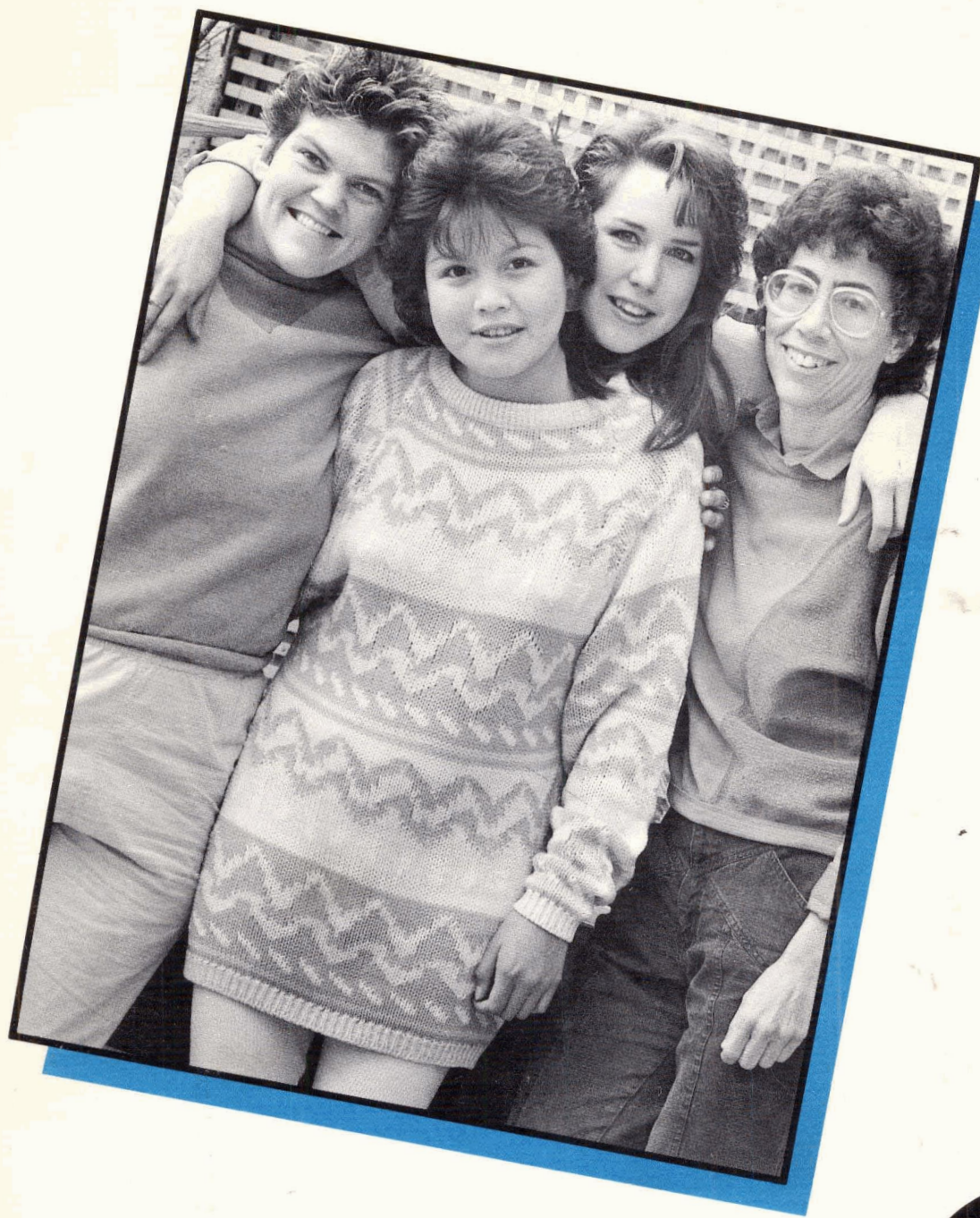


Talking About Periods



Talking About Periods

The Vancouver Women's Health Collective
Women's Reproductive Health Project

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HOW THIS BOOK WAS WRITTEN

This book is written by women at the Vancouver Women's Health Collective. We are interested in women's health. We're not doctors or nurses. We've learned what we know from talking to women and from reading.

It is hard to get health information. We have all had trouble getting information about how our bodies work and what we can do to be healthier. Sometimes we've done whatever the doctor suggested because we didn't know if there was anything else we could do. We find that reading about health and talking to other women gives us more control over our bodies. It helps us make careful, thoughtful decisions about our health.

We believe all women deserve to be well informed about their health. Most books on health are written so that only people with a lot of schooling can understand them. We have tried to make this book different. Health information is not hard to understand if it is explained in everyday language.

Writing this book has been an exciting project. We've talked to many different women from British Columbia, Alberta and the Yukon. We talked to native and non-native women, women from small communities and women from big cities. They told us what information they wanted us to include.

We hope this book is useful to **you**.

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Anne Fraser
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Women let us know what information they needed:

We held public meetings in Alert Bay, Calgary, Campbell River, Invermere, Cranbrook, Fernie, Kamloops, Port Hardy, Prince George, and Whitehorse. A warm thank you to the many women who talked about their lives and told us what information would make this book useful.

Many women read a draft of this book and made suggestions, or helped with health information:

Alberta Indian Health Commission
B.C. Native Women's Society
Calgary YWCA Women's Resources Center
Campbell River Women's Center
Fernie Women's Center
Kamloops Indian Band
Kamloops Indian Friendship Center
Kamloops Medical Services Branch
Kamloops Women's Resources Center
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HOW TO USE THIS BOOK

You can either sit down and read this book from start to end, or you can just read the chapters you are interested in. The **Table of Contents** on the next page tells you the name of each chapter and where to find it. It also tells you what each chapter is about.

We suggest you read the first five chapters first. They have information which will be helpful when you are reading the rest of the book. After that turn to the chapter which seems the most useful to you.

There are chapters about specific problems women have with their periods. In each of these chapters we list several different things that may help that problem. We suggest you try the general ideas in the **Healthy Periods** chapter first. Then try the simplest, safest, and cheapest treatments listed in the chapter. You may need to experiment a little to find out the treatment that's best for you.

We write about many natural treatments like good food, exercise, vitamins and minerals and herbal teas. Natural treatments often take a few months to work. If you try a

natural treatment, try it for three months. Try something else if it hasn't helped after that time. If it has partially helped your problem, you may want to keep using that treatment and add another treatment.

We include information about vitamins, minerals and herbal teas which have helped some women have healthier periods. We are not recommending you take them. It's up to **you** to decide what you want to try. You may find it helpful to talk to someone who knows about these things before you decide. You could talk to a naturopath, nurse, doctor, community health worker, nutritionist, or someone who knows a lot about herbs. There is more information about this in the book.

If you come across a word you don't understand, look for it in the section called **Words** on page 10. **Words** is a list of medical words in alphabetical order.

When we have said you in this book, we are talking to you as another woman. When we talk about doctors, we say she. We know that a doctor can be a man or a woman, and most doctors are men. But we didn't want to keep saying he or she, because it's harder to read. So, since we had our pick, we decided we'd like to see more women doctors so we made all of the doctors women.

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WORDS

This is a list of medical words we use in this book and what they mean:

Abdomen: Your lower belly.

Anaesthetic: A drug which makes you unable to feel pain during an operation. A **general anaesthetic** puts you to sleep, so you aren't aware of the operation and won't remember it. A **local anaesthetic** blocks the feeling where they will operate, but you are awake and aware.

Appendicitis: An inflamed or infected appendix. The appendix is a small pouch on your intestine. If you have appendicitis, you will have strong pain in your lower belly. It may be all over or just on the lower right side. You will need surgery to take out your appendix.

Birth Control: Anything that keeps you from getting pregnant when you're having intercourse.

Bladder: Your bladder is the sack that holds your urine (pee) inside your body.

Cervix: The lower part of your uterus. See page 14 for a description and picture.

Contraction: A tightening of the muscle of your uterus.



From: SAN FRANCISCO BAY AREA WOMEN'S YELLOW PAGES

Cramps: Pain in the lower belly or the lower back which some women have during their periods.

D&C: A D&C is an operation in which the doctor gently scrapes out the inside lining of your uterus.

Ectopic pregnancy: A pregnancy which grows outside your uterus. The most common place for an ectopic pregnancy is inside your fallopian tube. Your tube cannot stretch enough to hold the growing embryo. You need to go to the hospital if you have an ectopic pregnancy. If the tube bursts, it is a life threatening emergency.

Embryo: When an egg from a woman and a sperm from a man join, they make an embryo. The embryo is the first stage of what will become a baby.

Endometriosis: A condition in which bits of tissue like the tissue lining your uterus are found outside your uterus.

Estrogen: One of the hormones made by your ovaries.

Fetus: The embryo starts being called a fetus from the second month of pregnancy. At this time, it starts to have a shape with body parts that can be recognized. It is called a fetus until it is born, when it becomes a baby.

Fibroids: Fibroids are lumps of muscle tissue which may grow inside a woman's uterus.

Glands: Body organs which make and put out a chemical or a liquid.

Hormones: Chemicals made by one part of your body which travel through your blood and tell other parts of your body what to do.

Hysterectomy: Surgery to take out your uterus. Sometimes the doctor also takes out a woman's ovaries and tubes.

Hysteroscopy: A way of looking inside your uterus. The doctor puts the hysteroscope through the opening in your cervix. The hysteroscope is like a thin telescope. She can look through it at the inside of your uterus.

Infertility: Someone is infertile if they have problems getting pregnant or having children. Doctors define infertility as trying to get pregnant for one year without getting pregnant. Sometimes it just takes longer, and within 2 years a woman gets pregnant. Infertility can be a man's problem, a woman's problem, or a couple's problem.

Intercourse: Sex between a woman and a man with the man's penis in the woman's vagina.

IUD: An IUD is a small plastic object which a doctor puts inside a woman's uterus for birth control.

Laparoscopy: Surgery to look inside your lower belly. The doctor makes a small cut. She then uses a harmless gas to blow your belly up a little. She looks at your organs through a laparoscope. The laparoscope is like a thin telescope.

Laparotomy: Surgery inside your lower belly. The doctor makes a cut near the top of your pubic hair. You have a larger cut for a laparotomy than a laparoscopy.

Menstrual cycle: The time between the first day of one period and the first day of your next period. For most women, a menstrual cycle is about one month long.

Menstruation: Having your period.

WORDS

Miscarriage: When you lose a pregnancy, it is called a miscarriage. Most miscarriages happen during the first three months of pregnancy.

Orgasm: When a person comes, or reaches the peak of sexual excitement.

Os: The opening in your cervix which leads from the inside of your uterus to your vagina.

Ovaries: The organs which hold your eggs. See page 14 for a picture and a description.

Ovulation (to ovulate): When an egg pops out of your ovary. This usually happens about half way through a woman's menstrual cycle.

Side effect: Most drugs have side effects. A side effect is any change other than the reason you took the drug. For example you may take a drug to lessen heavy bleeding and also get headaches. The headaches are a side effect.

Speculum: A beakshaped instrument which a doctor or nurse puts inside a woman's vagina to hold it open so she can see the woman's cervix.

Spotting: Light bleeding before, after, or between periods.

Thyroxin: Thyroxin is a hormone which is put out by your thyroid gland.

Tubal ligation (having your tubes tied): This is an operation to stop you from being able to get pregnant. The doctor cuts your fallopian tubes so that the egg can no longer get to your uterus.

Tubes (fallopian tubes): The egg travels through these tubes to get from your ovary to your uterus. See page 14 for a description and a picture.

Ultrasound: This test uses sound waves to make a picture of a person's inside organs. It can be used to see if you have problems with your uterus and tubes.

Uterus (womb): The organ that holds the developing embryo and fetus if you get pregnant. See page 14 for a description and a picture.

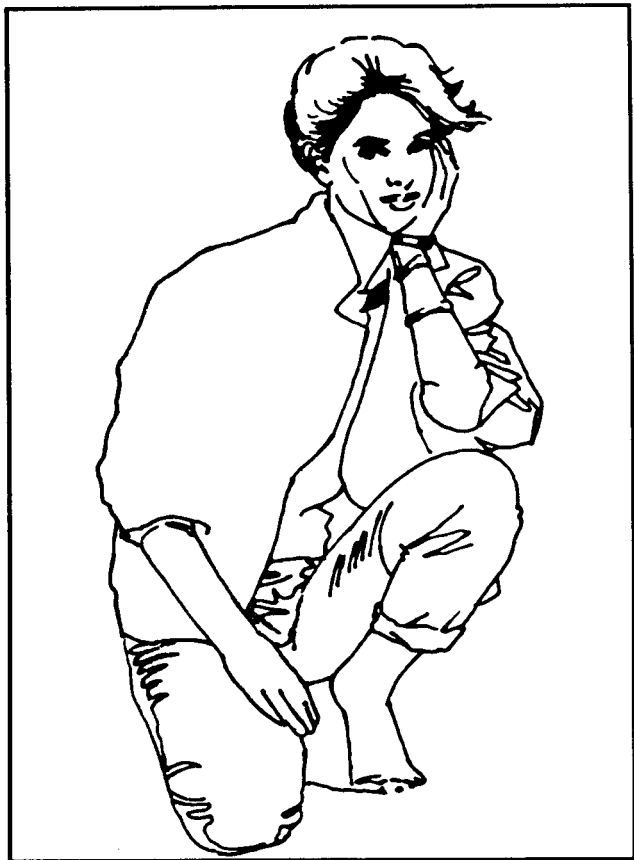
Vagina: One of a woman's sexual organs. See page 14 for a description and a picture.

Vasectomy: This is an operation to stop a man from being able to father a child. The doctor cuts the tube that goes from a man's testicles (balls) to his penis. A vasectomy doesn't change what sex is like for a man.

Womb: Another name for your uterus.

YOUR BODY

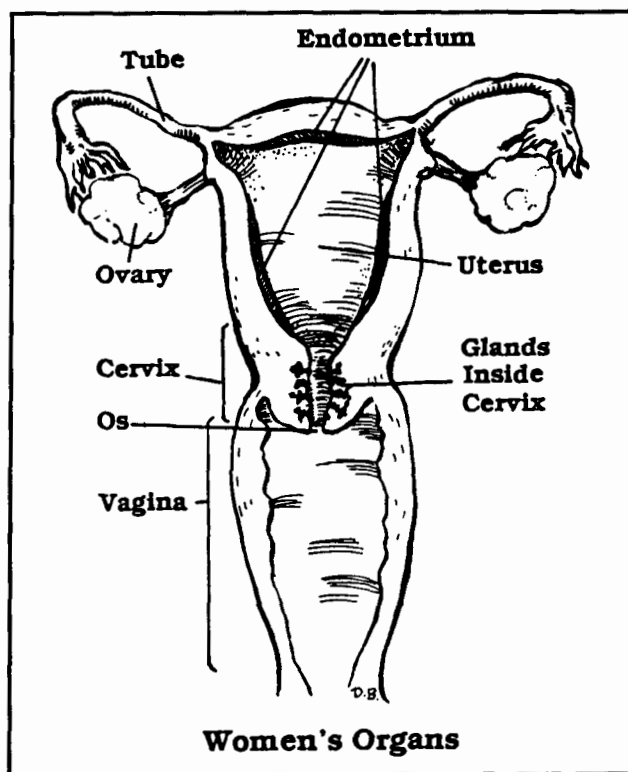
This chapter has general information. In **Reproductive Organs** we describe the parts of your body that make you able to have periods and get pregnant. Then we explain the changes your body goes through from one period to the next. This is called the **Menstrual Cycle**. In **Your Reproductive Years** we talk about the changes you go through from the time you start having periods until you finish.



From: CASSANDRA Sept. '87

YOUR REPRODUCTIVE ORGANS

These are some of the parts of your body that make you able to have periods and get pregnant. You may have other names for them. We have used the medical names because they might be helpful when you're talking to a doctor or nurse.



Ovaries: You have two ovaries. They are the size and shape of almonds in the shell. They do two things. They make the hormones estrogen and

progesterone. They also store your eggs. You were born with all the eggs you will ever have.

Uterus: This is another name for your womb. Your uterus is made of muscle. If you get pregnant the fetus grows here. Your uterus is the size and shape of a small pear when you are not pregnant. It can stretch to 50 times its size to hold a developing fetus.

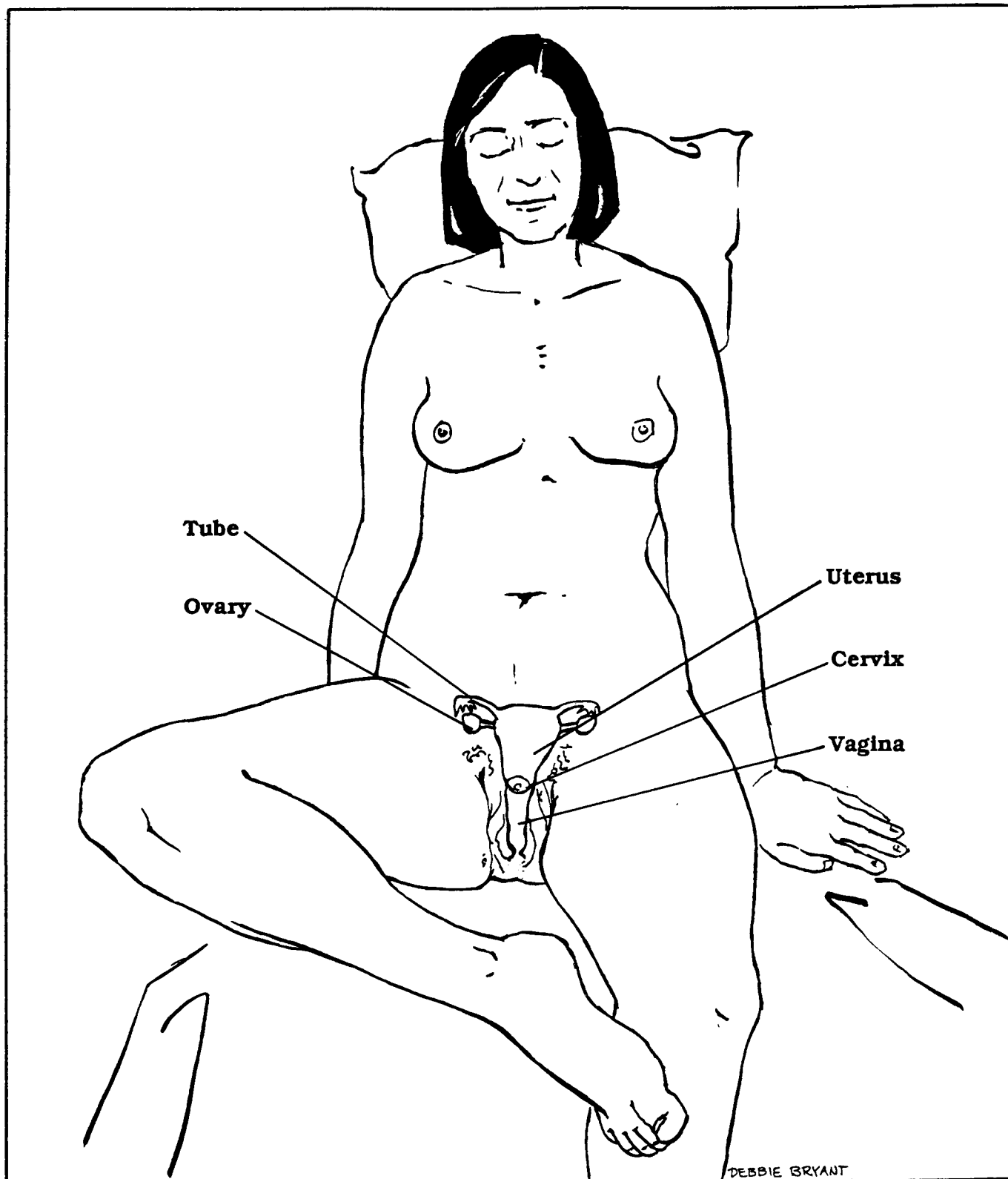
Fallopian tubes: These are the tubes the egg travels through from your ovary to your uterus. They are very thin. The inside walls of the tube have little hairs that help to move the egg towards your uterus.

Endometrium: The endometrium is the inner lining of your uterus.

Cervix: The cervix is the bottom part of your uterus. You can feel the outside of your cervix if you put a finger far back into your vagina. Your cervix is cone shaped and feels a lot like the tip of your nose.

Os: Your cervix has an opening, called the os. Your menstrual flow comes through this hole into your vagina. If you have a baby your os widens to let the baby out.

Vagina: Your vagina is a tube made of muscle. It is open to the outside air, and has a lining which always stays moist. The wall of your vagina has many folds in it. The folds allow it to stretch. The outer third of your vagina has a lot of nerve endings which make it sexually sensitive.



Woman's Body

MENSTRUATION

Menstruation means having your period. It is a normal and healthy part of being a woman.

There are many different words for periods. Some of them are the curse, riding the rag, the monthlies, and the moons. You may have heard other names.

The changes that your body goes through from one period to the next are called your menstrual cycle.

THE MENSTRUAL CYCLE

Many parts of your body work together to make your menstrual cycle. We will write here about the most important things that happen. If you want to know more, talk to a nurse, doctor, or community health worker.

How long is a menstrual cycle?

A menstrual cycle is the time between the first day of one period and the first day of your next period. It can last anywhere from 21 to 45 days.

There's a myth that a normal menstrual cycle is 28 days. That's not true. If you're on the pill, your periods are 28 days apart, but that's because the hormones in the pill tell your body when your period should be.

What is a regular menstrual cycle?

Your periods are regular if they are about the same number of days apart. They don't have to be exactly the same number of days apart. Some women know the exact day and maybe even the hour when their period will start. Other women find that it's a few days different each month.

You'll probably have times when your periods aren't regular. You may have very different numbers of days between your periods. Your periods may be sometimes a month apart, sometimes two months apart, sometimes a month and a half apart. It may be hard for you to guess when your next period will be. This is called an irregular cycle.

You may have an irregular cycle for many reasons. Some of these reasons are listed in the **Missed Periods** section on page 76.

It's possible to miss a period and not be pregnant. But, if you miss a period and you have had sex with a man since your last period, it's a good idea to have a pregnancy test. There is information about pregnancy tests on page 59.

What is a normal period like?

Women's periods are all different. Most women flow between three and seven days. Usually the flow is the heaviest on the first couple of days. You may have very heavy bleeding, or only light spotting. There is information about very heavy periods on page 84.

How does my body know when to have a period?

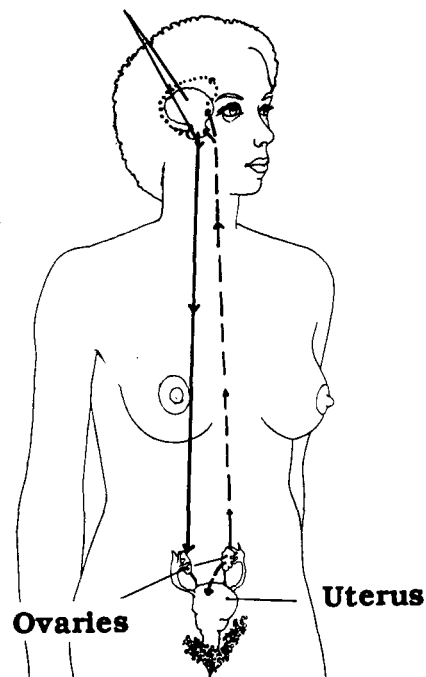
Hormones control your menstrual cycle.

