

# PERIODS: MANAGEMENT AND PROBLEMS

## FACTSHEET





## BODY MATTERS

### Practical management of periods

Managing your period is not something we generally talk about in society. It is therefore not always addressed as openly as it should be following a spinal cord injury, and some women will feel very concerned about how they are going to cope with managing their periods. Hopefully the information in this resource will reassure you that it is possible and show you that there are different options you can try, to find the right one for you.

#### No periods initially after injury

Most, though not all, women who have sustained a spinal cord injury will initially experience an abrupt stop to their periods which usually lasts for three to six months on average. For some individuals though this may extend to nine months or even over a year, particularly if they have lost a lot of weight following their initial injury. The most common theory put forward for this is that the stress and anxiety associated with the sudden paralysis is responsible.

Once periods resume, the pattern of the menstrual cycle will be quite regular for the majority of women. Some report that they notice a change in the length of their cycle, how heavy their blood flow is or how long they bleed for compared to pre-injury, however, all these changes still fall within what is considered "normal" ranges. Even if your periods have not restarted it may still be possible to fall pregnant, therefore precautions should be taken if you wish to avoid this.

#### Pre-menstrual signs and symptoms

Your ability to know when your period is due to start may now be different following your spinal cord injury. It will depend largely on your level of injury and also how complete your injury is. You may no longer be able to feel menstrual cramps, however, other signs and symptoms may still be present. You may feel bloated, have an increase in neuropathic pain, become more emotional due to hormone imbalances, experience headaches or have back pain. Some women find that they experience an increase in the number or strength of the spasms they experience due to menstrual cramps. Some individuals with high level injuries may also find that they have symptoms of autonomic dysreflexia before their period is due and/or during it. Changes in bladder and bowel activity and skin breakdowns around the natal cleft (top of the crease where your bottom cheeks meet) area are also often commonly reported as signs that someone's period is due or has started.

#### Which products to use?

There are many products on the market for managing periods and, just as it would have been before your spinal cord injury, what you opt for is personal preference. Those with reduced hand function or requiring assistance from carers may have their choices reduced though by which products are easiest to position or that carers are happy to assist with. All the different products on the market have advantages and disadvantages depending on your level of spinal cord injury, functional ability with transfers and personal care and your bladder management method.



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### Use of tampons

Tampons are often preferred by women within the general population as they are more discreet than sanitary towels. Following a spinal cord injury, tampons have the advantage of staying in place when transferring or changing position in the wheelchair. In order to be able to insert a tampon successfully you require good dexterity and hand control. Applicators can make insertion easier however you will need to establish a position which makes it possible for you to insert and remove the tampon successfully. This may not be easy if you have limited mobility or balance due to the level of your injury, or if you have significant leg spasms or tightness.

The ability to position your body to insert a tampon will vary according to the level of your injury. If you have a lower level injury, you may be able to insert a tampon while sat on the toilet or in your wheelchair. You may be able to lean to the side or reposition yourself, so you are leaning back with your bottom towards the front of the toilet or wheelchair, causing your hips to tilt. Positioning your feet on a box or stool may also make inserting a tampon easier however, this position will require a lot of strength and balance to achieve. For those with a higher level of spinal cord lesion or poor sitting balance, you will find it easier to insert the tampon while on the bed, either positioned on your back or your side with your legs apart. Using a mirror may also make the tampon insertion easier for you. It is vital that when you insert a tampon that it is inserted fully and in the correct position. If this does not occur then you are likely to be at risk of potentially developing pressure ulcers, especially if you have limited or no sensation in your genital area. You may also find that your spasms increase, or, if you have a higher-level injury, experience symptoms of autonomic dysreflexia.

As with any woman, it is important to remember you have a tampon inserted so that the uncommon risk of toxic shock syndrome can be avoided. If you have limited or no sensation in your genital area you may not feel that you have a tampon inserted, or that it is starting to leak and needs changing, therefore extra vigilance may be needed compared to pre-injury. It is recommended that hands should be washed before and after tampon insertion and that tampons be changed every 4-6 hours to reduce the risk of developing toxic shock syndrome. Following these recommendations will also reduce any risk of bladder infections from tampon use.

Some women with lower level thoracic and lumbar injuries, including those with a cauda equina syndrome diagnosis, may find that they have difficulty keeping their tampons in place internally due to weakness or slackness in their pelvic floor muscles. If this occurs then using a larger tampon, of a higher absorbency level, can solve this problem. There is now an adaptation called the 'TINA Tampon Inserter' on the market for those individuals with reduced hand function however it still requires a certain level of arm function and balance to be able to use it successfully. Available from:

[www.tinahealthcare.com](http://www.tinahealthcare.com)

[www.activehands.com](http://www.activehands.com)

### Use of sanitary towels/pads

Sanitary towels can be a good method for you to achieve peace of mind if you are unsure when your period is due to start and can help avoid any embarrassing situations. There are such a variety of products on the market that you will be able to find a brand that you prefer. Many women, if they have heavy periods, will often use a combination of a tampon and a sanitary towel to ensure there is no leaking, especially if they have no sensation in that region.

