changes have been found. Fibroids or polyps can be surgically removed. Alternatively, the uterus can be removed in case of severe uterine changes or if other forms of surgical treatment is ineffective. Hysterectomies can be performed as laparoscopic, vaginal or open procedures.

Results

During the period 2015–2017, around 2,700 surgical procedures per year for excessive and/or frequent menstruation were performed in Norway. Most of these procedures were performed on women aged 40–55 years, and the average age of the patients was 44.3 years. There was considerable variation between hospital referral areas in the number of surgical procedures for excessive and/or frequent menstruation. Residents of the hospital referral areas of Telemark and Nord-Trøndelag had more than four times as many procedures for abnormal uterine bleeding per year per 10,000 women as women in Diakonhjemmet and Lovisenberg hospital referral areas during 2015–2017.

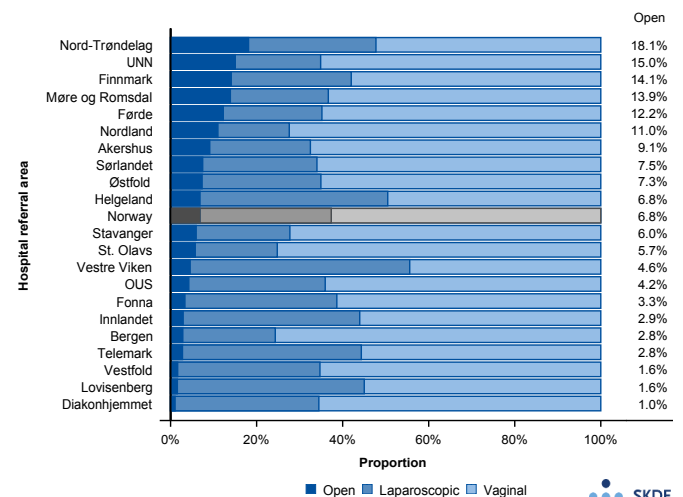
The proportion of hysterectomies varied from 31% for women living in the Stavanger and St. Olavs hospital referral areas to 65% for women living in Vestre Viken. The usage rate for hysterectomy to treat excessive and/or frequent menstruation is particularly low for residents of the hospital referral areas in Oslo (Diakonhjemmet, Lovisenberg and OUS). The proportion of procedures involving removal of the endometrium varied from 21% for women living in the Vestre Viken hospital referral area to 62% for women living in the St. Olavs area.

The proportion of open procedures varied from 18% for women living in the Nord-Trøndelag hospital referral area to 1% for women in the Diakonhjemmet area.



Source: NPR/SSB

Number of procedures for excessive and/or frequent menstruation per 10,000 women, adjusted for age, average per year 2015–2017 broken down by hospital referral area and by hysterectomies, removal of the endometrium (ER/EA) and other procedures, respectively. Average number of procedures on the right. The sample is limited to women in the age group 16–55 years.



Source: NPR/SSB

Proportion of procedures for excessive and/or frequent menstruation performed as open, laparoscopic and vaginal procedures, respectively.

Comments

The geographical variation in the use of surgery to treat excessive and/or frequent menstruation is high, and the hospital referral areas in Oslo (Diakonhjemmet, Lovisenberg and OUS) stand out with particularly low rates. There is no known geographical variation in the prevalence of this condition, nor is it likely that the observed variation is entirely due to chance and differences in patient preferences. The variation must therefore be deemed to be unwarranted.