Hormones are chemicals made by organs in your body called glands. Glands put hormones into your bloodstream. Hormones travel through your blood. They are messengers. They travel from one part of your body to another telling it what to do next. Hormones control many of the things which happen inside your body, including your menstrual cycle.

What hormones control my menstrual cycle?

The hormones which control your menstrual cycle are made by your ovaries and by glands in your brain. Your brain sends hormones through your blood to your ovaries. Your ovaries then send back different hormones in your blood. Your brain reacts to them. It then sends other hormones to your ovaries telling them what to do next.

Glands in Your Brain



Menstrual cycle

Affected by Brain and Ovaries

FERTILITY AWARENESS (see p. 2 for full credit)

THE MENSTRUAL CYCLE

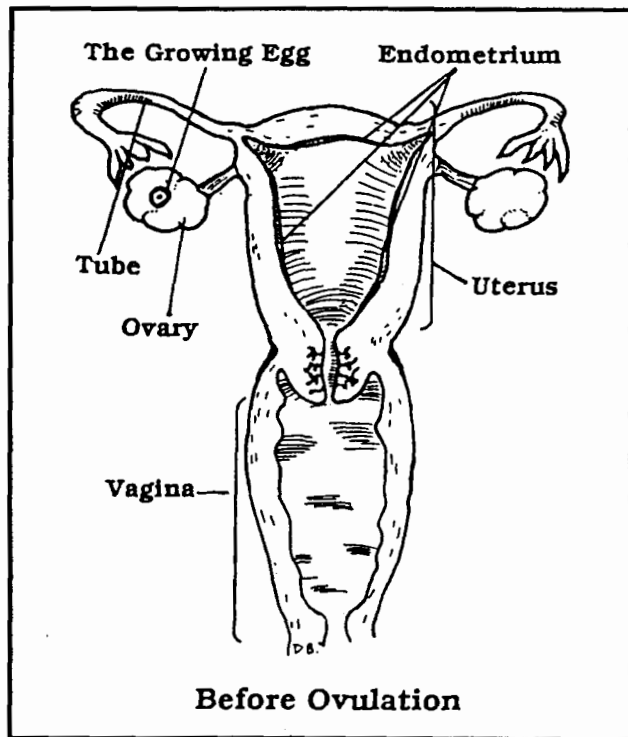
Your menstrual cycle is affected by your feelings. This is because the hormones which control your cycle come from your brain as well as from your ovaries. The same part of your brain which controls your menstrual cycle also controls your emotions.

How do the hormones from my ovaries affect my menstrual cycle?

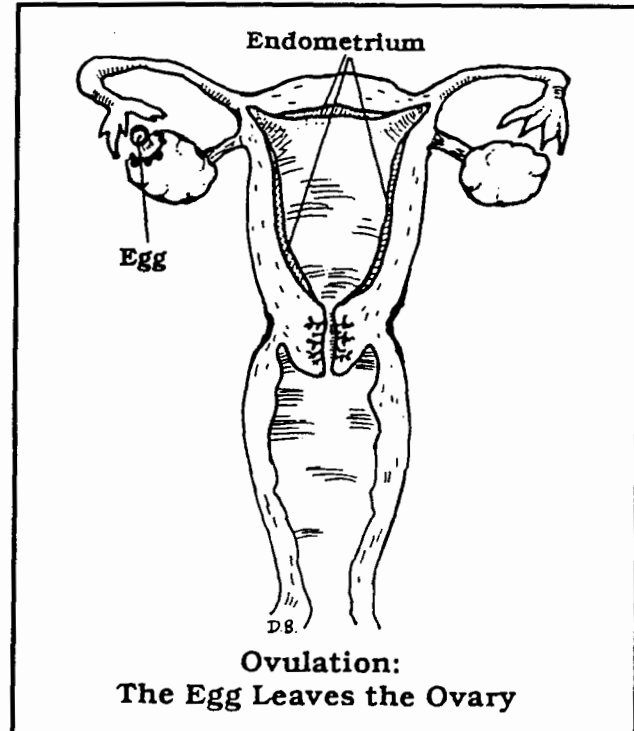
Your ovaries make two hormones, estrogen and progesterone.

This is what happens with these hormones in a menstrual cycle:

- 1. During your period your ovaries put out very little estrogen and progesterone.
- 2. After your period, your ovaries start to put out more and more estrogen. During this time some of your eggs start to ripen. Only one of these eggs will become fully mature.
- 3. When you have enough estrogen in your blood the egg pops out of your ovary. This is called ovulation. The egg goes from your ovary to your fallopian tube.

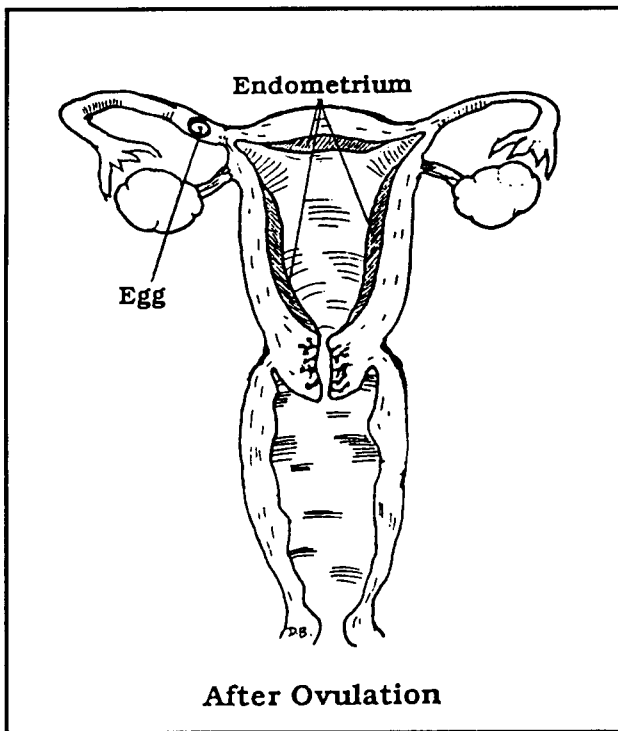


Debbie Bryant



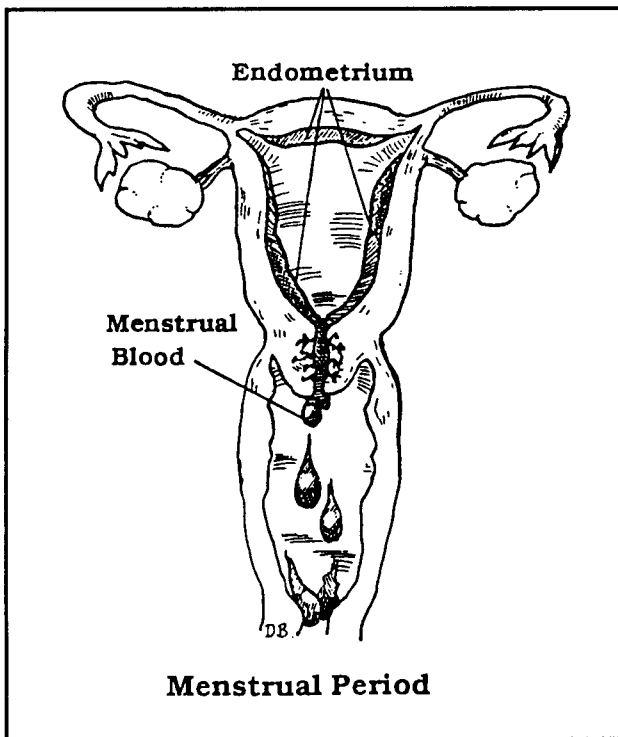
Debbie Bryant

THE MENSTRUAL CYCLE



Debbie Bryant

- 4. After ovulation, your ovary makes a lot of progesterone.
- 5. If you get pregnant your body keeps making a lot of progesterone. If you don't get pregnant then it stops making as much progesterone after about two weeks.



Debbie Bryant

- 6. When the amount of progesterone in your blood drops you have your period.

What happens to the egg if I don't get pregnant?

The egg is very small, about the size of a pinprick. If you don't get pregnant, it starts to break down. It is so small that your body just absorbs it.

What happens if I get pregnant?

You get pregnant when a sperm joins the egg in the top part of your fallopian tube. When they join together, they make an embryo. The embryo is the earliest stage of what will become a baby. The embryo takes about four days to travel down your fallopian tube to your uterus. It then attaches itself to the wall of your uterus. This happens about six days after you get pregnant.

After the embryo is attached to the uterus, it starts putting out a hormone called hCG. This hormone tells your body to keep making a lot of progesterone and estrogen. You will have a lot of these hormones in your body the whole time you're pregnant. These hormones stop you from having periods while you are pregnant.

Do I ovulate during each cycle?

Most women have the occasional month when they don't ovulate. If you don't have enough estrogen in your blood you won't ovulate. This is not a problem unless it happens all the time and you're trying to get pregnant.

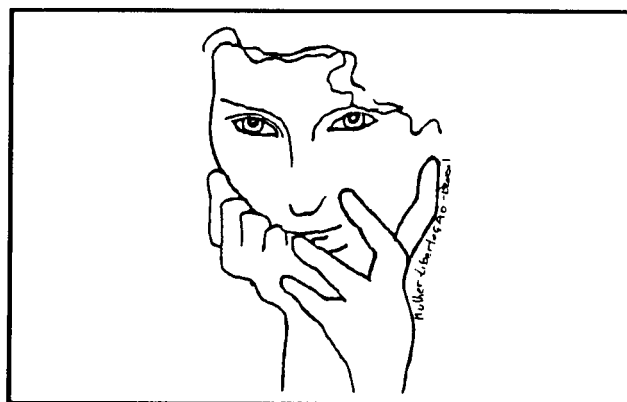
Some women have a lot of estrogen in their blood but still don't ovulate. If this happens you will either have a heavy flow during your period or not have periods. Having a lot of estrogen in your blood can be a problem. There is information about this in the sections called **Missed Periods** and **Heavy Periods**.

What happens to my uterus each menstrual cycle?

The inside lining of your uterus is called your endometrium. During each menstrual cycle your endometrium grows thicker and rich with blood. The hormones estrogen and progesterone make this happen. When you have less of these hormones in your blood, the lining starts to break down. You then have your menstrual period.

What is menstrual blood?

Your menstrual flow is more than just blood. Your menstrual flow is the broken down inside lining of your uterus along with blood and discharge from your vagina and cervix. The blood makes it look red or brown. The flow may have clots or it may be very thin.



From: WOMEN'S GLOBAL NETWORK ON
REPRODUCTIVE RIGHTS

What other changes do I go through during one menstrual cycle?

The hormones estrogen and progesterone cause other things to happen besides ovulation and your period.

Breasts: Your breasts become fuller in the two weeks before your period. You may find that your breasts become very sore right before your period.

Vaginal discharge: You've probably noticed discharge from your vagina. This discharge is made of mucus from your cervix. The mucus changes as your hormones change. When you have a lot of estrogen in your blood your discharge is wetter, thinner, and slippery. You'll probably also have more discharge at this time. When you have a lot of progesterone in your blood, your discharge is drier, thick, and sticky.

Infections: Vaginal infections may flare up at certain times in your menstrual cycle.

Sexual desire: You may find that you're more or less interested in sex at different times in your cycle. Many women find that they are more interested in sex when they have a lot of estrogen in their blood, just before they ovulate. Others find that they are more interested in sex right before their periods or during their periods.

Pain at ovulation: Some women get a twinge or an ache on one side of their lower belly around the time they ovulate. It happens the day before the egg leaves their ovary. There is more information about this on page 65.

Premenstrual changes: Some women notice changes in their body and in their moods in the two weeks or so before their period. There is more information about this on page 106.

Is there anything I shouldn't do during my period?

There is nothing that you especially need to avoid during your period. You don't have to take it easy. Exercise as much as you like. You may have heard that you should not have sex during your period. This isn't true. It's fine to have sex if you want to.

How do I keep clean during my period?

Have regular baths or showers.

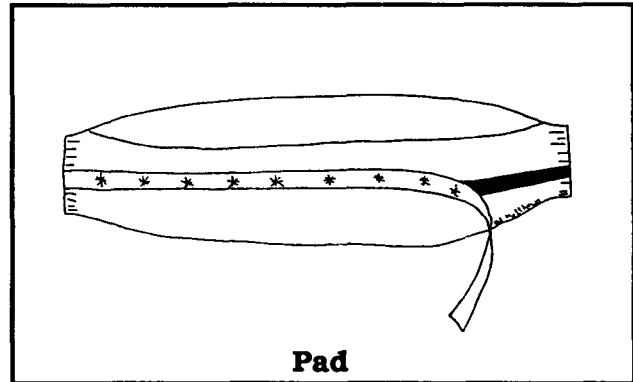
You don't need to douche after having your period. Your vagina cleans itself. Douching can cause problems in your vagina. If you want to douche, talk to a healthcare worker about the best way to do it.

What's the best way of dealing with the menstrual flow?

Most women use pads or tampons to soak up their menstrual flow. You may be wondering what to use.

What are pads?

Pads fit inside your underpants. A sticky strip on one side of the pad sticks to your underpants and keeps it in place.



Pad

Val Matthews

Change pads as often as you think you need to. If you notice a smell, you might want to change pads more often. The flow starts to smell when it is in the air for a long time.

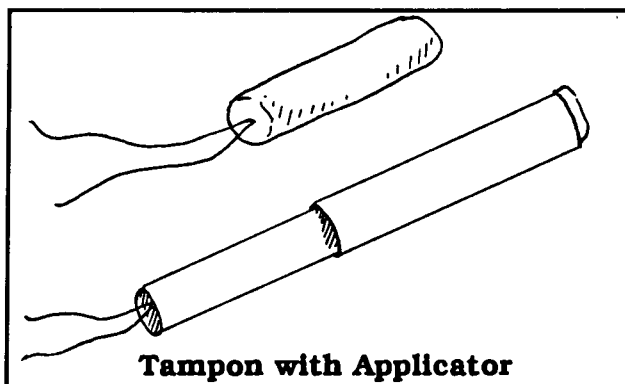
Don't flush your pads down the toilet. Wrap them up in toilet paper or put them in a bag before throwing them away in the garbage.

Are there health risks to using pads?

There are no serious health risks. Some pads might make you itch or give you a rash. This is especially true for deodorant pads. If this happens, try a different brand or a pad without deodorant.

What are tampons?

Tampons are small, very absorbent, tight wads of material which women put inside their vaginas.



Tampon with Applicator

From: MENSTRUATION

Tampons shouldn't hurt you. Some young women feel uncomfortable the first time they put one in. After that, tampons should be comfortable. When a tampon is in right, you shouldn't be able to feel it. If you can feel it, then it's probably not in right. Take it out right away if it hurts.

Change tampons at least three or four times each day. Don't leave them in for longer than eight hours. This is important even if the tampon isn't soaked when you take it out. Leaving them in for a long time is unhealthy for your vagina.

You can flush used tampons down most toilets. You cannot flush plastic applicators down the toilet.

Are there any health risks to using tampons?

Most women use tampons without problems. If your vagina feels sore or dry from tampons, try another brand or switch to pads. The most serious health risk of using tampons is Toxic Shock Syndrome.

Toxic Shock Syndrome:

It's possible for women to get a serious illness called Toxic Shock Syndrome from using tampons. Toxic Shock Syndrome is very rare.

Toxic Shock Syndrome is a sudden, serious infection which affects a person's whole body. It doesn't only happen to women who use tampons, but this is the most common reason it happens.

THE MENSTRUAL CYCLE

A tampon soaked in blood at body temperature is a good place for harmful germs or bacteria to grow. This is especially true if a superabsorbent tampon is left in for a long time.

These are the symptoms of Toxic Shock Syndrome:

- sudden high fever
- diarrhea
- feeling sick and vomiting
- bloodshot eyes
- aching muscles
- headaches
- a rash on your body
- shock

If you get these symptoms when you have your period, take out the tampon. Go to a doctor or the hospital right away. If you get Toxic Shock, it is an emergency and you need treatment right away.

You can prevent Toxic Shock by changing tampons three to four times a day, not using superabsorbent tampons, or by switching to pads.

Should I use tampons or pads?

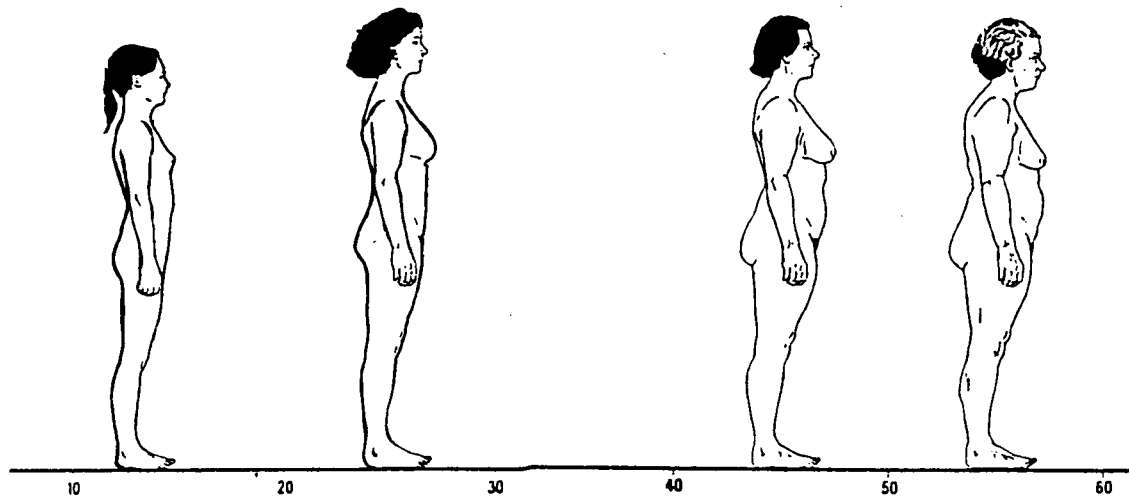
These are some reasons you may prefer to use pads:

- There's no risk of Toxic Shock Syndrome with pads.
- If you have a heavy flow, a pad may catch your flow better than a tampon.
- When you have a vaginal infection, use pads. They give your vagina a chance to heal. Some women use a soft cotton cloth instead because the pad is uncomfortable.
- It's best to use pads when you have a very light flow at the end of your period. Tampons can dry your vagina out when your flow is very light.
- Use pads at night. Eight hours may be too long to leave a tampon in safely.

These are some reasons you may prefer tampons:

- You can swim with a tampon in. Change the tampon after swimming. It soaks up water. The chlorine from pool water is not good for your vagina.
- A tampon may feel more comfortable.

YOUR REPRODUCTIVE YEARS



From: WOMAN'S BODY

Changing from a girl to a woman:

The period of time when your body changes from being a child's body to being a woman's body is called puberty. All girls go through puberty. It is a natural part of growing up. It can begin any time from when you're nine to 16 years old.

Many changes happen during puberty. Your breasts grow and your hips get wider. Hair grows under your arms and in your pubic area (between your legs). These changes usually happen until you're 17 or 18 years old.

Most girls have their first menstrual period some time between the age of 10 and 16. Girls in North America are getting their first periods younger than their grandmothers or great-grandmothers did. No one really knows why this is happening. It may be because of changes in what people eat.

Each girl develops in her own way. You may have had your first period at 12. Your best friend may not have had her first period until she was 15. It can be hard to be very different from your friends.

Many traditions celebrate a young girl's first period as the time when she becomes a woman.

The teenage years:

When you start to have periods it may take a while before they come regularly. Your body is getting used to doing something new. During this time your body is "fine-tuning" itself. It can take one or two years for your hormones to balance themselves and your cycles to become more regular.

Most young girls don't ovulate for one or two years after their first period. This isn't true for everyone. After your first period you need to use some form of birth control if you have intercourse.

The menstrual years:

By about age 18 your body is fully grown. You can get pregnant before this time, but pregnancy will be harder on your body. While you're still growing you need extra food, vitamins and minerals. If you get pregnant this food will go to the fetus, the developing baby, instead of to you.

During the time between puberty and menopause years you'll have menstrual periods. You may have them every month, or you may go for long stretches of time without having periods. Women miss periods for many reasons. Some of the reasons include being very thin, being pregnant, being sick, travelling, being under a lot of stress, or exercising too much.

Menopause:

Menopause is a natural stage of a woman's life. Sometimes it is called the "change of life". It usually occurs between the ages of 47 and 55.

Menopause is the time when you stop having menstrual periods. Your periods will gradually change in the years before menopause. Your cycles may become less and less regular. Your ovaries don't produce as much of the hormone estrogen. When there isn't as much estrogen the lining of your uterus doesn't grow as much, so your periods become irregular. Finally they stop altogether.



Terri Robertson

No one can describe a "normal" menopause. Just as periods are different with each woman, so is menopause.

It may take you a few years to go through menopause. It may take you two years or it may take you eight. If you are around 50 years old and you haven't had a period for one year then your menopause is probably finished. You aren't able to get pregnant and probably won't have any more periods. You don't need to use birth control.

Women often notice changes around the time of menopause. You may feel sudden waves of heat spreading over part or all of your upper body. These are called hot flashes or flushes. You may sweat at night. Your vagina may feel less moist.

Some women find menopause easy, and are glad not to have periods anymore. Other women find it a difficult time. It is a reminder of

getting older, and not being able to bear children. There are many messages on TV and in books and magazines saying that being young is better than being old. The physical and emotional changes may be hard.

Many women say that talking to other women about menopause helps. They talk about the changes in their bodies and what makes them feel better. They also talk about getting older and any changes that are happening in their lives. Often talking to other women helps them feel better about menopause.

If you want to know more about menopause or if you're having problems contact the Vancouver Women's Health Collective. We have a booklet on menopause which includes many things you can do to make your menopause easier. You can get a copy by sending \$3.00 to the Vancouver Women's Health Collective. The address is on page 150.

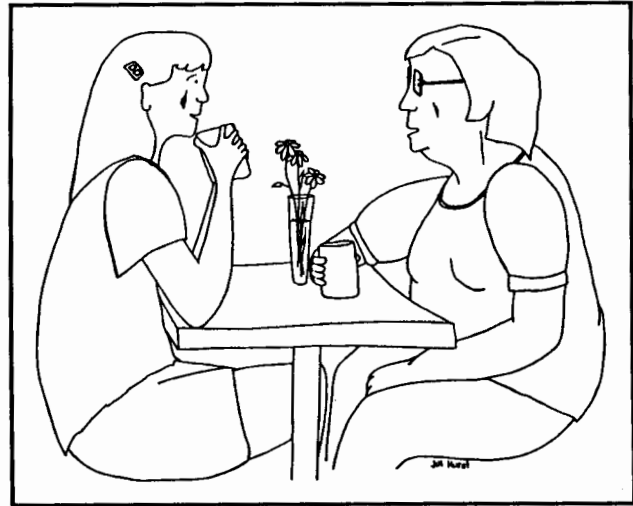


Claudia Lowry in YUKON WOMEN

HEALTHY PERIODS

Periods can be affected by your general health. Taking good care of yourself helps to balance your hormones. This helps your menstrual cycle go smoothly so you have healthier periods. This chapter is about some of the things that might help you have healthier periods.

- Food
- Vitamins and minerals
- Herbal teas
- Things to avoid
- Exercise
- Other things that may help
- Healthy birth control
- Stress
- Be good to yourself
- Relaxation Exercise



Jill Hurst

Everyone needs slightly different things in order to be healthy. Try to notice what affects your periods. You know yourself better than anyone else. You can tell what helps **you** feel healthier.