As with tampons, it is important that sanitary towels are positioned correctly and not rucked up to prevent any leaking and this is something that you may need to check following a transfer or change in position. Lots of women tend to opt for brands with wings as these help the sanitary towel remain attached to your underwear and in the right position when active. When using sanitary towels there is a slightly increased risk of pressure ulcers from the moisture of your bleeding, as the pad sits close to your skin. Therefore, you need to be extra vigilant checking your skin while on your period and also make sure you change your sanitary towel regularly to prevent moisture being close to your skin for a prolonged length of time.

If you use intermittent catheterisation as your bladder management method, it is really important that you maintain a high standard of personal hygiene during your period to reduce the risk of developing a urinary tract infection. Cleaning your genital area well before completing the catheterisation should help reduce this risk.

Depending on your level of injury sanitary towels can be changed while sitting on the toilet or in the wheelchair. You will just need to make sure it is still in position once you have pulled any clothing back into place. Individuals with higher level injuries or poor sitting balance may prefer to transfer onto a bed to do this whilst lying down.





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### Use of menstrual cups

Many individuals now opt to use environmentally friendly products such as menstrual cups. Your ability to use one after a spinal cord injury will be very dependent on your hand function and whether you have the dexterity and grip to be able to fold it, insert it sufficiently, position/unfold it internally and then also remove it successfully. There are many different brands now available on the market and the choice will be down to your personal preference. You may find some shapes easier to insert and remove than others. Some shapes may also reduce your risk of spilling any blood. There is also a variety of sizes depending on your blood flow and the volume you need your menstrual cup to be in order to prevent leaking.

As with tampons, it is important that they are positioned correctly otherwise they will leak. Incorrect positioning will also leave you at an increased risk of developing a pressure ulcer, an increase in spasms or even autonomic dysreflexia if you have an injury at T6 or above.

You will also need to make sure that you are near a toilet or sink to be able to empty the cup and then rinse it before re-inserting it therefore it is not practical to change a menstrual cup on the bed. Individuals who choose this method will need to be able to change it while sitting on the toilet or in their wheelchair. Raising your feet on a box or stool may help with positioning, as may using a mirror.

You can leave a menstrual cup in place for up to 12 hours. Forgetting to remove it though can put you at risk of developing toxic shock syndrome. It is therefore important that you remember to remove it after use and that you rinse and clean it well between uses.

### Use of menstrual pants

Menstrual pants (also known as Period Pants) are another more environmentally friendly method of managing your period. The pants come in different sizes and absorbencies – so you should be able to find a pair that are comfortable and appropriate to your blood flow.

One pair can be worn from 3 to 12 hours, depending on the heaviness of your period. They are washed and used again. The disadvantages are the initial cost of buying several pairs of them and also having to remove lower body clothes to change your pants.

To reduce this inconvenience, they could be the method of period control overnight. As with sanitary towels, they should be changed before becoming too damp so as to protect the skin from damage. Some makes of these pants will also absorb small leaks of urine and of vaginal discharge.



### Carer involvement

In an ideal world, carers should be willing to assist you with whichever sanitary product method you would prefer. The reality however can be very different. Occasionally some carers can be resistant to handling blood while others will only be prepared to assist you with sanitary towels as they find the act of inserting a tampon too intimate for personal care. You may find you need to discuss your preferences with carers on an individual basis or you may find you have a preference as to which products you use with different carers depending on the rapport you have with them.

It is therefore important that you ensure that your menstruation management preferences are included within your care plan and that your chosen care agency is happy to meet your needs. As with any personal care, you as an individual should remain in control of what is being done to you and how you are being assisted. Use your verbal independence to ensure that menstruation tasks are completed in a way that you like and to check that products have been positioned correctly.



## Stopping periods - menstrual suppression

Some women feel very concerned about how they will manage their periods after having a spinal cord injury. The practical details above may help to reassure you that you can cope with your periods, but some women will want to suppress their periods, at least for a while or to help treat heavy and painful periods.

It can sometimes be difficult to suppress periods and involves using hormonal treatments, which can have their own side effects, but these treatments can also double up as a contraceptive method.

### Advantages

- Allows you to have less frequent periods and avoid bleeding at inconvenient times
- It will reduce heavy and painful periods
- The methods may also provide contraception
- May reduce variations in care needs during the month

### Disadvantages

- Irregular vaginal spotting or bleeding (breakthrough bleeding)
- Difficult to find a method which stops the periods completely
- Possible bloating and other hormonal side effects

### Options include

- Continuous progestogens such as the progestogen only pill ('mini pill')
- The intrauterine system (hormonal coil)
- Progestogen long acting injection (DepoProvera)
- Progestogen implant

These treatments are discussed in the contraception sections since they all give a contraceptive effect. They can be discussed and prescribed at a sexual health clinic, by your GP or by a gynaecologist.