FOOD

This section gives you a general idea of how to eat well to have healthy periods. You may want to also talk to a community health worker, public health nurse, nutritionist, doctor or naturopath. She can help you to figure out what changes might help you be healthier. She can also help you to choose cheap and nutritious foods that you like eating.

What is a healthy diet?

The best diet for you is the one that makes you feel the healthiest.

Everyone needs starch, protein, fat, vitamins, minerals, fiber, and water. You can get most of these from the foods you eat. Some people need more vitamins and minerals than they get from food. There is more information about this on page 32.



Patricia Mitchell (see page 2 for full credit)

What are good foods to eat?

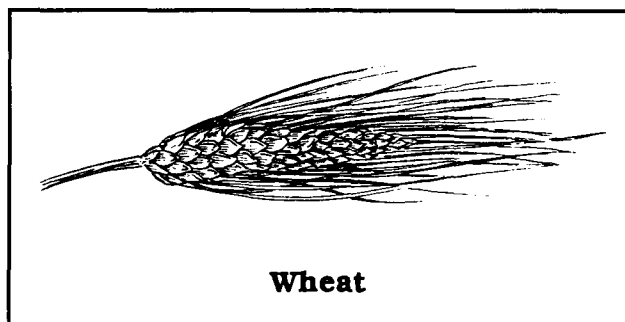
Foods can be divided into four general groups:

- fruits and vegetables
- bread and other grains
- milk and foods high in calcium
- fish, meat, poultry, and dried peas and beans

It is best to eat foods from all the groups every day.

Fruits and vegetables: These are the best sources of almost all the vitamins you need to be healthy. It's best to eat a variety of vegetables that are different colours. Vegetables that are the same colour usually have many of the same vitamins and minerals. You can eat fruits and vegetables raw or cooked, frozen, canned, dried, or made into juice. Fresh fruits and vegetables have the most vitamins. Frozen are better than canned.

Breads and other grains: This food group includes bread, bannock, cooked cereal and cooked grains like rice. These foods are high in starch and give you energy. Try to eat a variety of grains. It's better to eat whole, unprocessed grains than white, processed grains. Vitamins, minerals, and fiber are lost when wheat and other grains are made into white flour. Bread made from whole grains has more B vitamins and iron than bread made from white flour. Fiber helps keep you regular. Whole grain breads and brown rice are often no more expensive than white bread and white rice.

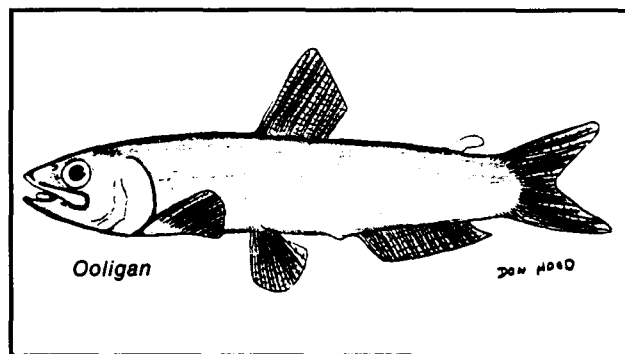


Wheat

DIET AND NUTRITION: A HOLISTIC APPROACH by R. Ballentine, MD

Milk and foods high in calcium: It's important for women to get enough calcium to develop strong bones. Milk is a good source of calcium and protein. Skim milk and 2% milk have more calcium in them than whole milk. Many people can't digest milk. If you don't like milk, it might be because you don't feel well after you drink it. Make sure you eat foods that are high in calcium if you don't drink milk. There is a list of these foods on page 33.

Fish, meat, poultry, dried peas and beans, nuts, seeds, and eggs: These foods all have a lot of protein. Red meats tend to have more fat, which can cause health problems. If you eat red meat, cut off the fat and don't add extra fat when you are cooking. Try to get some of your protein from foods other than red meat.



Don Hood in NUXALK FOOD & NUTRITION HANDBOOK

Fluids: Drink at least six to eight glasses of water, juice and herbal teas a day. This helps keep your hormones in balance. It also helps keep you regular.

Are some foods unhealthy?

Some foods affect your general health and make it harder for your menstrual cycle to go smoothly. It is a good idea to cut down or stop eating foods with added chemicals, fats that are solid at room temperature, salt, sugar and caffeine.

Many foods have chemicals in them that may affect your hormones. A good rule of thumb is not to buy something that has a long list of ingredients which you don't recognize.

Fats are necessary in a healthy diet. It is easy, though, to eat too much of the wrong kind of fat. The fats that are good for you are found in fish, seeds and nuts, wheat germ, and soybeans. Vegetable oils are healthier than animal fats like lard, bacon fat, butter and fatty cheeses. Avoid fats that are solid at room temperature.

Most people eat more salt than they need. Try to cut down on table salt and foods that are high in salt, such as pickles, canned soups, boullion cubes, snack foods, and cured meats.

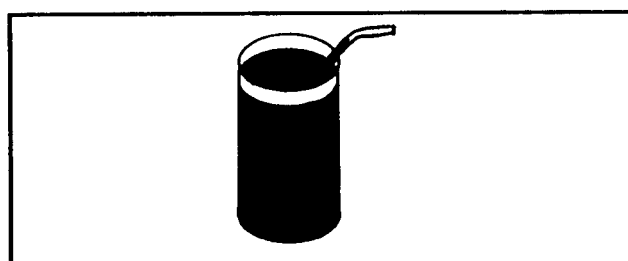
Eating sugar fills you up without giving your body what it needs to be healthy. It also affects your moods and your hormones. Try to cut down on foods that are high in sugar.

Caffeine robs your body of vitamins and minerals. It also affects your moods and makes you bloat more. Coffee, tea, chocolate, and cola drinks all have caffeine in them. Coffee and cola drinks have the largest amounts. When you are thirsty try drinking water, juice or herbal tea instead.

How can I improve what I eat?

Here are some suggestions which may help you eat well:

- Start each day with a healthy breakfast.
- Choose snacks which are as good for you as you'd eat during a meal. Fresh fruits, raw vegetables and leftovers from meals make good snacks.
- Choose fresh foods over processed foods whenever you can.
- Avoid fast food places like McDonald's and Burger King. The food is cheap, but it isn't very healthy. Avoid eating greasy fried foods like chips and french fries.
- If you have something sweet, choose something healthy. Dried fruit or ice cream are better for you than candy bars.
- Fruit juice is better than soda pop.



From: WOMAN'S BODY

VITAMINS AND MINERALS

Vitamins and minerals are important in a healthy diet. Many women find taking vitamins and minerals helpful when they have problems with their periods.

Can I get enough vitamins and minerals from food?

If you eat a variety of foods from the four food groups each day, you may get all the vitamins and minerals you need to be healthy. You will need to eat a lot of fresh fruit and vegetables and follow the suggestions about food in this chapter.

There may be times when you need more vitamins and minerals than you get from what you usually eat. You may find it helpful to take extra vitamin and mineral pills if you are having problems with your periods.

Vitamin and mineral pills don't replace eating good food. No pill has all the vitamins and minerals that you need to be healthy. Eat well so you get as many vitamins and minerals from your food as you can.

You may find it hard to figure out which vitamins and minerals you

need. It can be helpful to talk to a nutritionist, nurse, community health worker, doctor or naturopath.



Debbie Bryant

What vitamins and minerals help problems with periods?

The vitamins and minerals that may help specific problems are listed in the chapters about those problems.

You could try taking a daily multi-vitamin and mineral pill. If it helps, that may be all that you need. You may need more of some of the vitamins and minerals than are in the multi-vitamin and mineral pill.

If you take extra vitamins and minerals, make sure you keep taking the multi-vitamin and mineral pill. Vitamins and minerals work together. Always take vitamin and mineral pills with meals.

It's important not to take too much of any one vitamin or mineral. Taking too much could make you have health problems. It can be tempting to take more pills if they help your period problem. See a nutritionist or naturopath if you want to try taking more vitamins and minerals than are suggested in this book.

You can get some extra vitamins and minerals from food. Here is a list of the foods that have a lot of the vitamins and minerals that are written about in this book. You'll need to read the chapter about your problem to know which vitamins and minerals may help you.

Vitamin A: liver, eggs, cheese, butter, milk, and vegetables that are yellow, orange, and dark green.

B Vitamins: wheat germ, sunflower seeds, safflower oil, almonds, liver, oysters, whole-grain cereals and breads, wheat germ, fish, milk, nutritional yeast, dark green vegetables, nuts, beans and peas, and kidneys.

Vitamin B6: sunflower seeds, wheat germ, tuna, whole-grain cereals and bread, liver, avocados, spinach, green beans, nutritional yeast, and bananas.

Vitamin C: many fruits and vegetables, including berries, citrus fruits, tomatoes, melons, green peppers, potatoes, and dark green vegetables.

Vitamin E: vegetable oils, whole-grain cereal and bread, wheat germ, liver, dried beans, and green leafy vegetables.

Bioflavonoids: lemons, grapes, plums, black currants, grapefruit, apricots, buckwheat, cherries, blackberries, rosehips, and prunes.

Calcium: milk, yogurt, cottage cheese, cheese, canned sardines and salmon, fish heads, leafy green vegetables (except spinach and Swiss chard), citrus fruits, dried peas and beans, and sesame seeds.

Folic Acid: wheat germ, liver, kidneys, dark green leafy vegetables, nutritional yeast and bran.

Iron: kelp, dark molasses, wheat bran, pumpkin and squash seeds, wheat germ, liver, lean meats, dried peas and beans, whole grains, dark green vegetables, eggs, shrimp, oysters and nutritional yeast.

Magnesium: whole grains, nuts, beans, leafy vegetables, and milk.

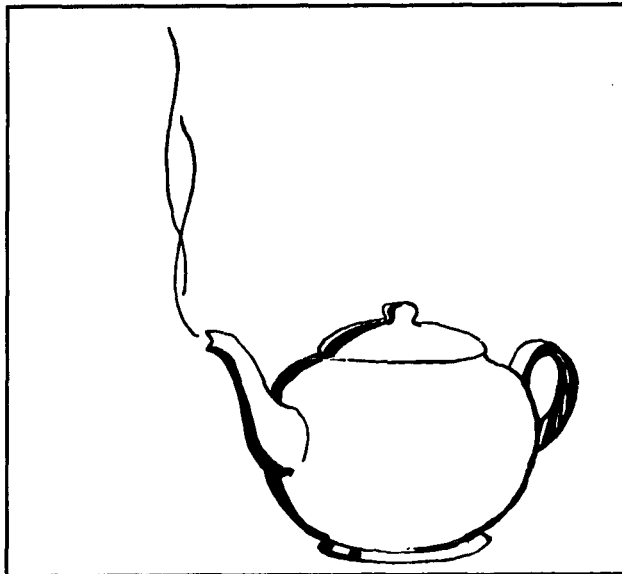
Potassium: bananas, peaches, broccoli, yams, potatoes, squash, nuts, sunflower seeds, garlic, halibut, herring, sardines, lentils, whole grains, molasses, kelp and nutritional yeast

Zinc: milk, liver, shellfish, herring, wheat bran, and split peas.

HERBAL TEAS

Many women enjoy drinking herbal teas. Teas can also be helpful if you have a problem with your periods. If you bloat you may find drinking dandelion or yarrow tea helpful. Drinking raspberry tea is good for your uterus. The teas that may help specific problems are listed in the chapters about those problems.

Steep tea for at least 15 minutes. It's a good rule not to drink more than three cups of any one tea in a day.



PREMENSTRUAL SYNDROME SELF-HELP BOOK (see p.2 for full credit)

Some people pick and save herbs for teas. You can usually buy herbal teas in health food stores. If you don't have a store in your area ask your library or bookmobile. They may be able to tell you how you can order teas.

You may find it helpful to talk to a naturopath or someone who knows a lot about herbs if you are unsure about which teas to use.

THINGS TO AVOID

Try to avoid alcohol, street drugs, and cigarettes. They all affect your general health and your menstrual cycle. Your body loses vitamins and minerals when you use them. They also affect your hormones. Many women say that they feel healthier and that their periods are less of a problem when they cut down or stop using these things.

EXERCISE

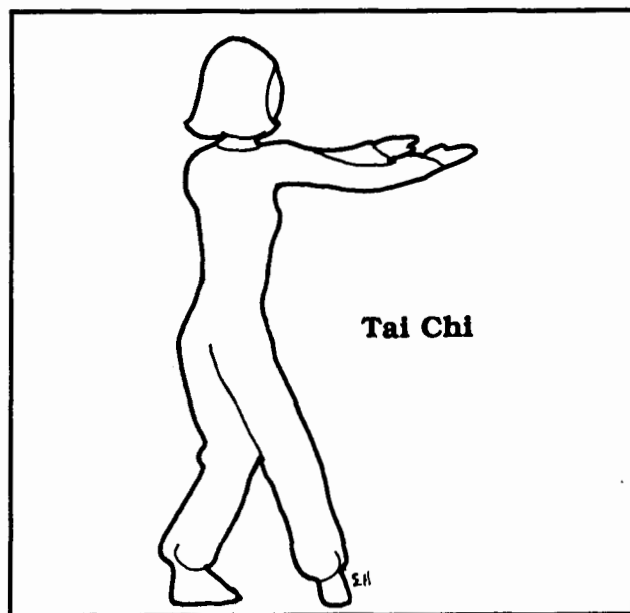
Exercise is important at all times of the month. Regular exercise helps your blood flow through your body. It helps to balance your hormones. It will also help you feel good.

It's best to exercise at least three times a week. Exercise doesn't need to be unpleasant or strenuous. Think of activities which you like and which you'll want to continue to do.

What are good types of exercise?

Aerobic exercise gets your heart pumping and your blood flowing. Good aerobic exercises are running, cycling, swimming, dancing, and brisk walking. They need to be done for at least twenty minutes at a time.

Other, more gentle, forms of exercise are also good. Yoga, Tai Chi or stretching all help balance your hormones. Yoga and Tai Chi are both very old practices. They help your blood flow through your body, strengthen your muscles, and make you more flexible. It's best to take classes if you live in an area where there is a teacher. If there is no teacher, there are books to help you learn.



From: WORKING TOGETHER FOR CHANGE

Women on social assistance can get free passes to the community center, ice rink or pool in some areas. If you are on social assistance, and you have any of these facilities in your area, ask your social worker for a free pass.

How can I fit exercise into my life?

You may have heard that exercise is good for you but feel you can't do it. It can be helpful to plan to do exercise in a way that you will enjoy.

If you like to spend time alone, arrange to do some kind of exercise by yourself. You may prefer to be with a friend and make exercise a social time. You could make a date to exercise with a friend three times a week.

If you can't find time to exercise look for a way to fit it into the things you are doing anyway. Walk or cycle to work or when you go the store. Do exercises while the commercials are on the TV. If you have children think of family games that include exercise.

SLEEP

Everyone needs different amounts of sleep. You may find that you need varying amounts of sleep at different times of your menstrual cycle. Some women need more sleep just before their period comes. Others need more while they have their period. Figure out what you need and then try to find time for sleep.

OTHER THINGS THAT MAY HELP

The following things may help you have healthier periods.

Find out if you have allergies: Your menstrual cycle can be affected if you have allergies. If you think you may have allergies talk to your doctor or naturopath. You may want to have allergy tests to see if you have allergies. There is the name of a book about allergies on page 149.

See a naturopathic doctor:

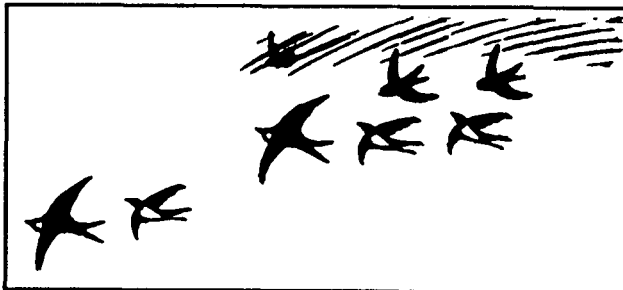
Naturopaths are doctors who are trained to heal without the use of drugs. A naturopath will suggest

natural ways of helping your body heal itself. She may suggest changes in your diet, vitamins and minerals, homeopathic remedies or acupuncture. Seeing a naturopath may be very helpful if you are trying to treat a problem with your periods.

Some of the treatments that the naturopath suggests may be expensive. Tell her that you want to know the cheapest things you can do. If she suggests vitamins or herbs you don't need to buy them from her. They may be cheaper in a drugstore or health food store.

You don't need a referral from another doctor to see a naturopath. If you live in B.C., going to a naturopath is mostly paid for by the medical plan. You pay five dollars each time you go. In Alberta and the Yukon, the medical plan does not pay for visits to naturopaths.

Many rural areas don't have naturopaths. If you want to know if there's one near where you live, contact the Naturopathic Association. Their address is on page 148.



From: SPARE RIB Issue 139 Feb. '84

Massage: Massage can help your blood flow through your body, lessen stress, and make you feel better. It can be done by yourself, a friend or by a massage therapist.



Massage
Debbie Bryant

In B.C., treatments by a massage therapist are partly paid for by the medical plan if you are referred by a doctor. You pay five dollars each time you go. You may have to pay cash and

get a refund from the medical plan later. It can take a while to get your money back. Massage is not paid for by the Alberta medical plan. In the Yukon, it is not paid for unless you are referred to the Yukon General Hospital.

Shiatsu and Acupuncture: These are special treatments that can help balance your hormones and release stress. Shiatsu is a Japanese form of massage. They use finger pressure on different parts of your body. Acupuncture is a Chinese form of treatment. Thin needles are put into your body at special places.

These treatments are not paid for by the medical plan. They are expensive and are often difficult to get in rural areas.

HEALTHY BIRTH CONTROL

This information is for women who have sex with men and who use birth control. If you don't need this information, turn to page 40.

Most methods of birth control don't affect a woman's periods. A few methods do. If you use birth control check to see if your method affects your periods. If you have problems they may go away if you change methods.



From: SPARE RIB

There is more information about birth control in the book called **Avoiding Pregnancy**. See page 150.

Which methods of birth control don't affect my periods or my menstrual cycle?

Barrier methods: You use these methods just when you have intercourse. They stop sperm from reaching your egg. Condoms, the diaphragm, the cervical cap and foam with condoms are all barrier methods.

Natural Methods: Natural methods don't change your body in any way. If you use these methods you have intercourse only during the times of your menstrual cycle when you can't get pregnant. The fertility awareness method, ovulation method and basal body temperature method are natural methods that work well. The rhythm method and withdrawal don't affect your periods but they don't work well as birth control.

Which methods of birth control affect my periods?

IUD: If you use the IUD your periods will probably get heavier and be more painful. You may also have spotting between periods. This is true for IUD's with or without copper.

The Progestasert IUD puts out small amounts of manufactured progesterone all the time. This IUD probably won't give you heavier periods. It often makes women have lighter periods. It can also cause spotting between periods.

Birth Control Pill: The pill is a combination of manufactured estrogen and progesterone. The hormones in the birth control pill control your menstrual cycle. They stop your body from going through its own natural cycle. You don't ovulate while you're taking the pill.

Your periods will probably be lighter and less painful while you take the birth control pill.

When you stop taking the pill it may take a while for your menstrual cycle to become regular. Some women don't have periods for several months to one to two years after stopping the pill. Other women find that their periods are regular within about three months.

There are concerns about the safety of manufactured hormones. You'll find more information about this on page 116.

Tubal Ligation: Tubal ligation is sometimes called "having your tubes tied" or sterilization. Your periods may become heavier and more painful after having your tubes tied. You might also notice more changes in the two weeks or so before your period begins. These are called premenstrual changes or

PMS. There is more information about PMS on page 106.

Some women notice these changes because they stopped taking the pill when they had the tubal ligation, not because of the tubal ligation. The pill had changed their natural cycle. Heavy periods and PMS may be their natural pattern. Other women have these changes because of the tubal ligation.

These problems can trouble women from the time they have the operation until they go through menopause. Not everyone has problems after having a tubal ligation. However, many women wish they had known that they might have changes when they were deciding whether to have a tubal ligation or not.

Depo provera: This is a shot of the hormone provera, a form of manufactured progesterone. This drug should not be used for birth control. The federal government has not approved its use for birth control because it isn't safe. Some doctors give it to women for birth control anyway. If you get a shot every few months for birth control you're probably getting Depo Provera.

Depo Provera affects different women's periods differently. Some women's periods stop when they take this drug. Other women have very heavy periods. It makes some women's periods irregular and unpredictable.

STRESS

The menstrual cycle can be affected by your emotions. This is because thoughts and emotions affect the parts of your brain that control your menstrual cycle.

A lot of the information in this section is from the book **Taking Care** by Mary Breen. There is information about how to get this book on page 149.



From: SAN FRANCISCO BAY AREA WOMEN'S YELLOW PAGES, 1981-2

What is stress?

Stress is a normal part of life. It can be caused by pressures from your many jobs as mothers, wives, lovers, and workers. Being poor and suffering from discrimination add to these pressures. Stress itself is not bad. It is only a problem when there is more of it than you can handle. Then it can affect your body and mind in harmful ways. Too much stress can cause

many health problems including problems with your periods.

What causes stress?

Large changes in your life are usually stressful. For example, moving to a new place to live, the death of a close friend or family member, or starting a new job, can all cause stress.

Many day to day things can also be stressful. Things like not having enough money, having too much responsibility, and not having enough respect and support are all very stressful. These day to day things can add up and affect your periods.

Sometimes it's difficult to know what's causing you stress. If you think stress is affecting your menstrual cycle take some time to think about what things worry you or make you angry. You can do this alone or by talking to a friend.

How can I deal with stress?

When it's possible, try to get to the bottom of problems. For example, you may be frustrated because you take care of children all the time. You could try to get help. A friend or family member may be willing to care for them some of the time.

Unfortunately, stress often comes from things that are not in your control. For example, your job may be stressful but you may need the money. Sometimes the best thing you can do is be kind to yourself and make the best of the situation. With time you may be able to develop the strength and support to tackle the problem.

Many of the causes of stress are very big and need bigger changes than you can manage alone. For example, you may need to work with other people in your community to get a childcare center so everyone has help with their children.

What can I do for myself?

Here are some things you could try on your own:

Take time for yourself

- have a bath
- go for a walk
- meditate or just sit quietly
- listen to music or do crafts

You may need to ask for help from others to get time on your own. Try to find time.



From: HEALTHSHARING, Summer, 1984

Think well of yourself

You can change how you think about yourself. It may take practice, but you can learn to be kind to yourself. Notice how you talk to yourself. You'll soon find that there are some hurtful things you say to yourself all the time.

Once you've discovered this you can begin to change. Think of an answer to the hurtful words that is kind. Tell yourself the kind answer each time think the hurtful words. Here are two examples.

Mary kept telling herself that she was lazy. She started telling herself, "I am hardworking". She soon realized that she had worked hard all her life but that the work she'd done had not been noticed. She felt proud of herself and wouldn't let anyone call her lazy anymore.

STRESS

Susan often told herself she was stupid. She started saying "I am smart". She started to notice how often she came up with good ideas and solutions to problems.

Find a way to relax

There are many different ways you can relax. One way is called progressive relaxation. It's described on page 44. There is the name of a book about stress and relaxation on page 149.

Think about your values

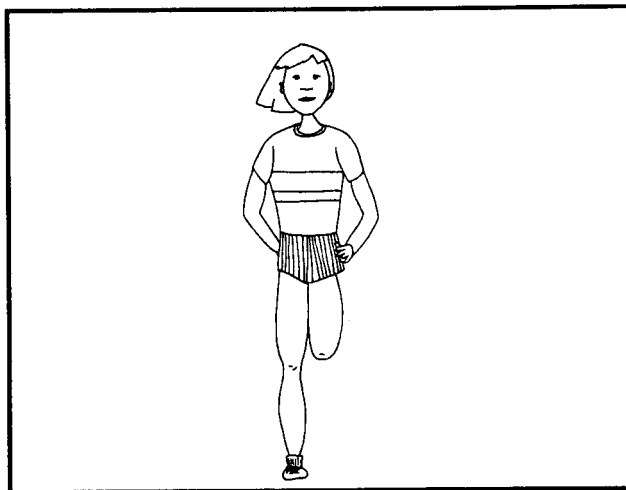
Your values can affect how much stress you feel. For example, here are some traditional Native values which reduce stress:

- respect for life
- sharing
- harmony with nature
- living in the present
- help from the extended family
- not interfering with others
- silence

Some Native women find it helpful to turn to these values when they are under a lot of stress. Thinking about **your** values may help lessen your stress.

Get regular exercise

You will feel better and be able to handle more pressure when you are getting regular exercise. There is information about exercise on page 34.



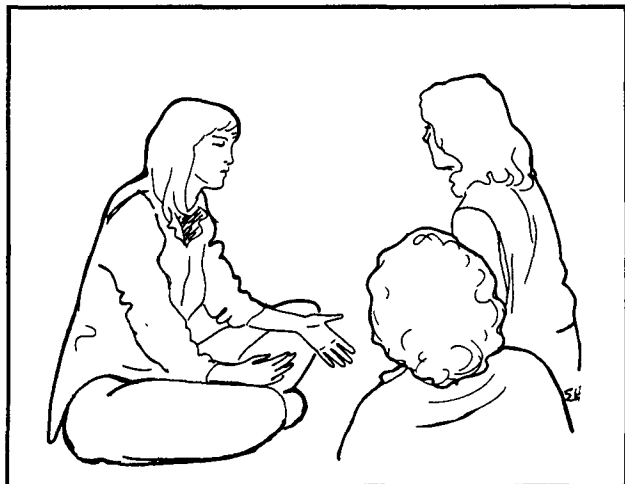
Jill Hurst

What are things I can do with other people?

Here are some things you could do with other people:

Talk to someone: Everyone needs help. Try to ask for help when you need it. Talk to anyone you trust. This could be a friend, someone in your family, an elder, a counsellor, a community health worker or a public health nurse.

Join a support group: If you go to a support group you'll find that many other women share the same problems as you. There is more information about support groups on page 142.



Emma Haley in WORKING TOGETHER FOR CHANGE

Get involved in your community:

People need to work together to change many of the things that are stressful. Try to find other people who are concerned about the same things as you are.

BE GOOD TO YOURSELF

Many women have made changes, feel better and have healthier periods. You may find it difficult to take good care of yourself. Most women find it hard to change things they're used to doing. There are lots of good reasons why it is hard.

Some things that are healthy take time and money. You may not have enough money for the basics, let alone vitamins or a holiday. There are things that are healthy and don't cost money. Going for walks, talking to friends, and learning to ask for help are free.

You may be busy taking care of other people or just trying to hold things together. Many women spend a lot of time taking care of families and friends. Women often give much more support than they get. The support you give other people is important but you deserve support too. Try to be a friend to yourself. Think about treating yourself as well as you would treat a good friend.

When you make changes they can affect your family, friends and social life. If you decide to change what you eat, your family may complain. It may be harder to be with your friends if you decide to stop drinking. When you make one change it often leads to other changes.

Change is often slow. Be patient and gentle with yourself as you try to be more healthy.

RELAXATION EXERCISE

This is an exercise called Progressive Relaxation. You can use it to help you to relax. Read through the directions before you try it. You can either try to remember the directions or get a friend to read them while you do it.

It's best to do progressive relaxation every day, or as often as you can manage.

Lie on your back on a flat, firm surface. The floor is a good place. Close your eyes and get comfortable.

Starting with your feet, tighten all the muscles in your feet. Hold them very tight and count to five. Then relax your feet. Feel them lying relaxed on the floor.

Move up your body to your calves. Tighten all the muscles in your calves. Hold them very tight and count to five. Then relax your calves. Feel them lying relaxed on the floor.

Move up your body to your thighs. Tighten all the muscles in your thighs. Hold them tense and count to five. Then relax your thighs. Feel them lying relaxed on the floor.

Move up your body to your pelvis, vagina and buttocks. Tighten all the muscles in this area. Hold and count to five. Then relax. Feel your pelvis lying relaxed on the floor.

Move up your body to your stomach and lower back. Tighten all your muscles in this area. Hold and count to five. Relax. Feel your body falling relaxed towards the floor.

Move up your body to your chest and upper back. Tighten all the muscles in this area. Hold and count to five. Relax. Feel your body falling relaxed towards the floor.

Move to your arms and hands. Tighten the muscles in your arms and hands. Hold and count to five. Relax. Feel your hands and arms lying relaxed on the floor.

Move to your shoulders and neck. Tighten and hold while counting to five. Relax. Feel your shoulders and neck falling relaxed towards the floor.

Move to your face and head. Tighten all the muscles in this area. Hold and count to five. Relax. Feel your face open and your head lying relaxed on the floor.

Lie still for a while, and enjoy the feeling of being relaxed. You might want to imagine being somewhere quiet and beautiful. You could imagine yourself doing something you like to do or feeling healthy and strong. When you are relaxed it's a powerful, healing time. Be good to yourself.

When you finish move slowly and notice how you feel. Do you feel differently than you did when you started?

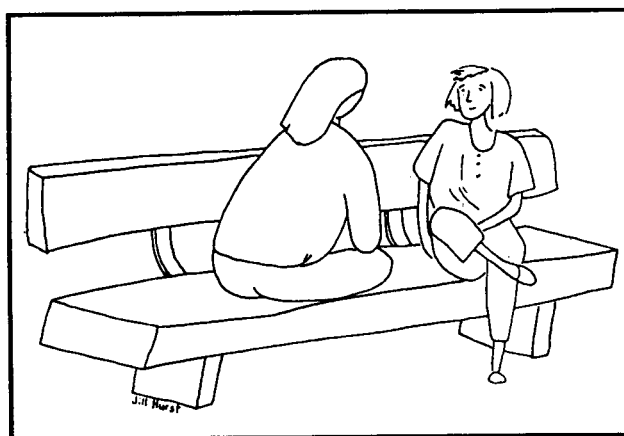
KEEPING A MENSTRUAL CHART

You can use a chart to keep track of your menstrual cycle. Filling out the chart can help you learn about your cycle. Knowing about your cycle may help you decide how to take care of yourself.

This chart is different from a regular calendar. It does not begin with the first day of the month. Instead it starts with the first day of your period. That is the first day of your menstrual cycle.

When you start your period, write it down beside number one. Write the date. Add whether your flow is heavy or light and if you have pain.

Fill in the chart throughout your cycle. Write down changes you notice in your body and in your moods. Write down if you feel energetic or tired, get constipated, have diarrhea, crave sugar or alcohol, or feel bloated. Add if you have strong feelings or strong changes in your moods. You may have many feelings such as being grumpy, excited, happy, quiet, tearful, angry, frustrated, worried, sexy or not interested in sex. There may also be other things you want to write down.



Jill Hurst

We suggest you keep a chart for at least three months. You might notice some things that happen at about the same time each cycle. Circle those things. You might also notice other things that change.

If you have problems like heavy bleeding or pain, then the chart might help you figure out a reason for the problem. For example, the pain you feel might be ovulation. Or, you may find that you have heavier bleeding when you are under a lot of stress.

There are three charts in this booklet for three cycles. You might want to keep charts all the time. You are welcome to copy the pages if you'd like.

Here is a sample of a woman's menstrual chart.

* sample *

MENSTRUAL CHART

FIRST MONTH

July 7

Aug. 9

THIRD MONTH

June 2 → 1 period - (heavy & painful)

1 period - (heavy & painful)

1 period - (heavy & painful)

2 period - heavy

2 period - heavy & painful

2 period - heavy

3 period - average

3 period - average

3 period - average

4 period - light

4 period - light

4 period - light

5 period - light

5 period - light

5 period - light

6 energetic

6

6 period - light

7 enjoyed exercise

7

7 energetic

8

8 enjoyed time with the kids

8

9 angry at boss

9

9 enjoyed going for a walk

10 tired

10 energetic

10 angry at the kids

11

11

11

12

12 moody

12

13 tired

13 pain in abdomen

13 pain in abdomen

14 enjoyed exercise

14

14

15 enjoyed the kids

15

15 cranky

16

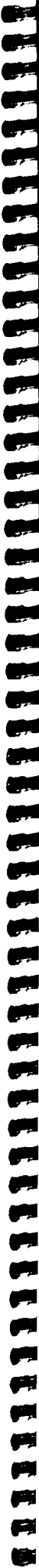
16 constipated

16 enjoyed time with kids

17 angry at boss

17 enjoyed a walk

17



| | | | | | |
|----|-------|----|------------------------------|----|--------------------------|
| 18 | ----- | 18 | ----- | 18 | feeling a little down |
| 19 | ----- | 19 | ----- | 19 | enjoyed time with kids |
| 20 | ----- | 20 | angry at boss | 20 | ----- |
| 21 | ----- | 21 | moody | 21 | ----- |
| 22 | ----- | 22 | ----- | 22 | enjoyed going for a walk |
| 23 | ----- | 23 | enjoyed time alone | 23 | ----- |
| 24 | ----- | 24 | enjoyed a walk | 24 | tired |
| 25 | ----- | 25 | ----- | 25 | enjoyed doing crafts |
| 26 | ----- | 26 | ----- | 26 | tired at work |
| 27 | ----- | 27 | bloated, cranky | 27 | bloated |
| 28 | ----- | 28 | bloated, enjoyed being alone | 28 | bloated, yelled at kids |
| 29 | ----- | 29 | bloated | 29 | bloated |
| 30 | ----- | 30 | bloated, yelled at kids | 30 | ----- |
| 31 | ----- | 31 | ----- | 31 | ----- |
| 32 | ----- | 32 | ----- | 32 | ----- |
| 33 | ----- | 33 | ----- | 33 | ----- |
| 34 | ----- | 34 | ----- | 34 | ----- |
| 35 | ----- | 35 | ----- | 35 | ----- |
| 36 | ----- | 36 | ----- | 36 | ----- |

| | | | |
|----|-------------------------|----|-------------------------|
| 18 | ----- | 27 | bloated |
| 19 | ----- | 28 | bloated, yelled at kids |
| 20 | tired | 29 | bloated |
| 21 | ----- | 30 | ----- |
| 22 | ----- | 31 | ----- |
| 23 | tired | 32 | ----- |
| 24 | tired | 33 | ----- |
| 25 | moody | 34 | ----- |
| 26 | want a holiday! | 35 | ----- |
| 27 | bloated | 36 | ----- |
| 28 | bloated, yelled at kids | | |
| 29 | bloated | | |
| 30 | ----- | | |
| 31 | ----- | | |
| 32 | ----- | | |
| 33 | ----- | | |
| 34 | ----- | | |
| 35 | ----- | | |
| 36 | ----- | | |

MENSTRUAL CHART

FIRST MONTH

SECOND MONTH

THIRD MONTH

| | | |
|----|----|----|
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 9 | 9 |
| 10 | 10 | 10 |
| 11 | 11 | 11 |
| 12 | 12 | 12 |
| 13 | 13 | 13 |
| 14 | 14 | 14 |
| 15 | 15 | 15 |
| 16 | 16 | 16 |
| 17 | 17 | 17 |



| | | | | | |
|----|-----|----|-----|----|-----|
| 18 | --- | 18 | --- | 18 | --- |
| 19 | --- | 19 | --- | 19 | --- |
| 20 | --- | 20 | --- | 20 | --- |
| 21 | --- | 21 | --- | 21 | --- |
| 22 | --- | 22 | --- | 22 | --- |
| 23 | --- | 23 | --- | 23 | --- |
| 24 | --- | 24 | --- | 24 | --- |
| 25 | --- | 25 | --- | 25 | --- |
| 26 | --- | 26 | --- | 26 | --- |
| 27 | --- | 27 | --- | 27 | --- |
| 28 | --- | 28 | --- | 28 | --- |
| 29 | --- | 29 | --- | 29 | --- |
| 30 | --- | 30 | --- | 30 | --- |
| 31 | --- | 31 | --- | 31 | --- |
| 32 | --- | 32 | --- | 32 | --- |
| 33 | --- | 33 | --- | 33 | --- |
| 34 | --- | 34 | --- | 34 | --- |
| 35 | --- | 35 | --- | 35 | --- |
| 36 | --- | 36 | --- | 36 | --- |

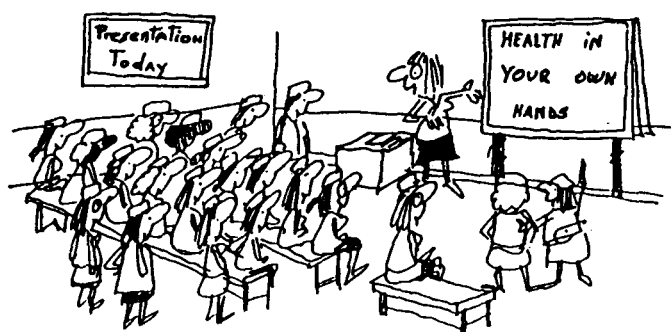
PATIENTS HAVE RIGHTS

Some people go to a doctor every time they don't feel well, and others will not go even if they are very sick.

You have the right to go to a doctor when you want to. The doctor should listen to you and do a complete check-up to see if anything's wrong. She should explain what she thinks is wrong and what she thinks might make you better. You have the right to choose whether or not you do what she suggests.

A doctor can help you if you need to find out what's wrong with you, or if you need surgery or prescription drugs. You may also want to see a doctor to find out more about a health problem, and for a check-up when you're healthy. It helps to have a regular doctor who knows you. If your doctor knows you, she will probably be able to give you better care.

In this section we will give you some ideas on how to choose a doctor and how to get the information you want from her. We will explain to you what it means to give "informed consent". We will also give you some suggestions for what to do if you have had a bad experience with a doctor.



From: ISIS

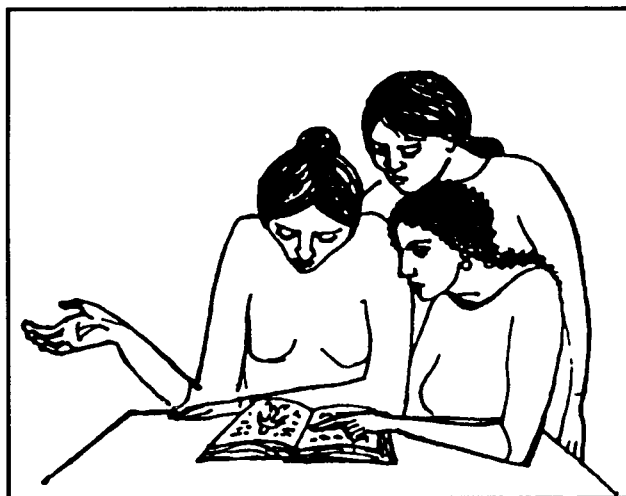
How do I choose a doctor?

How do you decide what doctor you want to go to? You may not have much choice. If you live in the country, or in a small community, there might be only one or two doctors available. If you need to see a specialist, you will probably have to travel to a larger center. Even then you might have a limited choice, unless you live close to a large city.

Just because you go to a particular doctor once, it doesn't mean you have to go back to her. You can "shop" for a doctor, just like you might shop for a mechanic you can trust. Even though you are not paying the doctor directly she is paid by the medical plan and would not be paid if you didn't go to her. If you have no choice of doctors where you live and you don't like the one doctor, it may be worth driving to the next town to see someone else.

When you are looking for a doctor, you can visit a few doctors. Ask them questions and see if you trust them to be your doctor. You might want to know how they'd treat a health problem you have. Or if you have children, what they do to help a child not to feel scared. If you want to avoid taking too many medicines, ask the doctor what else she might do besides suggesting a medicine.

These visits are covered by the medical plan. A doctor should not be angry that you are asking questions. If she is, she may not want you to ask questions about your health either. Go to a different doctor if you can.



Lynn Robertson in SCIENCE FOR THE PEOPLE

Here is a list of questions to ask yourself about your doctor. It will help you to decide if she is the right doctor for you.

- Does the doctor call you by your proper name?
- Does she look at you when you are talking, or when she is talking to you?
- Does she ask you questions?
- Does she answer the questions you ask?
- If she doesn't know the answer to something, is she willing to say so?
- Does she talk to you about choices in treatment? If she suggests one thing, does she also talk about other choices?
- Does she tell you the names of any drugs she prescribes, and the possible side effects?
- Does she explain the tests she does, and tell you when you can expect to hear the results?
- When she explains something to you, does she make sure you understand?
- Do you get a chance to talk to her with your clothes on? Before the examination or treatment? After?
- Can you get an appointment fairly soon?
- When you have an appointment, do you get in to see the doctor without a long wait?
- Does she let you look at your medical records?

How do I get information from my doctor?

Even if you have a doctor you are generally happy with, there may be times when you feel rushed. If your doctor is very busy, it is easy to forget what you want to ask her. If you make a written list of questions ahead of time, you won't forget, and you are more likely to leave the appointment with the information you want.

If you feel you don't have enough time with the doctor for her to answer your questions, you might want to make another appointment. If you know when you make the appointment that you are going to have a lot of questions, you can tell the doctor's office that you will need extra time. Ask them to book a double appointment. This way the doctor can give you the time and care you deserve without keeping other patients waiting.

You may sometimes want to have someone go with you to see the doctor. If you are upset or if you are dealing

with a serious health problem, this can be helpful. The other person can make sure the doctor answers the questions on your list, and can write down the answers for you.

If you don't understand the answer a doctor gives you, let her know. Ask her to explain again. Ask her to draw a picture if that would help. She should draw you a picture of where she will cut and what she will do if she is suggesting surgery. If she is using words you don't understand, ask her to explain those words.

Doctors often use medical words. These are words most people don't know. The doctor should explain what she means in everyday words. Many people don't ask questions because they are afraid they will seem stupid. You aren't stupid if you don't understand medical words.

The doctor needs to learn how to talk to you so that you understand what she means. When you ask her to explain, you are teaching her what she needs to know to become a good doctor. You are teaching her how to talk to her patients so they can understand.

How do I find out more about a test or treatment?

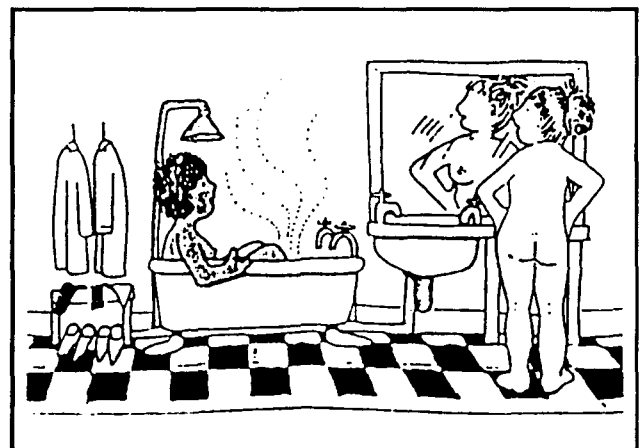
Here is a list of questions to ask your doctor when she suggests a test or a treatment. You will probably want to add more of your own questions.

- Why do I need this test or treatment?
- How is it done?
- Are there any other tests or treatments I could use instead of the one you have suggested?
- Does this test or treatment need to be done now, or could it wait?
- Will I get worse if I wait?
- What are the risks if I have this done?
- What are the risks if I choose not to have it done?
- Who else will be involved in my care? Do I need to see another doctor?
- Will it hurt?
- How will I feel afterwards?
- Will I lose time from work?
- Will I still be able to look after my children right away?
- Do I need other tests?

- I want to have a friend go with me. Is this alright with you?
- Do I need to take any drugs? What are their names? What are their side effects?
- If you are suggesting a test, what do you expect to find out from it?
- What will you do if you find what you expect?
- What is the next step if you don't find what you are looking for?

Informed Consent

Your body belongs to you, not to the doctor, or to anyone else. Everything that is done to you should be your decision.



From: TAUGHT NOT CAUGHT ISBN:0905 114 15 9
Publisher: LDA

PATIENTS HAVE RIGHTS

You do not have to agree to any medical test or treatment. It is the doctor's responsibility to make sure you understand the reasons for the tests or treatment she wants to do. If you don't agree to have it done, then she can't go ahead, even if she is sure it is the best thing for you. She needs your "informed consent". This means that you have been told what to expect, and you agree to go ahead with the test or treatment.

Informed consent also means that you can agree to one part of what your doctor suggests, but refuse another part.

You might be asked to sign a form giving your consent. You may get the consent form from your doctor, or from a nurse in the hospital. If you decide to sign, be careful that you are only giving permission to do exactly what your doctor has said she will do, and nothing more. You can add a sentence to the form before you sign, if you want. For example, if you are having your uterus taken out, and you want to be sure the doctor doesn't take out your ovaries, you can add, "Do not take out my ovaries".

If you are not sure what the form is giving her permission to do, then don't sign it. Make sure you understand and agree before you sign anything. It's fine to say you don't understand the form.

It is a good idea to get a second opinion about any surgery your doctor

thinks is necessary. You can also get a second opinion if you are unsure about a drug treatment or a test your doctor suggests. This means going to another doctor to see if she suggests the same thing.

You can tell your doctor that you would like a second opinion. Most doctors will not object, and will probably suggest the name of another doctor you can go to. Your doctor does not have the right to refuse. If she objects, it is a sign that she is not treating you well.

What can I do if my doctor has treated me badly?

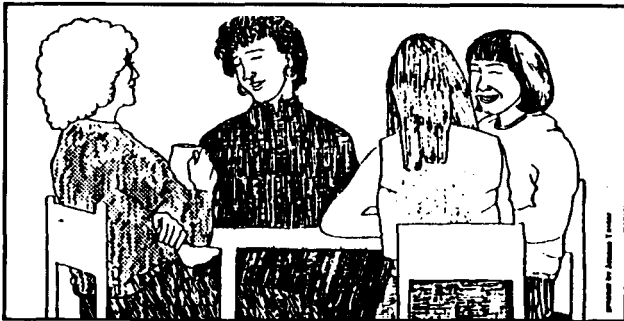
Your doctor may have done something which has given you serious health problems. Or, she may have done something to you that you didn't agree to. She may have been careless, and forgotten to do something necessary to your care. She may have treated you without respect.

In order to practise medicine, a doctor has to be licensed by the College of Physicians and Surgeons. This is a group of doctors who set the rules about how doctors can treat patients. If you are unhappy with the way you have been treated by your doctor, you can write a letter of complaint to the College.

It is important to write down clearly what it is your doctor did that you are unhappy about. You should include all the details, and the dates when things happened.

The College will read your letter, and decide whether or not they think your complaint is serious enough for them to investigate more. If they think it is very serious, and they agree that the doctor did what you said she did, they can take away the doctor's license to practise.

Your community health worker or Women's Centre can help you to write a letter if you are not sure what to say.



From: KINESIS Oct. '84

What about legal action?