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### Painful periods

It is normal to feel some form of discomfort or pain with your periods, particularly when they first begin and if they are very heavy. The symptom of pain is usually caused by spasm from the uterus, which is a specialised form of muscle, but it may be caused by other problems such as fibroids or endometriosis. If your injury is complete and above T10, you may not experience pain but some other symptom, or autonomic dysreflexia if your injury is above T6. If pain is worsening, or making autonomic dysreflexia difficult to control, do seek advice from your GP.

#### Treatment options include:

- Painkillers: paracetamol or non steroidal anti inflammatory drugs (NSAIDS) such as ibuprofen or mefenamic acid
- Suppressing your period with the combined oral contraceptive (COC) used on a continuous basis or 3 monthly basis to reduce the number of periods. You can read details of the COC in the contraception factsheet and the associated concerns of venous thromboembolism.
- The Mirena intrauterine system (IUS) which will reduce the heaviness of your period, and hence the pain, and may stop your periods.
- Investigations to see if there is any other underlying cause which might include a pelvic ultrasound or occasionally a laparoscopy (this is keyhole surgery under anaesthetic when a camera is inserted through the tummy button to look inside your pelvis).

### Heavy periods

Women will have different experiences of the amount of blood that they lose with each period. Periods are considered to be 'heavy' if you are having to change pads frequently and if you pass large clots. Over half of the women who experience heavy periods will not have a specific underlying cause found for the heavy bleeding and it may be given the term 'dysfunctional uterine bleeding'. The management is with different medications, some of which are hormonal. If there are other symptoms such as significant pain or bleeding between periods, then the doctor may feel it necessary to organise other tests such as a pelvic ultrasound or a hysteroscopy (looking inside the uterus, womb, with a small tube). This is to investigate for fibroids or uterine polyps.

#### Treatment options include:

##### Nonhormonal:

- Non steroidal anti-inflammatory drugs such as mefenamic acid or naproxen
- Tranexamic acid

##### Hormonal:

- The combined oral contraceptive pill – used monthly or running several packets together
- The MIRENA intrauterine system
- Progestogen tablets used on a cyclical basis

##### Surgical:

- Endometrial ablation – this removes the lining of the womb and may stop periods completely or reduce the heaviness significantly



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### No periods (amenorrhoea)

It is common for periods to stop for 6 - 12 months after spinal cord injury but if they do not restart, then you should discuss this with your GP or spinal injury follow up clinic. You may need a referral to a gynaecologist.

A hormone, called prolactin, tends to be temporarily overproduced after injury and this stops your periods.

#### Reasons for your periods still to be absent 12 months after a spinal cord injury include:

- Raised prolactin levels
- Being significantly underweight or overweight
- Polycystic ovarian syndrome
- In older women (usually after 45 years), the onset of the menopause

#### Management:

- Hormone levels will be checked and body mass index calculated
- Periods can be induced with oral progestogens, the combined oral contraceptive pill and prolactin lowering tablets.
- Weight loss or weight gain may be encouraged

### Where to get help with period problems

You may find that doctors and other healthcare professionals do not have a lot of experience of looking after women living with SCI even though they are very willing to help you. If you cannot get advice from your GP, who is always the person to try first, then try:

- Your spinal cord injury centre carers
- Your nearest community sexual health clinic
- Spinal cord injury specialist nurses at SIA
- Ask for a referral to, or your GP write for advice from, a local gynaecologist
- If your spinal injury care is at the NSIC, there is a monthly specialised gynae clinic in the centre. You need a referral from your GP or SCI consultant/senior outpatient nursing staff

#### References:

NICE guideline 88 (2018, updated 2021) Heavy menstrual bleeding: assessment and management

<https://www.nice.org.uk/guidance/ng88/resources/heavy-menstrual-bleeding-assessment-and-management-pdf-1837701412549>

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Milton Keynes, MK6 2HH

**0800 980 0501** (freephone support line open Mon-Fri 10.00am-4.30pm)

[academy@spinal.co.uk](mailto:academy@spinal.co.uk)



## About SIA

Spinal Injuries Association (SIA) is the UK's leading charity for everyone affected by spinal cord injury. We provide free, specialist support to help you navigate the mental and physical challenges you may face now and throughout your life.

Our nationwide team can connect you with our trusted network of experts

and partners, offering guidance on legal matters, care, housing, finance, mental health and more. You can reach our support line on

**0800 980 0501.**

We are the voice of spinal cord injured people, through our expertise and we can connect you to the services and organisations you need

through our network for all.

Join the SIA community for free at

**[www.spinal.co.uk](http://www.spinal.co.uk)**

Tell us what you think If you have any comments about our publications, you can email [\*\*academy@spinal.co.uk\*\*](mailto:academy@spinal.co.uk)

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