If you have had a very bad experience with a doctor, you might decide to take her to court and sue her for malpractice. To do this, you will need to talk to a lawyer. You may be able to do this through Legal Aid. Phone the nearest Legal Aid office listed as Legal

Services Society in the Provincial/Territorial Government section of the phone book to see if they will see you. Otherwise, you can find a list of lawyers in the yellow pages of your phone book.

Most lawyers will see you for a first visit for around 20 dollars. Some will do this for free. During this first visit, or consultation, the lawyer will try to get a clear picture of what happened so she can tell you whether or not she thinks you have a case. Write down exactly what happened to you before you go see the lawyer. The lawyer will also ask you for the dates.

Taking a doctor to court does not always cost a lot of money. It is free if you can get legal aid. If not, many lawyers will work on what is called a "contingency" basis. This means that the lawyer will charge you part of what you are awarded by the court, if you win your case. You should discuss this with her on your first visit, so that you know what to expect. A lawyer usually charges 20%—40% of your court award.

The lawyer will need a copy of your medical records. If the doctor or hospital refuses to give it to her, then she can ask a judge for a court order to get it.

We hope you won't have to sue your doctor. It will take a lot of time and energy. It may also cost a lot of money. You might win in the end, but there are no guarantees.

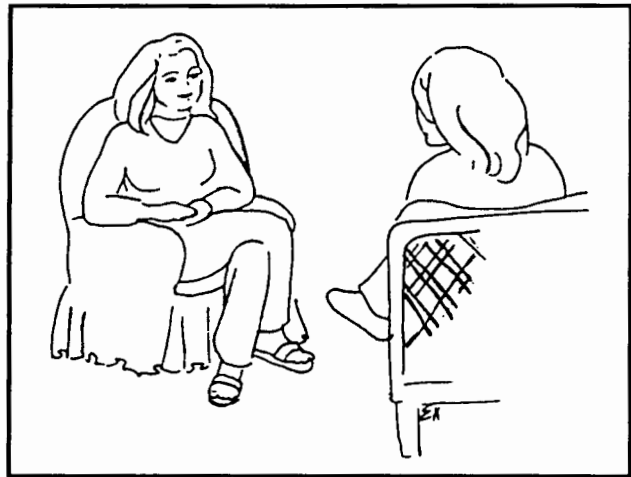
GOING TO A DOCTOR OR NURSE

You can go to a doctor or nurse any time you are concerned about your periods. She should listen to you and do a complete checkup to see if you are healthy.

This chapter explains what the doctor or nurse can do to find out if there's anything wrong. It will give you an idea of what to expect if you go for help. You can also use this information to make a list of questions to ask the doctor or nurse.

You will have a pelvic exam and a bi-manual exam. These exams are explained in this chapter. The doctor may also suggest you have more tests. She will suggest different tests depending on what your problem is.

It's up to you to decide whether or not you want to have tests. You may be unsure. There is a list of questions to



Emma Haley in WORKING TOGETHER FOR CHANGE

ask about tests on page 53. It's fine to give yourself time to decide. You may want to ask another doctor what she thinks. We suggest that you have the simplest tests first. Only have the tests which involve surgery if they seem absolutely necessary.

If the doctor needs more information to figure out what is wrong, she may refer you to a specialist or gynecologist for other tests. A gynecologist is a doctor who works with women who have reproductive health concerns. She is also a surgeon who can operate on people.

TALKING TO THE DOCTOR OR NURSE

First the doctor or nurse will ask you questions about your periods and your menstrual cycle. She should talk to you while you've got your regular clothes on.

If you keep a menstrual chart, take it with you. You might be able to understand a problem or change in your cycle by looking at several months of charts. Together you can try to figure what may be happening.

After you have talked you will be asked to change into a gown and she'll do a pelvic exam.

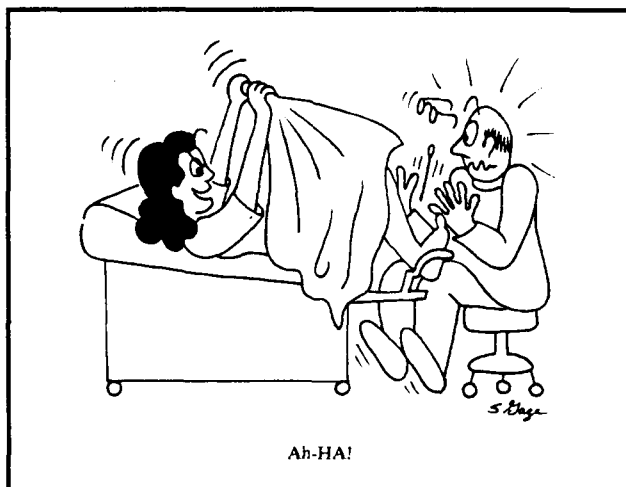
HAVING A PELVIC EXAM

Many women find it difficult to relax during this exam. Tell the doctor or nurse if this is your first pelvic exam or if you feel nervous.

You'll be more comfortable if you pee before the exam.

The doctor or nurse should go slowly and explain what she is going to do before she does it. Sometimes doctors or nurses can be rushed or impatient. You may need to ask her to slow down or be more gentle. If this doesn't help, you may want to change your doctor or nurse if it's possible where you live.

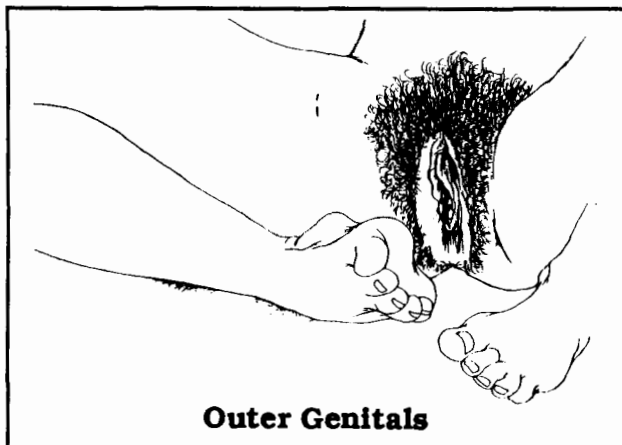
You will be asked to sit on an examining table. Then you will slide your buttocks down towards the end of the table and place your feet in stirrups or on boards. You may find this position uncomfortable or embarrassing. You may be covered with a cloth that hides what she is doing. You don't have to use the cloth. Some women find it interesting to watch.



From: HOW TO STAY OUT OF THE GYNECOLOGIST'S OFFICE

HAVING A PELVIC EXAM

First the doctor or nurse will look at your outer genitals.

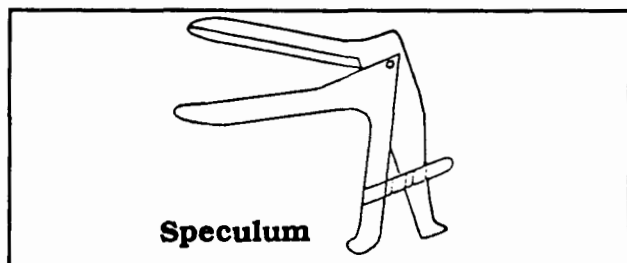


Outer Genitals

Barbara Carter in A WOMAN'S HANDBOOK

Everything she does should be gentle. She should also ask if you want to look at your own outer genitals with a mirror. If she doesn't suggest this, you can ask. Looking will help you understand what she is doing.

Then she'll put a speculum into your vagina. The speculum opens your vagina so you both can see inside. You'll be able to see your cervix if you put a mirror outside the speculum. Speculums can be cold. The doctor or nurse should warm the speculum in water.

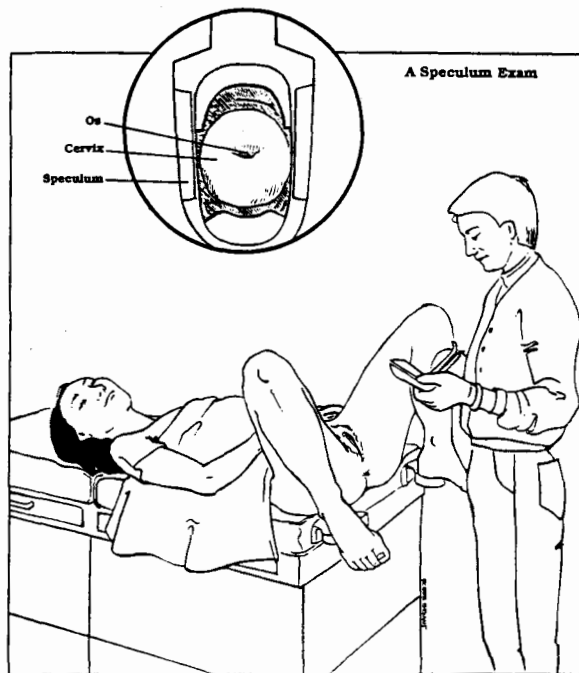


Speculum

From: WOMEN'S HEALTH INFORMATION CENTRE

She will do two tests. First she will scrape a few cells from your cervix to see if there's any problems with your cervix. This is called a Pap test. Then she will use a swab to take some of the mucus from your vagina to check for infections. This is called doing a vaginal culture. These tests are not painful. She will send both these tests to a lab. She should let you know when she gets the results of the tests back from the lab.

What You See Through the Speculum

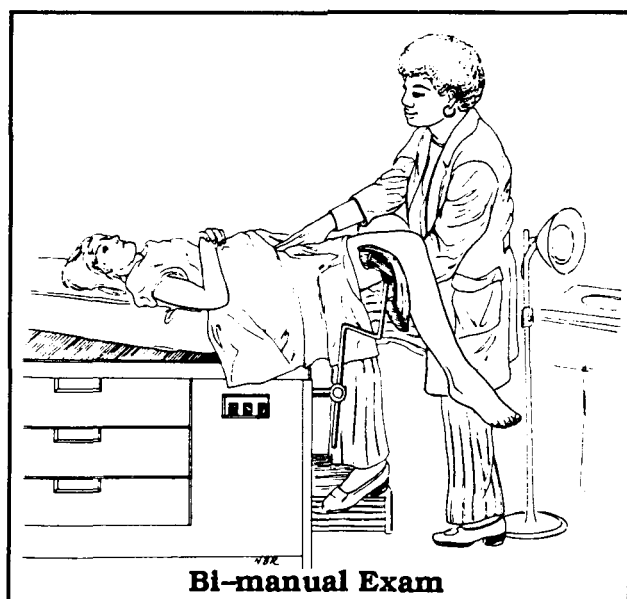


A Speculum Exam

Debbie Bryant

HAVING A BI-MANUAL EXAM

Next the doctor or nurse will do a bi-manual exam. She'll put on rubber gloves. Then she'll put two fingers of one hand into your vagina and place them under your cervix. She will put her other hand just above your pubic hair. She can feel your uterus, ovaries, and tubes between her two hands. She'll move your uterus around and gently feel your ovaries and tubes.



Bi-manual Exam

From: MY BODY, MY HEALTH

This can be uncomfortable especially if you have tight muscles in your abdomen. **It should not hurt you.** If there is pain or tenderness it could be a sign that you have an infection or a problem. Tell the doctor or nurse if you feel pain.

After these exams, the doctor may suggest that you have one or more tests.

PREGNANCY TEST

A pregnancy test will tell you whether or not you are pregnant. If you have missed a period and have had intercourse you may want to have this test.

How is it done?

Pregnancy tests are usually done in the doctor's office. You will either have a urine test or a blood test. You will probably have the urine test. The blood test isn't done very often.

TESTS TO CHECK YOUR HORMONES

You can have tests if either you or the doctor think your hormones may be out of balance. The doctor will test for different hormones depending on what your problem is.

If you ovulate, it is a sign that the hormones which control your menstrual cycle are well balanced.

How are tests to see if I'm ovulating done?

You can find out whether you are ovulating by checking your Basal Body Temperature. You use a special thermometer to take your temperature each morning before you get up. Basal Body thermometers are sold at any drugstore. It comes with instructions telling you how to use it. Your doctor may also suggest this test.

Your doctor can do a blood test. This checks how much progesterone you have in your blood during the second half of your menstrual cycle. You won't have much progesterone if you haven't ovulated.

She can also do an endometrial biopsy. It is described on page 62.

How are other hormone tests done?

You will probably have blood or urine tests. This depends on which hormone you are checking. If you have blood tests, you will either go to a lab or the nurse or doctor will take some of your blood. If you have a urine test, you may need to collect all your urine for 24 hours.

There are three ways you and the doctor can check to see if you are making estrogen. You can look at the

mucus that comes out of your vagina. Your doctor can look at the mucus under a microscope. She can also do a test called a progesterone withdrawal test. There is more information about these tests on page 80.

What can hormone tests tell me?

Sometimes these test will clearly show that you have a problem with your hormones. Other times the results are not so clear.

Women all have slightly different amounts of hormones in their blood. Each woman has different amounts of hormones in her blood from day to day. Your tests may show you have an imbalance because they were done on an unusual day for you. Or they may say you don't have a problem when really your body needs slightly more hormones than most women.

If your have hormone tests ask the doctor the following questions:

1. Do the tests show a problem?
2. How far above or below the average were my hormones? What does that mean?
3. Should I have a second test to see if I get the same results?

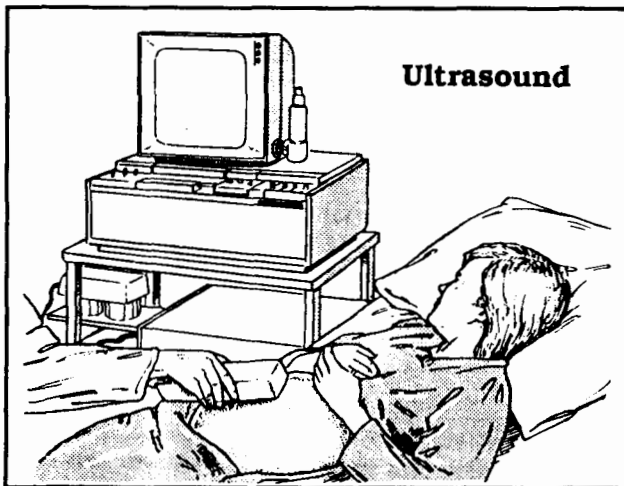
ULTRASOUND

An ultrasound is a way to see inside your body without having surgery.

How is it done?

It is done in a hospital or in a lab. You don't need to stay overnight.

A healthcare worker puts a small amount of jelly on your lower belly. Then she holds an instrument against your skin and moves it around. Special sound waves travel through your skin to show a picture of how your organs look on the inside. You can see a picture of your uterus, ovaries and tubes on a TV screen.



From: OBSTETRICS ILLUSTRATED

You will be asked to drink a lot of fluid before you have this test. It is easier

for the ultrasound to make a clear picture if you have a full bladder.

Is it safe?

An ultrasound is safer than surgery and it's safer than x-rays.

Some people are concerned that having a lot of ultrasounds may cause damage to your eggs or to your fetus if you are pregnant. Ultrasound has not been used for long enough to know whether this is true or not.

What can it tell me?

The picture may show if you have fibroids, extra fluid or cysts (small lumps filled with liquid). This may be why you have a problem with your periods.

D&C—DILATION AND CURETTAGE

A D&C is a minor operation in which a doctor scrapes or cleans out the inside of your uterus. You can have a D&C to try to find out why you're having problems with your periods. It is often used to check why a woman is having periods that aren't normal.

There is more information about D&C on page 123.

LAPAROSCOPY

Laparoscopy is a minor operation that lets a surgeon see inside your lower belly. The doctor can see more detail than she can see if you have an ultrasound. It can be used to tell what may be wrong with you. The doctor can also sometimes treat a problem that you have during a laparoscopy.

There is more information about laparoscopy on page 124.

ENDOMETRIAL BIOPSY

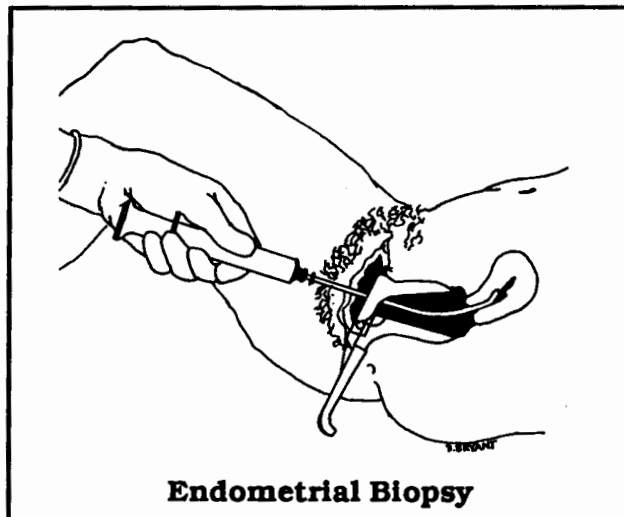
An endometrial biopsy is a sample of the inside lining of your uterus.

How is it done?

An endometrial biopsy is done in a doctor's office. It should be done during the week before your period.

The doctor uses a speculum to hold your vagina open and see your cervix. She may give you a shot of local anaesthetic in your cervix so the test won't hurt. Ask for this if you are concerned about the test being painful. She then puts a thin metal tool through the opening in your cervix, your os. She uses this tool to

scrape off a small piece of the lining of your uterus.



Debbie Bryant

The doctor sends the sample to a lab.

Is it safe?

There is a small risk of infection inside your uterus from an endometrial biopsy. Basal body temperature or a blood test for progesterone are both safer ways to see if you have ovulated.

If you may be pregnant, don't have this test. It can make you have a miscarriage.

An endometrial biopsy is a safer test than a D&C if your doctor only needs to look at the way the lining of your uterus is growing. The doctor takes only a small piece of the lining out, not all of it. Doctors are more likely to suggest a D&C if they are also using it as treatment or if they are checking to be sure you don't have cancer.

What can it tell me?

This test can show whether you have ovulated. It can also show whether there is anything unusual about the way the lining of your uterus is growing.



From: THROUGH THE GLASS CLEARLY

HYSTEROSCOPY

A hysteroscopy is a way for the doctor to look at the inside of your uterus.

How is it done?

You will have either a local or a general anaesthetic. It is done at a hospital. You can leave the same day.

The doctor uses a speculum to hold your vagina open. She then stretches your cervix open a little so she can fit the hysteroscope into it. The hysteroscope is a thin metal tool that is much like a telescope. She can look through the hysteroscope and see the inside of your uterus.

Is it safe?

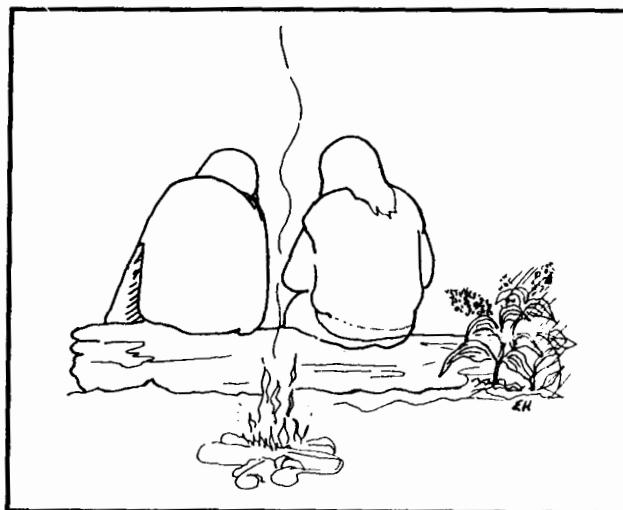
There is a small risk of infection inside your uterus because your cervix is opened up. If you have general anaesthetic, there are also health risks from the anaesthetic.

What can it tell me?

Your doctor can use this test if she thinks there is a problem on the inside of your uterus. She will usually suggest it only after you have had an ultrasound. If you have fibroids growing into your uterus, she can see them.

PAIN

Some women have pain about half way through their menstrual cycle. Many women have pain during their period. This chapter is about pain during your menstrual cycle.



Emma Haley in WORKING TOGETHER FOR CHANGE

MID-CYCLE PAIN

If you have pain in the middle of your menstrual cycle it may mean that you are ovulating. You may be feeling the egg pop out of your ovary. Ovulation is described on page 18.

The pain will be in your pelvic area or lower back. You may have pain just on one side. You may barely feel a light twinge. Or, you might have really bad cramps. Some women feel pain every time they ovulate. Other women only have pain during some cycles.

Some women notice different mucus or a little blood coming out of their vagina.

Pain at ovulation isn't unhealthy. No one knows why some women can feel it when they ovulate and others can't.

How can I tell if the pain is ovulation?

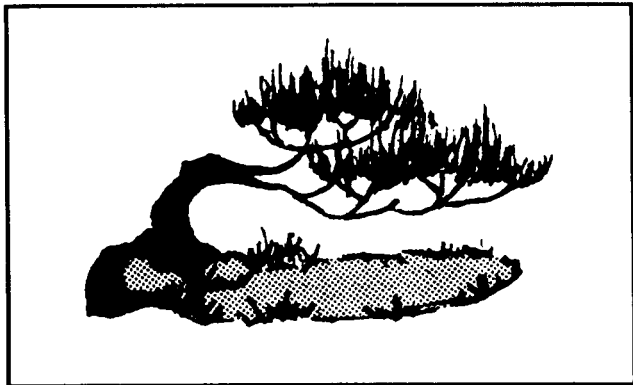
You can tell when you ovulate by filling out the menstrual chart on page 46. Write down when you have pain in your abdomen. If your period comes about two weeks later then the pain you felt was probably ovulation. The pain happens from 12 to 17 days before your next period begins.

You can also just mark the date on a calendar. See if your period starts between 12 and 17 days later.

If you've never had pain in your pelvis or lower back before and it's strong, go and see a doctor. You may have appendicitis, an infection in your uterus or tubes called PID, or an ectopic pregnancy. There is a short description of these problems on page 10 to 12. All of these things are very serious. If you have them you need treatment right away.

What things can I do for myself?

Most women don't need any treatment for this pain. If you have a lot of pain you may want to try some of the ideas in the next section.



From: SAN FRANCISCO BAY AREA WOMEN'S YELLOW PAGES

PAINFUL PERIODS

Have you ever heard people say that period pain is "all in your head"? Most women have but the truth is that period pain is real pain. Many women have pain when they have their periods.



Dondie Cox in SPARE RIB

What causes period pain?

Cramps are the most common reason women have painful periods. Some women have painful periods because they have a problem like fibroids or endometriosis. Women using the IUD for birth control often have painful periods.

If you **suddenly** start to have a lot of pain when you have your period, go to your doctor right away. There are other problems that can feel like period pain. Some of these are miscarriage, an infection in your uterus and fallopian tubes called PID, an IUD that has moved out of place, and an ectopic pregnancy. These problems are described on page 10 to 12. They are serious health problems. You may need treatment right away.

Cramps

When you have a period, your uterus pulls tight or contracts. This gently pumps the menstrual flow out of your uterus. When you have cramps what you're feeling is your uterus contracting.

You may wonder why some women have more pain than others and some women never have pain. We're not sure. Many people think it's because women have different amounts of one of the prostaglandins. Prostaglandins are natural chemicals that are found in many parts of your body. One of the prostaglandins makes your uterus contract. Women who have pain seem to have more of these prostaglandins telling their uterus to contract. This means they have longer and tighter contractions and more pain. No one knows why some women have more prostaglandins than other women.

Fibroids and Endometriosis

Fibroids are growths in a women's uterus. They can be very painful. There is information about them on page 90.

Women who have endometriosis have bits of the lining of their uterus outside their uterus. Some women with endometriosis have a lot of pain. You'll find more information about endometriosis on page 96.

IUD's

If you have an IUD you may have painful periods. There is more information about IUD's on page 38.

What things can I do for myself?

There are many things you can try if you have painful periods. You can change what you eat and drink, take vitamins and minerals, exercise, learn ways to relax and take drugs. Different things help different women.

Food

It is important to try to eat healthy food. There is information on food in the **Healthy Periods** chapter on page 29.

Eating lightly sometimes helps. Try eating smaller amounts of food more often.

Constipation can make cramps worse. Eat plenty of fresh fruits and vegetables and foods with fiber. Drink a lot of water.

Many women find they get bloated around the time of their periods. Bloating can make the cramps worse. Drinking a lot of water and herbal teas can help. Water helps flush salt and other chemicals out of your body so you'll feel less bloated.

Herbal teas

If you bloat you may find drinking dandelion or yarrow tea helpful. Raspberry, camomile, and spearmint teas may help if you have mild cramps. If you have stronger cramps you could try drinking either lady's mantle or black cohosh mixed with blue cohosh tea. Read the information about herbal teas on page 34.

Minerals

You may find taking minerals helpful. Read the information about vitamins and minerals on page 32 before taking minerals.

PAINFUL PERIODS

Calcium and Magnesium: These can act as painkillers. They can also help relax your muscles and help you feel less tense. Calcium is the mineral that helps cramps. Magnesium helps the calcium to work. You could try taking 500 mg of calcium and 250 mg of magnesium, once a day 10 days before your period and for the first three days of your period.

Iron: Some women who are low in iron have painful periods. If you don't have enough of this mineral you'll feel tired and weak. You can ask your doctor for a blood test done to see if you have enough iron. If you are very low in iron your doctor may give you a prescription. You can also eat foods and drink teas that are high in iron. They are listed on page 33.

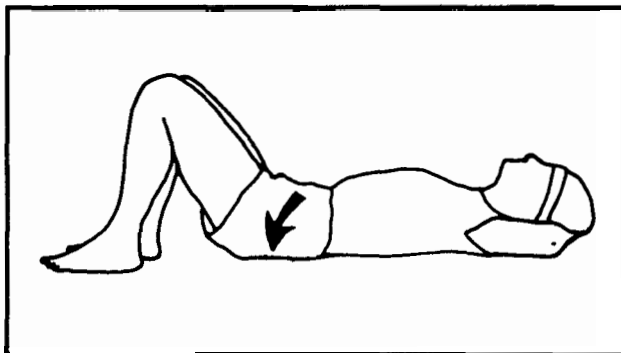
Exercise

Exercising all month long will help prevent period pain. You'll find information on exercise on page 34.

There are also exercises you can do when you have pain.

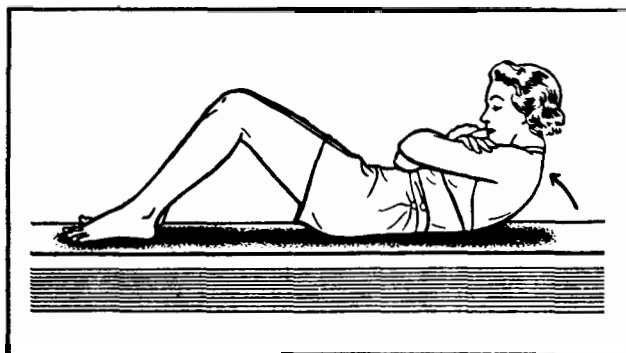
Back Exercises: If you feel pain in your lower back during your period it's a good idea to do exercises all month to strengthen your back. If you have a lot of pain you may find it helpful to see a doctor, physiotherapist or chiropractor. Here are two exercises that may help. Try to do these exercises every day.

- Get in the same position as the woman in the picture. Slowly move your hips so that your lower back touches the floor. Hold for a count of 30 while you continue to breathe normally. Then release back to the starting position. Do this 10 times. This is called the pelvic tilt.



Jean Anderson in STRETCHING

- This position will help strengthen your stomach muscles and protect your back. Don't lift your lower back off the floor. Stay in this position for the count of 10 breathing normally. Slowly lower your head and shoulders back to the floor. Repeat 10 times.



From: THERAPEUTIC EXERCISES

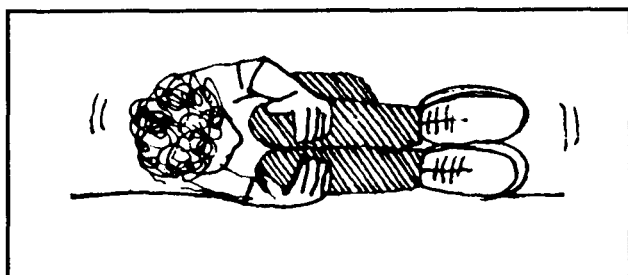
Breathing Deeply: Many women find taking long, slow breaths helpful when they have pain. This may help you relax. It may also help lessen the pain.

You may get tense because you expect the pain to come. If you feel yourself tensing up and dreading the pain, try to relax and take some deep breaths.

It's good to practice taking deep breaths when you don't have pain. Try taking five deep breaths each day. Don't take more than five deep breaths at a time.

Special Exercises: You may find it helpful to get into these positions when you have pain. Try to stay in the position for at least five minutes. Relax and breathe normally.

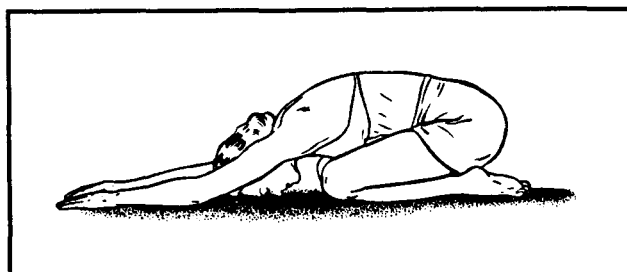
- You may want to curl up into a ball.



From: TAUGHT NOT CAUGHT ISBN: 0905 114 15 9
Publisher: LDA

- Many women find doing the pelvic tilt comforting. Get into the same position as the picture on page 68. Rock your pelvis gently back and forth.

- This is a Yoga position called "Pose of the Child".



From: THERAPEUTIC EXERCISES

Get help

It may be easier to deal with the pain if you have help from a friend or family member. They could rub your back, make you tea, rock you, or tell you that you'll get through the pain. Ask someone to help you in whatever way is best for you.

Stress

Some women find the pain is worse when they are under a lot of stress. There is information on stress and ways to cope on page 40.

Other things that may help

Here are some other things you may find helpful when you have pain.

Massage: Many women find gentle rubbing on their abdomen or lower back helpful. You can either rub yourself or ask a friend to help.

PAINFUL PERIODS

Heat on your stomach or lower back: You can put direct heat on these areas with a hot bottle covered with a towel or with a heating pad. Having a hot bath may also help.

Orgasm: Some women find that having an orgasm or "coming" helps lessen the pain. Being sexual and not coming may increase the tension and make you have more pain.

Switch from tampons to pads: You may have less pain if you wear pads. This may be because it's easier for the blood to flow. Or, it may be because the tampon puts pressure on your uterus and makes the cramps worse. Some women just wear pads at night.

Learn a way to relax: There is information on relaxation on page 42.

See a chiropractor: A chiropractor may be able to make an adjustment to your spine which helps lessen your pain.

Acupuncture: Acupuncture helps lessen period pain for some women. There is information on acupuncture on page 37.

What medical treatments may the doctor suggest?

There are many different drugs that you can take to help lessen period pain.

These drugs only lessen the pain while you take them. You may need to keep taking the drug each time your period is painful. Some drugs have side effects and may be harmful if you take them for a long time. If you decide to take drugs make sure you ask your doctor and pharmacist about the side effects of the drug. There is a list of questions to ask about drugs on page 115.

It's important not to take too much of any of these drugs. Take the amount on the package or the amount suggested by your doctor. If a drug does not help to lessen the pain you may need a different drug or treatment. Don't just take more pills. All of these drugs, even Aspirin, can hurt you if you take too much. Tell your doctor or pharmacist if the drug isn't helping. You may need to try a different drug.

These drugs can cause serious health problems if you take them with other drugs or alcohol. Make sure you tell the doctor or pharmacist about any pills you're taking. Alcohol and pain killers mixed can be very dangerous. Don't drink while you're taking pain killers.

Aspirin or A.S.A.

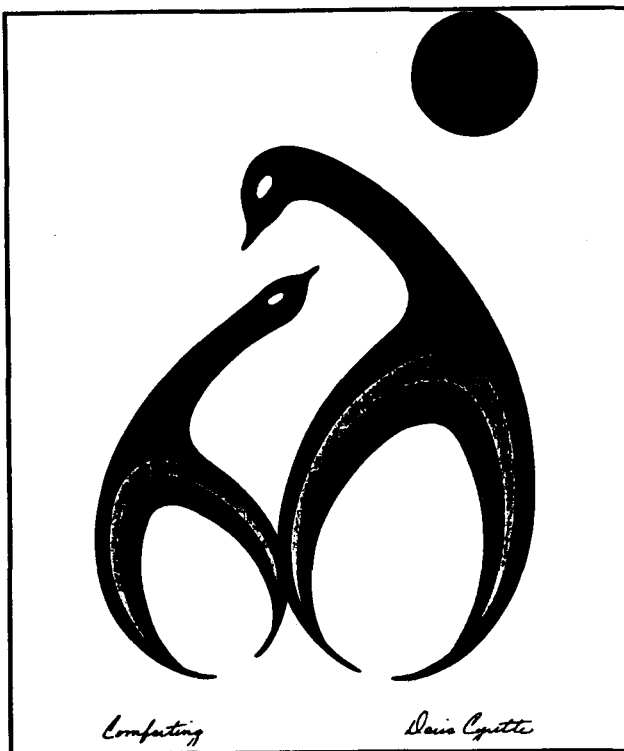
Aspirin helps take pain away. It often works better than stronger pain medications. This is because it lowers the amount of prostaglandins in your uterus. Prostaglandins make your uterus contract or cramp. Fewer prostaglandins can mean less pain.

You can buy aspirin without a prescription.

Aspirin can upset your stomach. It should be taken with food or milk. Some brands of aspirin are coated. This can prevent stomach aches. Unfortunately it takes longer for coated aspirin to work. This can be a problem if the pain is really bad.

Taking too much aspirin can make you hear ringing in your ears, have trouble hearing, start vomiting, get diarrhea, or feel dizzy, confused or weak.

You shouldn't take aspirin if you are under 18. There is a possibility you could get a serious health problem called Reye's Syndrome.



Doris Cyrette

Acetaminophen (Tylenol)

Acetaminophen works about as well as aspirin. It lessens the pain and won't upset your stomach.

You can buy acetaminophen without a prescription.

A lot of different medications have acetaminophen in them. If you take other prescriptions or cough and cold medicines, check to see if they have acetaminophen. You can get liver problems from taking too much of this drug.

PAINFUL PERIODS

Midol and other painkillers

There are quite a few products in the drugstores that have a mixture of several different drugs. They often have either aspirin or acetaminophen, a mild diuretic (or water pill) and caffeine. They don't work any better than aspirin or acetaminophen, but they are more expensive.

Some women find that a little caffeine helps the aspirin or acetaminophen work better. Caffeine is a drug and can make you have health problems. It's important not to drink too much coffee, tea or cola drinks. But it's cheaper to have a cup of tea with your aspirin or acetaminophen than to buy an expensive pill that's just for painful periods.

Aspirin or acetaminophen mixed with codeine

You can buy aspirin or acetaminophen mixed with codeine. They also have a little caffeine in them. These medications are stronger than aspirin or acetaminophen on their own. The products made with aspirin are called 222's or 292's. The ones made with acetaminophen are called Tylenol 1, 2 and 3.

You can buy Tylenol 1 and 222's without a prescription. You need a prescription to get 292's or Tylenol 2 and 3.

These pills have the same side effects as aspirin or acetaminophen without codeine. They have extra side effects because of the codeine. You may feel drowsy or get constipated. Codeine can be addictive.

Prescription anti-inflammatories

The common names for these drugs are Motrin, Ponstel, Naprosyn, Anaprox, and Indocid. Prescription anti-inflammatories stop your body from making as many prostaglandins. Prostaglandins make your uterus contract. Fewer prostaglandins can mean less painful contractions. These drugs may also lessen the amount you flow and shorten your period.

Most women take prescription anti-inflammatories only during the painful part of their period. This is usually from one to five days each month.

Some women with really bad cramps start taking these drugs a few days before their period begins. This helps prevent their cramps from getting really painful. Other women can't do this. These women don't have a period if they take prescription anti-inflammatories early. They need to wait until their periods start before they take these drugs. It's very important not to take prescription anti-inflammatories early if there is any possibility you may be pregnant. No one knows how they may affect your fetus.

Prescription anti-inflammatories help lessen the pain for many women with painful periods. They are a safer drug for most women than the birth control pill because there is less risk of dangerous side effects. There is information on the birth control pill later in this chapter.

Prescription anti-inflammatories take a while to work. If you have sudden pain, take other painkillers at the same time. Don't take aspirin. The aspirin can stop prescription anti-inflammatories from working well.

There is more information about prescription anti-inflammatories on page 116.



From: BROOMSTICK Vol.IX No.4

Narcotics

Some common names for narcotics are Percodan, Codeine, Demerol and Morphine.

These are very strong drugs. Some women with severe pain find them helpful. However, they aren't always more helpful for period pain than aspirin or prescription anti-inflammatories. They cover up the pain instead of telling your body to make fewer prostaglandins.

You need a prescription to get narcotics.

These drugs should be used with care. They can be addictive. Usually women don't need them for period pain unless they have a problem like endometriosis or fibroids.

You'll feel less alert while you take narcotics. Don't drive. Some women vomit or have trouble peeing. It's very important you don't drink alcohol while you are taking these drugs.

Don't take these drugs with diuretics (water pills). These two drugs together can make your blood pressure drop quickly. This may make you faint.

Birth control pill

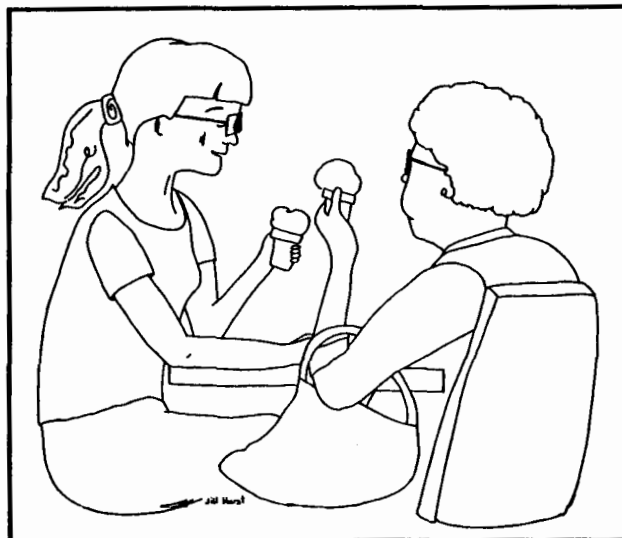
Hormones in the pill control your menstrual cycle. They also affect the amount of prostaglandins your uterus puts out. Fewer prostaglandins mean less pain.

Taking the pill is an extreme treatment for period pain. The hormones in the pill affect your body all month long. The pill has many side effects. It's not safe for some women to take the pill. There are also special concerns for young women taking the pill. You'll find more information about the birth control pill on page 116.

The rest of the ideas in this chapter won't change your whole cycle. You may want to try those ideas first.

NOT HAVING PERIODS

This chapter is about not having periods. You may, like some young women, be late starting to have periods. You may have begun to menstruate but have missed one or more periods.



Jill Hurst

YOUNG WOMEN

Most women start having periods by the age of 16. Starting periods late may be normal and healthy for you. Or, it may be a sign that you have a health problem.

Why are my periods so late starting?

Here are the main reasons why some women start having periods later:

Amount of body fat: In order to have a menstrual cycle you need to have a certain amount of body fat. Young women who are very thin or who exercise a lot may start their periods later. This is the most common reason why some young women start having periods later.

Hormonal problems: Some women have problems with their hormones. There is more information about hormones later in this chapter.

Physical problems: You may have something wrong with your body which stops you from having periods. It could be a problem with your uterus, vagina or cervix. This is very unlikely. The doctor can tell if you have a physical problem when she does a bi-manual exam.

Cancer Treatments: If you had cancer as a child and were treated

with strong doses of x-rays or anti-cancer drugs, you may not be able to have periods.

How can I tell if there's something wrong?

If your periods haven't started by the age of 17 or so it's a good idea to go to a doctor for a checkup.



Emma Haley in WORKING TOGETHER FOR CHANGE

How can the doctor tell if there is something wrong?

She will ask you how your body has changed in the last few years, especially your hips and breasts. This will tell her if your body is making the hormones you need to have your period.

MISSED PERIODS

If you can, ask your mother and any sisters about their periods before you go. The doctor may want to know when their periods started. Sometimes beginning periods later runs in families.

The doctor will probably do a pelvic exam and a bi-manual exam. There is information about these exams on page 57. She may also suggest you have urine and blood tests to check your hormones. There is information about these tests on page 59.

What can I do for myself?

If your doctor has not found a physical problem, your hormones are probably just taking longer to balance themselves. You can wait. The ideas in the **Healthy Periods** chapter may help.

If you are very thin or exercise a lot it might help if you gain some weight or cut down on the amount you exercise.

MISSED PERIODS

Most women miss periods now and again. If you miss one or two periods you don't need to worry unless you think you might be pregnant. If you are having sex with a man and there's a chance you might be pregnant, then it's a good idea to get a pregnancy

test. Birth control can fail. Otherwise you can relax and try the things listed in the **Healthy Periods** chapter on page 28.

Go to the doctor if your period hasn't come after six months. Missing periods is not a disease but it may be a sign that something is wrong with you.

What causes periods to stop?

Here are some of the reasons your periods may stop:

Pregnancy: Most women stop having periods when they're pregnant.

Breastfeeding: You may not have periods some of the time you're breastfeeding. This may last anywhere from two months to two years. No one can guess exactly when her period will come after having a baby. It is important not to use breastfeeding as a form of birth control.

Menopause: Most women go through menopause between the ages of 47 and 55. Your periods will change as you go through menopause. They may be irregular. You may find you don't have periods for several months and then they begin again. After a year with no periods, your cycle has probably finished for good.

Too little body fat: You need to have enough body fat to have regular periods. You lose body fat through dieting, illness, or exercising a lot.

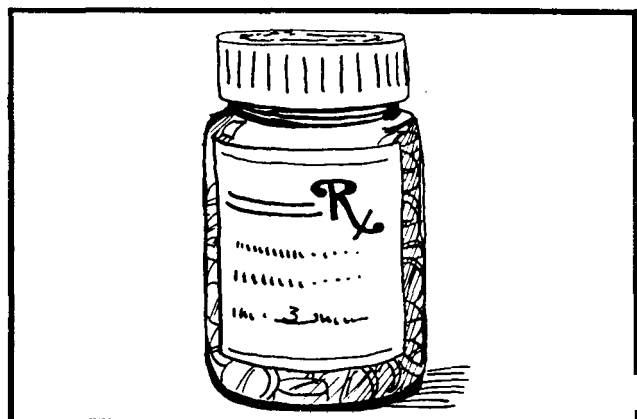
Too much dieting: If you lose more than 10 to 15 percent of your body weight, your period may stop. Crash diets aren't good. If you have anorexia nervosa, you may stop having periods. Women who have anorexia nervosa don't eat enough to be healthy and get very thin. Very often they see themselves as too fat, even though they are really very thin. Most women's periods start again when they gain back the weight they have lost.

Exercise: If you exercise so much that you have very little body fat, you may stop having periods. This mostly happens to women who are in training, like athletes or dancers, not women who do moderate exercise. Some exercise is good for your periods, but women who train very hard may stop having periods.

Too much body fat: Fat cells make estrogen. If you are very fat you may have a lot of estrogen in your blood. This can affect your menstrual cycle so that you stop having periods. This is only likely if you weigh more than half as much again as most women of your height. It doesn't happen to all very fat women. Less than one out of every 10 very fat women stop having periods.

After taking the birth control pill: Your period may be irregular when you stop taking the birth control pill. The pill changes your menstrual cycle. It takes a while for your body to find its own natural cycle when you stop using it. You may not have periods anywhere from 10 weeks up to two years after stopping the pill. It is a good idea to wait at least a year after using the pill before taking drugs to get your period started. This gives your body a chance to find its own natural rhythm. There is more information about the birth control pill on page 116.

Use of major tranquilizers, narcotics and drugs you shoot up: These drugs can make your periods irregular or stop all together. Some names of major tranquilisers are largactil and mellaril. Names of narcotics include heroin, methadone and morphine. These drugs affect your periods whether you get them from a prescription or from the street.



PREMENSTRUAL SYNDROME SELF-HELP BOOK(see p.2 for full credit)

MISSED PERIODS

Emotional problems or stress: You may find that when you're under a lot of stress your periods stop for a while.

Travelling: Your periods may stop while you're on a trip. This is very common.

Polycystic Ovaries: Women who have polycystic ovaries have large ovaries with many cysts. If you have polycystic ovaries you don't have the right amounts of the hormones that make you ovulate. Every month, an egg will ripen in your ovary but not be able to pop out. Because of this you don't make enough of other hormones, so you don't have regular periods.

Disease: Many diseases can upset your hormonal balance. Some of these are diabetes, tuberculosis, and kidney disease. You may have problems with the glands that affect your menstrual cycle.

Physical upsets: Accidents, injuries or operations, especially in your pelvic area, may upset your menstrual cycle.

Can I get pregnant if I don't have periods?

You can't get pregnant until you start to ovulate and have periods again. When you're not having regular periods you never know when your next period will come. You'll probably ovulate two weeks **before** your next

period starts. At that time you're fertile and able to get pregnant.



From: SAN FRANCISCO BAY AREA WOMEN'S YELLOW PAGES

If you don't want to get pregnant

If you're having intercourse and don't want to get pregnant you need to use birth control. It's a good idea to use methods of birth control which don't affect your menstrual cycle. There is information about this on page 38.

If you want to get pregnant

You may want your doctor to do some tests to see if you have a health problem. If you have no health problem, follow the suggestions in the **Healthy Periods** chapter. They may help you get your periods to start again. You may need treatment for infertility. Women who are infertile have trouble getting pregnant. There is a book about this called **Infertility: Problems Getting Pregnant**. See page 150.

Can it harm me not to have periods?

Many women go through long stretches of time when they don't have periods. Women who have several children and breastfeed may not have periods for years.

Some women don't have periods for years because their hormones are out of balance. It's hard to say exactly how this will affect their health in the long run. There are two main concerns:

Osteoporosis: Women with osteoporosis have light bones which are more likely to break. Women who don't have periods because they have very little body fat don't have as much estrogen in their blood. Estrogen is important for strong bones. If you don't get periods because you are very thin or exercise a lot you may be more likely to get osteoporosis when you get older. You can help prevent osteoporosis by eating foods that have a lot of calcium and taking extra calcium pills. Doing moderate exercise that puts weight on your bones like walking, bicycling, or weight lifting will also help.

Cancer of the uterus: If you are very fat and don't have periods you may be more likely to develop cancer in your uterus. Very fat women have a lot of estrogen in their blood. Estrogen makes the lining of your uterus build up. If you don't have periods, this

build-up of lining may be a place for cancer to develop.

How can I tell why I'm not having periods?

Missing your periods tells you that something is "off balance" in your body. Ask yourself the following questions:

- Have I been under a lot of stress?
- Have I been taking care of myself by eating well, getting enough sleep, and doing moderate exercise?
- Have I gained or lost a lot of weight?
- Am I exercising very heavily every day?

How can the doctor tell why I'm not having periods?

The doctor will ask you questions about your periods and your general health.

Then she'll probably do a bi-manual exam to see if you have any physical problems. There is information about bi-manual exams on page 59.

MISSED PERIODS

She'll want to know if you have a problem with your hormones. You'll probably have tests to figure out if any or your hormones are out of balance. The tests will show what hormones you have in your blood. She'll check the hormones estrogen, progesterone, prolactin, and thyroxin. There is more information about these tests on page 60.

Estrogen and Progesterone

It's important to know if your ovaries are making estrogen.

At the beginning of each menstrual cycle your brain makes hormones which tell your ovaries to make estrogen. When you have enough estrogen in your blood you ovulate. After you ovulate your body makes more progesterone. Both of these hormones are necessary for you to have a period.

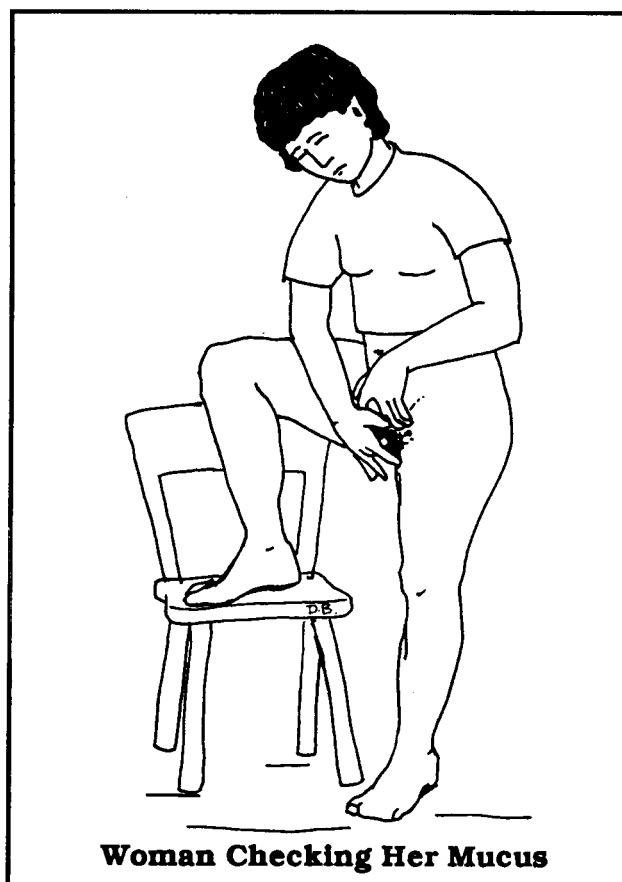
If your brain isn't sending out the right hormones your ovaries won't make estrogen. This can happen for two reasons. You might be under a lot of stress. Or you might have a problem with your brain, like a tumour. This is very unlikely. The doctor will want to do more tests to find out why your ovaries aren't making estrogen.

If your ovaries are making estrogen and you aren't having periods, then your body isn't making enough progesterone. This may be because

you aren't ovulating or because you have polycystic ovaries.

There are three ways to tell if your ovaries are making estrogen:

Changes in cervical mucus: You can tell for yourself whether your ovaries are making estrogen. You can do this by feeling the mucus that comes out of your vagina each day. The mucus will change if your ovaries are making estrogen. If your mucus feels wet and smooth like hand lotion, or slippery and stretches if you pull your fingers apart on some days, then your ovaries are making estrogen .



Debbie Bryant

Cervical mucus smear: In this test the doctor takes some of the mucus that comes out of your vagina and looks at it under a microscope. She may be able to tell if your ovaries are making estrogen. This test can give different results depending on when it's done. Make sure the doctor does the test on a day that your mucus feels wet and slippery, smooth or stretchy. The doctor is checking for the same thing as you, she just checks with a microscope.

Progesterone Withdrawal Test: With this test you take the hormone progesterone. If your ovaries are making estrogen you will have a period 14 to 20 days after taking the progesterone. If you don't have a period it means that your ovaries aren't making estrogen or you have a problem with your uterus.

The progesterone can be taken as a single shot or in pill form for five to 10 days. If you get the shot you will probably be sore for a day.

You don't need to use this test to see if your ovaries are making estrogen. You can get the same information by either watching your cervical mucus or by having your doctor look at your cervical mucus under a microscope. No one knows what the long term effects are of taking these hormones. There's no need to take a risk.

The progesterone withdrawal test can be used to see if there are problems with your uterus which stop you from

having a period. This is the only reason to use this test.

Prolactin and Thyroxin

Women with a lot of prolactin in their blood don't have periods. Women whose thyroid gland isn't putting out the right amount of thyroxin don't have periods. You can have blood tests to find out how much of these hormones you have in your blood.

What things can I do for myself?

If the problem is that your hormones are out of balance it may help if you eat well, get enough sleep, and lessen the amount of stress you have. If you are very thin your periods may start if you gain weight. Losing weight may help if you are very fat.

Try the ideas in the **Healthy Periods** chapter starting on page 28.

What medical treatments may the doctor suggest?

If you have a specific disease the doctor will probably suggest treatment for that disease. Your periods will likely come back after the treatment.

MISSED PERIODS

If your tests show your hormones are out of balance the doctor will probably suggest you take manufactured hormones. There are risks with taking any manufactured hormones. There is more information about these drugs on page 116. There are several drugs she may suggest:

Birth Control Pill: If you take the birth control pill, it will seem like you're having a regular menstrual cycle. The pill doesn't help balance your own natural cycle. It doesn't solve whatever problem is making you miss your periods. It hides the problem and makes you have an artificial cycle. When you stop taking the pill you still won't have periods.

Progesterone: The doctor might suggest this treatment if you have a lot of estrogen in your blood and aren't having periods. Estrogen makes the lining of your uterus get thicker and begin to build up. This build up without having periods might make you more likely to get cancer in your uterus.

You take progesterone 10 days at a time. You may take it each cycle or you may take it every two to three months. This treatment affects your whole cycle less than the birth control pill.

Bromocriptine: The doctor may suggest you take Bromocriptine if your blood tests show that you have too much of the hormone prolactin. This drug makes you have less

prolactin. You should have periods while you're taking it. Once you stop taking it the amount of prolactin in your blood will probably go up, and you will stop having periods.

Clomid and Pergonal: These drugs won't make your menstrual cycle regular. They should not be used as treatment for missed periods. They are strong drugs. Some women use them as treatment for infertility. Since they are so strong, it's important to get as much information as possible before you take them. You can find information in the book called **Infertility: Problems Getting Pregnant**. See page 150.

Should I take these manufactured hormones?

It's a difficult decision. It's a good idea to try to suggestions in the **Healthy Periods** section first. Hormones are strong drugs. They have side effects which can be a problem. On the other hand, there are some concerns about the effects of not having periods for a long time.

There is more information about manufactured hormones on page 116.

HEAVY BLEEDING

This chapter is about heavy bleeding. Most of the information is about heavy bleeding during your period.

If you **suddenly** start bleeding heavily and lose more than one and a half cups of blood, it is an emergency. You need to go to a doctor right away. See the information on emergency bleeding on page 89.



Jill Hurst

HEAVY PERIODS

Some women find heavy periods a problem. You may worry about changing pads or tampons so often, about the mess, and about losing so much blood.

Heavy bleeding during your period may not be a problem for you. It becomes a problem if you soak more than eight to ten regular size pads a day or if you lose so much blood that you become weak and tired. In rare cases, heavy bleeding during periods can be a sign a woman has a serious health problem.

What causes heavy periods?

Here are some reasons you may have heavy periods:

Young women: Teenagers just starting to have periods may have some late periods and heavy bleeding. If you don't ovulate regularly your body doesn't put out enough progesterone. Estrogen builds up and the lining of your uterus gets thicker. When you have your period it's heavy.

Menopause: Women going through menopause often have periods that are heavier than before. This happens because the amount of hormones in their bodies are changing. The problem goes away as their periods

stop. There is more information on menopause on page 26.

Hormone imbalance: You will have heavy periods if you have a lot of estrogen in your blood and you don't ovulate.

Emotions or stress: Many women's periods get heavier when they have a lot of problems.

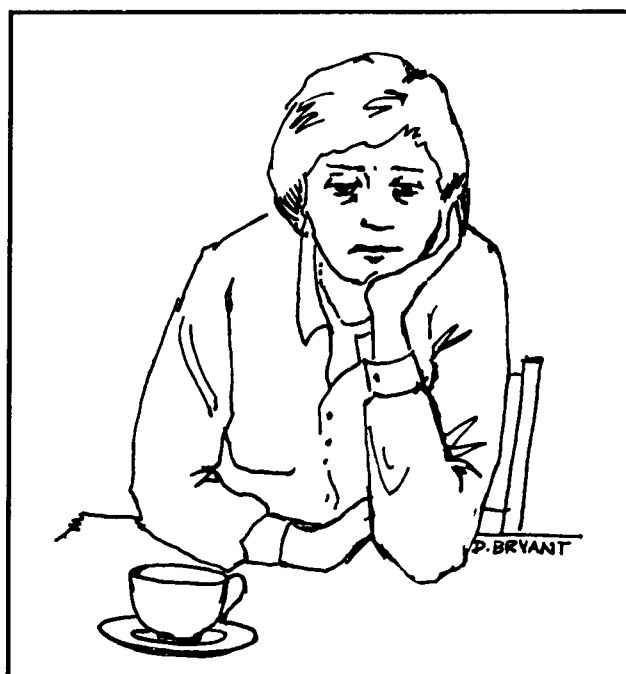
IUD's: Women using IUD's for birth control often have heavier and longer periods. If you have an IUD and have heavy bleeding, have it taken out. Use another method of birth control instead. There is more information about birth control in the book **Avoiding Pregnancy**. See page 150 for the address to order this book.

Health problems: Some women have heavy periods if they have one of these problems:

- endometriosis
- fibroids
- an infection in their uterus called PID
- blood problems like anaemia or blood which doesn't clot well
- kidney or liver disease
- too little thyroid hormone
- cancer of the endometrium, cervix or ovary. This is very rare.

Does it harm me to have heavy bleeding?

If you lose a lot of blood each month, you lose a lot of iron in the blood. Sometimes women with heavy periods get anaemia. This means that they don't have enough iron in their blood. If you are tired a lot, you may have anaemia.



Debbie Bryant

You can ask your doctor for a blood test to check if you have enough iron in your blood. If your iron is low you may need iron pills to get more iron into your blood. There is more information about iron pills later in this chapter.

How can I tell why I may be having heavy periods?

If your periods are heavy and this bothers you, go and see a doctor or nurse.

How can the doctor tell why I may be having heavy periods?

There are several tests the doctor may suggest.

Tests to check your hormones: You can get a blood test to see whether you are ovulating. If you're not ovulating, your hormones are out of balance. There is information about blood tests on page 59.

Endometrial biopsy and ultrasound: Your doctor may suggest other tests as well. An endometrial biopsy is a sample of the lining of your uterus. An ultrasound can tell your doctor if you have fibroids. Many women with heavy periods have fibroids. These tests are explained on pages 61 and 62.

D&C: Your doctor may also test for other health problems which can cause heavy bleeding. If you have already gone through menopause, she will suggest a D&C to be sure that the heavy bleeding isn't caused by cancer. Cancer of the lining of the uterus is rare before menopause.

HEAVY PERIODS

Sometimes doctors cannot find reasons for heavy bleeding.

What things can I do for myself?

If your heavy bleeding is caused by a hormone problem, you may be able to change the problem by changing your habits and what you eat. Try the suggestions in the **Healthy Periods** chapter on page 28.

If you are a teenager your hormones should balance themselves with time. Your periods will probably get lighter as you get older.

Eat foods that balance your hormones

Some foods make your body make more estrogen. You can try to cut down or stop eating these foods. Taking extra B vitamins and Evening Primrose Oil, Blackcurrant Oil, or Flaxseed Oil also helps some women. See page 93 for ways to cut down on the amount of estrogen in your blood.

Herbal teas

Some women find red raspberry leaf, strawberry leaf, wild yam, or lady's mantle teas helpful. If you are low in iron, yellow dock tea may help. See the information about herbal teas on page 34.

Vitamins and minerals

Some women find taking vitamins and minerals helpful. Read the information on vitamins and minerals on page 32 before taking them.

Vitamin A: There are two reasons why vitamin A may help. First, some women with heavy periods don't have enough of this vitamin. Second, if you have a lot of estrogen in your blood your body has trouble using the vitamin A that you do have. It's easy to get a lot of vitamin A from food. See page 33 for foods with a lot of vitamin A. You could try eating two extra servings of these foods each day.

Bioflavonoids: Bioflavonoids help strengthen your blood vessels. Taking them helps some women with heavy periods. You could try 500 mg twice a day.

Iron: Women who don't have enough iron can have heavy periods. Women also lose iron when they have heavy periods. If you feel tired ask your doctor for a blood test to see if you have enough iron. You will need to take iron pills for six months if you have very low iron. Your doctor will write you a prescription. Iron pills can make you constipated. Ferrous sulfate is worse than ferrous gluconate or ferrous fumarate for making you constipated. These are different types of iron. Taking folic acid and vitamin C with the iron helps your body use the iron.

After your iron is back to normal, you need to try to get enough iron from foods. There is a list of foods that are high in iron on page 33.

Evening Primrose Oil, Blackcurrant Oil and Flaxseed Oil: These oils help balance a woman's hormones. If you try Evening Primrose Oil or Blackcurrant Oil, you could try the amount suggested on the bottle. Or, you could try two tablespoons of Flaxseed Oil each day.

Other things that may help

Stress : Many women find their periods get lighter when they have less stress. There is information about stress on page 40.

See a naturopath: A naturopath may be able to help you balance your hormones. This would help your periods get lighter. There is more information about naturopaths on page 36.

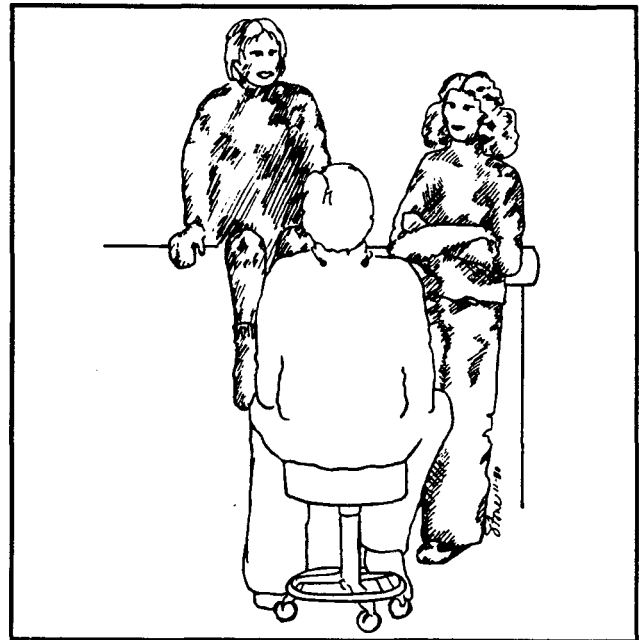
Acupuncture: Some women find acupuncture helps lessen their flow. There is more information on page 37.

What medical treatments may the doctor suggest?

The doctor will probably suggest you either take prescription anti-inflammatories, or manufactured

hormones, or have surgery. The drug treatments help to control heavy bleeding while you are taking them. They do not "cure" heavy bleeding. You may find that your heavy bleeding starts again when you stop taking the drug.

Surgery is usually a last resort. Women try surgery if their health is seriously affected and other treatments don't work.



From: DOWN THERE

Prescription anti-inflammatories

The names for these drugs are Ponstel, Motrin, Naproxyn, Anaprox, and Indocid. They stop your body from making as many prostaglandins. Prostaglandins are chemicals which make the muscles in your uterus tighten or relax.

HEAVY PERIODS

Prescription anti-inflammatories help many women with heavy bleeding to have lighter and shorter periods. You take them only during the first three days of your period. They help about as well as the birth control pill to lessen heavy bleeding. They are a safer drug for most women, because there is less risk of dangerous side effects.

Most women with heavy bleeding are helped by these drugs. Rarely, taking prescription anti-inflammatories will make a woman have heavier bleeding. If this happens, stop taking them right away and call your doctor.

There is more information about prescription anti-inflammatories on page 116.

Manufactured Hormones

These drugs change the amount of estrogen and progesterone in your body. These hormones change the way the lining of your uterus builds up. How much the lining builds up affects the heaviness of your periods. There are concerns about the safety of taking manufactured hormones. For more information, see page 116.

Birth Control Pill: The birth control pill is a combination of manufactured estrogen and progesterone. Many women's periods get lighter when they take it.

Provera and Norlutin : These are two types of manufactured progesterone. These drugs are only useful if you have heavy bleeding because you are not ovulating. You should have tests to be sure you're not ovulating before you take these drugs.

Most doctors suggest taking progesterone for 10 days during each cycle. When you stop, you have your period. Your doctor may suggest taking these drugs continually for a period of time. You won't have a period at all while you take Provera or Norlutin continually.

Danazol: This is a manufactured form of a male hormone. You won't have periods while you take this drug. It is expensive, has annoying side effects, and only stops heavy bleeding while you take the drug.

Surgery

The two most common operations for heavy bleeding are a D&C or a hysterectomy.

D&C: A D&C is a common treatment for heavy periods. If you have heavy bleeding because of small fibroids or polyps (growths) inside your uterus, the D&C may cure the problem.

A D&C is not helpful if you have heavy bleeding because your hormones are out of balance. Your next two periods will probably be lighter, but by your third period you will bleed as heavily as before.

There is more information about D&C on page 123.

Hysterectomy: If you have a hysterectomy you will have your uterus taken out. Sometimes hysterectomy is the only answer to heavy bleeding. The doctor may not be able to explain why you have heavy bleeding. You may have tried many things and nothing helped. The bleeding may be very, very heavy and making you sick. You might be fed up with it all.

Some women feel better after having a hysterectomy. But, it is a drastic step for you to take. Make sure nothing else helps you before you decide to have a hysterectomy. If your doctor suggests this as a treatment for heavy bleeding, get a second opinion from another doctor.

If you have a hysterectomy for heavy bleeding, your doctor does not need to take your ovaries out with your uterus. Talk to her about this before the operation. The doctor may suggest taking out your ovaries if you are close to the age of menopause or past menopause. This is not necessary and

will make it harder for you to recover from the operation.

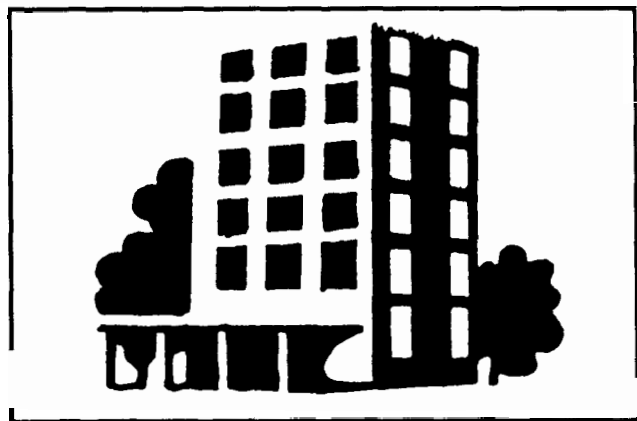
There is more information about hysterectomy on page 126.

EMERGENCY BLEEDING

Go and see a doctor right away if you have emergency bleeding. These are the signs of emergency bleeding:

- bleeding very heavily
- starting to feel weak or dizzy
- losing more than two cups of blood

There are many reasons why you could be bleeding. **See a doctor right away.**



From: SPARE RIB Aug '85

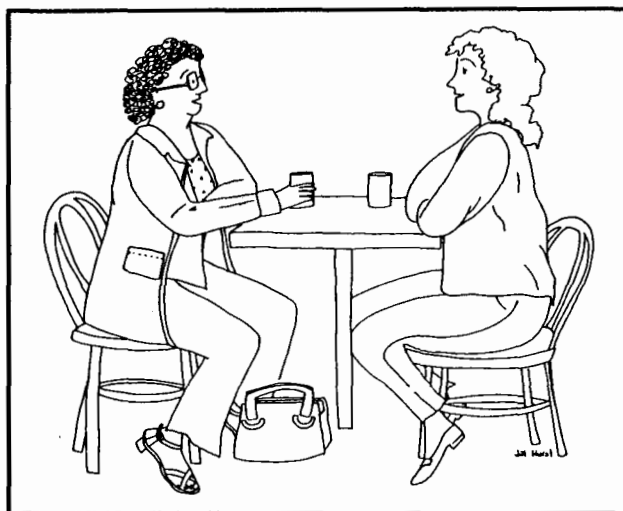
FIBROIDS

Fibroid are lumps that grow inside a woman's uterus. They are made of muscle much like the walls of her uterus.

Fibroids are very common. One out of every five women has at least one fibroid at some time in her life. You can only get them during the years you have periods. Women over 30 get them most often.

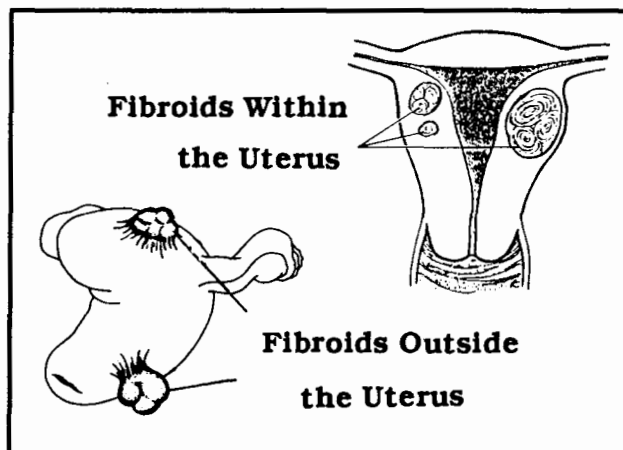
Some women worry that the lumps are cancer. Fibroids are not cancer. They don't spread to other parts of your body the way cancer can. In some rare cases older women can get cancerous fibroids. Less than one fibroid out of every thousand fibroids becomes cancer.

The size of fibroids can be anywhere from the size of a pea to that of a newborn baby. You may have one or you may have many of them. When there are many of them they can make your uterus feel like a lumpy potato.



Jill Hurst

Fibroids can grow either inside the lining of your uterus or on the outside of the lining. Some fibroids grow out from your uterus on a stalk.



WOMANCARE & MY BODY, MY HEALTH (see p. 2 for full credits)

Fibroids usually grow slowly.

What makes fibroids grow?

The hormone estrogen affects fibroids. Each time a woman has a menstrual cycle fibroids can grow a little larger. Birth control pills and other manufactured hormones also make fibroids grow. After menopause, fibroids often shrink or disappear. This is because women have less estrogen after menopause.

What problems can I have if I have fibroids?

Here are some of the common problems women have when they have fibroids:

Heavy Periods: A fibroid adds a lump inside your uterus. The lining of your uterus builds up during each menstrual cycle. This lining grows over the lump too. This can add to the amount of build-up of the lining you have each month. More build-up of lining can mean longer, heavier periods. You might also have big blood clots.

Pain: You may have bad pain during your period. You may also have pain at other times if the fibroids press against nerves or other organs.

If you have fibroids growing on a stalk and the stalk twists, blood can't get to

the fibroid. When this happens you may feel pain and a little blood may come out of your vagina.

Miscarriage: Some women have miscarriages because of fibroids. This is because the growing fetus cannot attach to your uterus where there's a fibroid growing. Often women with fibroids are able to have babies without any problems.

How can I tell if I have fibroids?

Some women have fibroids for years and don't have any problems. They only know they have them when they go to the doctor for a regular checkup. Other women have problems. Here are some of the serious symptoms:

- very heavy bleeding
- pain
- needing to pee a lot because the fibroid is pressing against your bladder
- difficult bowel movements because the fibroid is pressing against your colon
- problems with pregnancy

You will need to go to a doctor to be sure you have fibroids.

How can the doctor tell if I have fibroids?

The doctor will do a bi-manual exam to see if she can feel any fibroids. She may also suggest you have other tests.

Bi-Manual Exam: When the doctor or nurse does a bi-manual exam she puts one hand on your belly and one hand inside your vagina. She will be able to feel if you have fibroids. The bi-manual exam is explained on page 59.

Ultrasound: This is the best test for fibroids. The ultrasound shows a picture of your uterus and ovaries. You'll be able to see if you have any unusual lumps. There is more information about ultrasound on page 61.

Hysteroscopy: A hysteroscopy is a way for the doctor to look inside your uterus. You may have a hysteroscopy if you didn't get a clear picture from the ultrasound. This operation affects your body more than the ultrasound. Ask the doctor why you need this test. There is more information about hysteroscopy on page 63.

After you've had tests ask your doctor how many fibroids you have and how big they are. Find out where they are. You will need to have them checked regularly because they can keep growing.

Get another exam in six months. If the fibroids have not grown, then go again in a year. If they have grown, you may want to check them every six months.



Emma Haley in WORKING TOGETHER FOR CHANGE

What things can I do for myself?

Most women don't need any treatment. Most fibroids are small and don't cause serious health problems.

It's a good idea to have a "wait and see approach" and keep track of fibroids.

If you are near menopause you may not need any treatment. When you reach menopause, your body will stop making as much estrogen naturally. Then the fibroids will stop growing.

There are things you can do to try to prevent fibroids from getting bigger. The following suggestions may help you if you are having problems from fibroids. They may also help you prevent fibroids from becoming a problem later.

Check to see if you have anaemia

If you have heavy periods and you feel tired you may not have enough iron in your blood. This is called anaemia. There is information about anemia on page 85.

Stop taking manufactured hormones

If you take birth control pills or hormone replacement therapy think about stopping. Often fibroids get smaller when women stop taking extra manufactured hormones.

Try to help your body make less estrogen

Fibroids are affected by the amount of estrogen in your blood. This is also true for other problems like heavy bleeding and endometriosis. You can try to lower the amount of estrogen on your blood.

The first step is to try to be as healthy as you can. Many of the ideas in the **Healthy Periods** chapter will help.

Some things make your body make more estrogen. You can try to cut down or eat less of these things:

- fats that are solid at room temperature
- animal fat in meats.
- sugar
- alcohol
- milk and other dairy products
- caffeine in coffee, tea, chocolate, and cola drinks

You also need to have regular bowel movements so extra hormones don't stay in your body. Estrogen is broken down in your liver and goes into your intestine. If you don't have a bowel movement very often the estrogen can go back into your body through the wall of your intestine. Try to eat foods that are high in fiber like vegetables and fruits, and whole grains. You might need to try a natural laxative, like flax, at some times.

The following supplements may also help:

B Vitamins: B vitamins help your liver break down estrogen so you have less estrogen in your blood. You could try a B-Complex pill. Follow the instructions on the bottle. Read the information about vitamins on page 32 before taking them.

FIBROIDS

Evening Primrose Oil, Blackcurrant Oil and Flaxseed Oil: These oils help balance some women's hormones. If you take Evening Primrose Oil or Blackcurrant Oil, you could try the amount suggested on the bottle. Or, you could try two tablespoons of Flaxseed Oil each day.

What medical treatments may the doctor suggest?

If the fibroids are causing you a lot of problems the doctor may suggest you have an operation. She may suggest you have a D&C, a myomectomy, or a hysterectomy. Myomectomy and hysterectomy are both major operations.

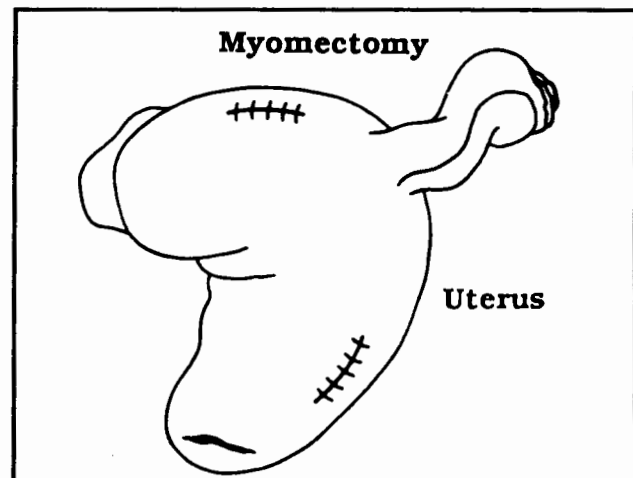
If your doctor suggests you have major surgery, ask to see another gynecologist for a second opinion. You only need surgery if the fibroids are causing you serious problems.

D&C: The doctor may suggest you have a D&C if you have heavy periods. A D&C is a minor operation. If you have small fibroids growing on stalks they may come out when you have the D&C. Unfortunately they often grow back. There is more information about D&C on page 123.

Myomectomy: A myomectomy is a way to take out fibroids without taking out a woman's uterus. Often

surgeons will only do myomectomy for women who want to have children.

A myomectomy is a major operation. You will go to the hospital and have a general anesthetic. You will stay in the hospital for a few days. The surgeon will make a cut in your abdomen. She will take out the fibroids and leave your uterus in.



WOMANCARE (see p. 2 for full credits)

There are risks from any operation. You could have problems from the anaesthetic or infection from the surgery.

A myomectomy can cause more problems than a hysterectomy. Taking out fibroids can leave scars inside your uterus. This scarring can give you backaches, unusual bleeding from your uterus, and pain when you have intercourse. It can make you more likely to have a miscarriage if you get pregnant.

Most women who have fibroids taken out in a myomectomy are able to have babies. Sometimes the scars inside a woman's uterus make it hard for her cervix to open enough to let the baby come out. Some doctors encourage women who have had a myomectomy to have their baby by cesarean. Many women have gone against this advice. Their babies were born naturally, without a cesarean.

Occasionally women who have a myomectomy get fibroids again.

Hysterectomy: Hysterectomy is an easier operation for the doctor than myomectomy. When she takes out the fibroids she also takes your uterus and sometimes your ovaries too.

You don't need to have your ovaries taken out if you have fibroids. The problem is only in your uterus. Your ovaries can keep on making hormones after the hysterectomy. You will find it easier to recover from the operation if your ovaries are left in.

Many doctors suggest hysterectomy to women who are older or who do not want to have children. If you're getting near menopause you may not need this operation. Your body is making less estrogen. This usually shrinks fibroids naturally. For most women menopause happens sometime between the ages of 47 and 55.

There is more information about hysterectomy on page 126.

Experimental surgery: There are two new ways of taking out fibroids. These are called hysteroscopic resection and laser surgery. You can't get them done in B.C., Alberta or the Yukon but we thought you might find them interesting.

If you have a hysteroscopic resection the surgeon shaves off the fibroid from the inside of your uterus. You don't have a cut through the wall of your uterus. The doctor does the surgery with a hysteroscope, an instrument she puts through the opening in your cervix. This may be safer than myomectomy, but it is still being tested.

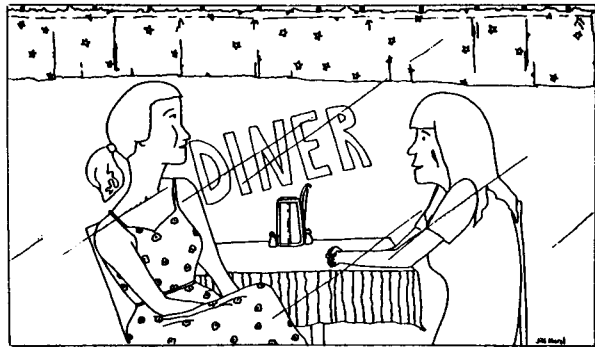
There is more information about laser surgery on page 135.

ENDOMETRIOSIS

Endometriosis is a condition which can cause pain and other health problems.

A special kind of tissue lines the inside of your uterus. It is called the endometrium. During each menstrual cycle your endometrium builds up a thick lining. At the end of each cycle it breaks down and bleeds. This is your period. Hormones bring messages to the lining telling it when to build up and when to break down.

Usually this special tissue is only found inside your uterus. If you have endometriosis, bits of the same tissue are found outside your uterus. They are usually found in a woman's pelvic area. These bits of tissue act like the



Jill Hurst

tissue inside your uterus. They are affected by the hormones in your blood and bleed each month when you have your period. The blood has nowhere to go. It causes irritation inside your lower belly. You can get swelling, pain and scar tissue from the irritation.

Scar tissue can build up around your ovaries, tubes, uterus, bladder, bowel, or rectum. Your organs can get stuck together with scar tissue. It may cause pain and other health problems.

What causes endometriosis?

No one knows for sure why some women get endometriosis. Here are some of the ideas why you may have endometriosis:

- You are born with bits of endometrium outside your uterus.
- When you have your period some of your flow backs up through your tubes and grows in your abdomen.
- It may be caused when you have an operation in your lower belly. The surgeon may accidentally spread some of the tissue from your uterus to other parts of your abdomen.
- You may have a problem with your immune system or a problem with your hormones. One problem may be that your body has too much estrogen.

How can I tell if I have endometriosis?

There are some common symptoms that women with endometriosis have. No one with endometriosis has all of the symptoms. If you have some of these symptoms you may have endometriosis. The only way you can

know for sure is by going to the doctor and then having a laparoscopy.

You might have really bad pain from endometriosis. The pain may be during your period, after your period, or all month long. You might have dull aches, sharp, stabbing pain or a stinging pain. You might also have painful bowel movements or pain when a finger or penis is put into your vagina. Some women have such bad pain from endometriosis that they cannot do anything. Other women can get on okay.



From: THE HISTORY OF SHOCK TREATMENT

Many women who have endometriosis have trouble getting pregnant. No one knows exactly why endometriosis makes some women infertile. Many other women have endometriosis and have children. Women with endometriosis also often have miscarriages.

ENDOMETRIOSIS

You might also have some of these other problems:

- feeling sick
- diarrhea
- constipation
- gas and bloating
- heavy bleeding during your period
- bleeding that isn't normal
- blood clots during your period
- strong ups and downs in your moods
- feeling tired
- premenstrual changes
- low body temperature

How can the doctor tell if I have endometriosis?

When you go to the doctor she should ask you what your symptoms are and listen carefully to your answer. She should do a bi-manual exam and a rectal exam. The only way she can know for sure that you have endometriosis is by doing a laparoscopy. There is more information about all these tests in this section.

Many women with period problems have endometriosis. Doctors and nurses don't know very much about it. Often doctors confuse endometriosis with painful periods, fibroids, appendicitis, and an infection in your tubes and uterus called P.I.D. Women with all these conditions have some of the same problems. Doctors don't always listen to women carefully and figure out which condition is causing their problems. Sometimes it takes years for a woman to know for sure that she has endometriosis.

Bi-manual exam

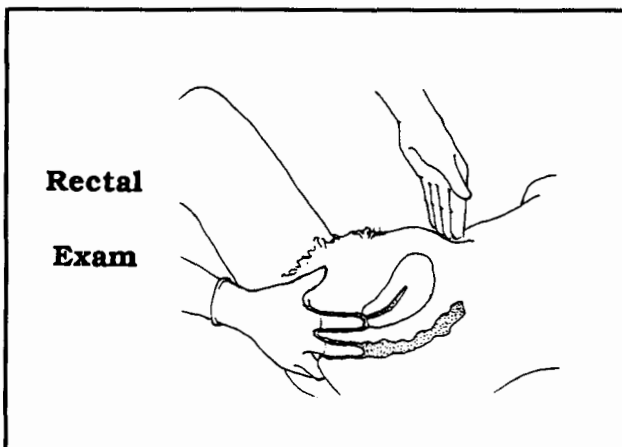
The doctor will do a a bi-manual exam to feel your uterus, tubes and ovaries. There is information about bi-manual exam on page 59.

After the bi-manual exam she'll tell you what she feels in your abdomen. The two of you can talk about how what she feels is connected to your problems.

It's a good idea to get a bi-manual exam when you are feeling some symptoms. This might make the exam painful, but the doctor or nurse might be able to feel exactly what's going on in your pelvis.

Rectal exam

If you have pain when you have bowel movements or near your rectum then the doctor will do a rectal exam. After the pelvic exam, she'll put on clean plastic gloves. She will put her middle finger into your rectum and her index finger into your vagina. She'll press down on your abdomen with her other hand.



Debbie Bryant

Laparoscopy

The doctor can't know for sure if you have endometriosis until she looks inside you. If she thinks that you may have endometriosis, she will suggest you have a laparoscopy. There is information about laparoscopy on page 124.

It's best to have a laparoscopy before you have treatment for endometriosis. You won't know for sure that you have endometriosis unless you have this operation. You could get treated for the wrong problem.

Doctors sometimes have different opinions about the results of a laparoscopy. You can talk to a second doctor about the results. She will read the laparoscopy report from the first doctor and do a bi-manual exam. Ask her these questions:

- What do you think of the report?
- Is it easy to tell exactly where I have scar tissue?
- What treatment do you suggest?

What can help me deal with endometriosis?

Support

Having a lot of pain is hard. Women with endometriosis need help and understanding from partners, family, friends and employers and unions. Some women get depressed from endometriosis especially if they are in severe pain. Being alone or not telling people how awful you feel can make you feel worse. Talking to friends and family or other women who have it can help. Many women find it helpful to find out more about endometriosis.

ENDOMETRIOSIS

One place to get more information is the Endometriosis Association. Anyone can join. It costs \$15.00 U.S. a year. When you join, you get a regular newsletter. You can also get names of other women with endometriosis to write or talk to.

The Endometriosis Association
US— Canadian Headquarters
P.O. Box 92187
Milwaukee, Wisconsin 533202

telephone: (414) 962-8972

Coping with the pain

There is information on painful periods and how to cope with pain on page 67.

Natural Hormone Changes

Pregnancy: Sometimes doctors suggest that women with endometriosis get pregnant. There are two reasons for this suggestion. One is that your symptoms may go away when you are pregnant. The other is that endometriosis can cause infertility. Your doctor may suggest that you get pregnant soon if you want to have children. It may be harder to get pregnant after a few years if your endometriosis gets worse.

Pregnancy is not a cure for endometriosis. Sometimes women feel better while they are pregnant and for a few months afterwards. Sometimes the endometriosis stays the same or gets worse. It's not worth getting

pregnant just because you have endometriosis. You need to be sure that you want a baby and are able to take care of it.

Menopause: Problems of endometriosis often stop when women go through menopause and their periods stop. This is especially true for women whose symptoms are strongest during or just after their periods. If you are getting close to menopause, you may want to wait and see whether you feel better. Most women reach menopause by around age 50. There is information about menopause on page 26.

What things can I try for myself?

Here are some of the things which have helped women. You can try these things on their own or you can try them at the same time as you use medical treatments.

Food

Try the suggestions in the **Healthy Periods** chapter on page 29.

Some foods tell your body to make more estrogen than you need. You can try to cut down or stop eating these foods. Taking extra B vitamins or Evening Primrose Oil or Blackcurrant Oil also helps some women. There is more information about ways to cut down on the amount of estrogen in your blood on page 93.

See a naturopath

See page 36.

Acupuncture

See page 37.



From: TAPESTRY, Fall, 1987

What medical treatments may the doctor suggest?

Doctors usually suggest you have minor surgery during a laparoscopy or take manufactured hormones as a first step. If these treatments don't help, they suggest major surgery. Sometimes women take hormones for several months before surgery because the hormones may shrink or dry up the endometriosis. This makes the surgery easier.

Manufactured Hormones

The most common treatment for endometriosis is a hormone called Danazol. Some doctors suggest either the birth control pill or Provera. Many people are concerned about the use of manufactured hormones. There is more information these drugs on page 116.

None of these drugs cure endometriosis. The endometriosis often comes back when a woman stops using the drug.

Danazol:

Danazol is a manufactured male hormone. Danazol changes your cycle so it's somewhat like it would be if you were going through menopause. When you take it you don't ovulate or have periods. The bits of uterine lining in other parts of your body don't bleed either. Without the monthly bleeding your symptoms should disappear.

Many women feel better when they take Danazol, but some don't. Some women's symptoms don't come back after taking Danazol. Many women's symptoms came back within a year to a year and a half.

There is more information about Danazol and a list of its side effects on page 120.

ENDOMETRIOSIS

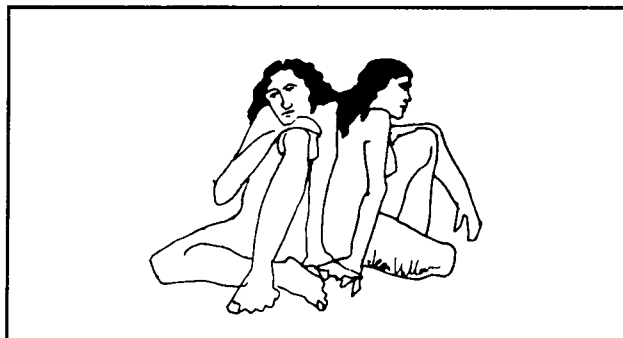
Birth Control Pill:

The birth control pill helps some women who have mild endometriosis. It is a combination of manufactured estrogen and progesterone. It stops your body from ovulating.

The birth control pill may lessen your symptoms and stop your endometriosis from getting worse for a while. For most women the symptoms start again as soon as they stop taking it.

Some women prefer the pill to Danazol because it has less annoying side affects. However, with the pill there is more of a risk of developing heart disease or a stroke than with Danazol. These side effects are rare, but they are more dangerous than the known side effects of taking Danazol. It's not safe for some women to take the pill.

There is more information about the pill on page 119.



From: ISIS, Vol. 21

Provera:

Provera is manufactured progesterone. Women who have endometriosis and fibroids sometimes take this drug. They use it because their fibroids would grow if they took manufactured estrogen.

There is more information about Provera on page 121.

LHRH, Buserelin or Nafarelin:

A drug called LHRH, Buserelin, or Nafarelin is being used by research doctors for endometriosis. When a woman takes this drug it makes her body act as though her ovaries were taken out.

No one knows if this drug hurts your body in the long run. Research doctors think that LHRH has fewer side effects than Danazol. The side effects are also different than Danazol. Women get problems similar to sudden menopause. There is information on these problems on page 129. Menopause from drugs is usually more of a problem than natural menopause.

If you are having intercourse use methods of birth control other than the birth control pill while you take this drug.

Surgery

Gynecologists generally do three types of surgery to treat endometriosis. They may suggest you have a laparoscopy, a laparotomy or a hysterectomy.

If you need surgery, try to find out if your doctor is experienced at doing this kind of surgery. If not, she may be able to refer you to a specialist with more experience.



Jackson Beardy

Laparoscopy or Laparotomy:

If you have a laparoscopy or a laparotomy the surgeon either burns off or takes out the extra material or scar tissue in your pelvic area. Sometimes organs like your uterus and bowel can become stuck to each other by the scar tissue. The surgeon separates these organs. She doesn't take out any of your organs.

You might be asked to take Danazol for two to six months before you have surgery. This is supposed to help "dry" up the extra tissue so that the surgeon can cut it away more easily.

If you don't have much scarring you will have a laparoscopy. If you have a lot of scarring you will have a laparotomy.

A laparoscopy is a minor operation. It is described on page 124.

A laparotomy is a major operation done in a hospital. You will have a general anaesthetic to block the pain.

The doctor will make a cut just above your pubic hair. Then she will take out any bits of endometriosis or scar tissue. She will separate your organs if it's necessary.

There are risks with any surgery. You could have problems from the anaesthetic or infection from the surgery.

After the operation you may have some pain, numbness in your abdomen, and bleeding from your vagina. You will stay in the hospital about five days. When you go home you will need to rest. After two weeks you can start doing moderate activity and have intercourse if you want to.

Some women have laparoscopies and laparotomies several times over many years.

A very few surgeons are using a new type of tool during surgery called lasers. They use the lasers to treat endometriosis. There is more information about laser surgery on page 135.

Hysterectomy:

If you have a hysterectomy the doctor takes out your uterus and possibly your ovaries too. There is information on hysterectomy on page 126.

Hysterectomy is a much more serious operation than a laparoscopy or laparotomy. A hysterectomy is easier for a surgeon to do than a laparoscopy or laparotomy to take out scars and bits of endometriosis. Often surgeons suggest hysterectomy to women who are older or who do not want any children. You may want to try a laparoscopy or laparotomy before having a hysterectomy. If your doctor doesn't suggest this, talk to another doctor.

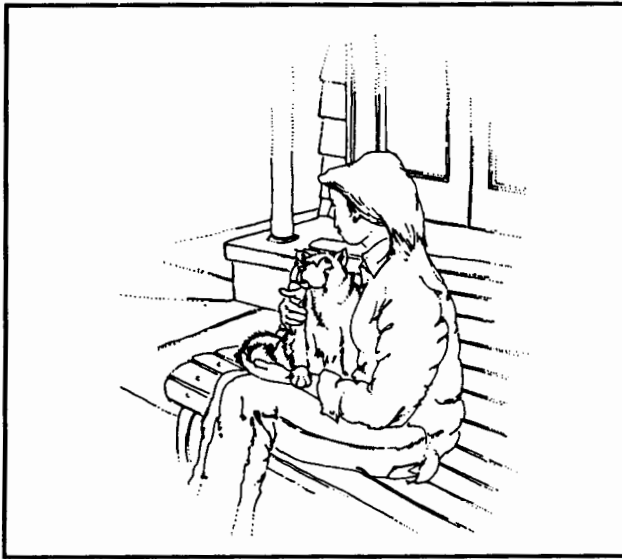
Many women with really bad pain choose hysterectomy. They want to be free of the disease. For a few of these women the endometriosis comes back after several years even if the woman has had her ovaries out. Some women say that surgical menopause feels almost as bad as endometriosis. Others are free of pain and problems.

If you have a hysterectomy with your ovaries out, you'll need to decide whether to take manufactured hormones after you have the operation.

The Endometriosis Society recommends you wait three to six months after the hysterectomy and then take a **low** dose of estrogen each day. A low dose of estrogen is between .3 milligrams and .625 milligrams a day. A low dose is not 1.25 or 2.5 milligram tablets. This is suggested in case you have any endometriosis bits left in other parts of your body after the operation. Manufactured estrogen would give them the message to grow.

If you decide not to take hormones see page 133. There are suggestions there which you may find helpful. If you're not sure whether to take estrogen, try these ideas during the first three months after the operation. You will be able to decide whether you can do without the estrogen.

If you're considering not taking estrogen, let your doctor know before the operation. Some doctors give a woman a shot of estrogen when they take her ovaries out. Let your doctor know if you don't want this.



Source Unknown

What treatment should I try?

There is no one treatment that works for all women with endometriosis. There is no known cure for endometriosis. For some women one thing works quickly. Other women spend years trying different treatments. You may find it frustrating searching for the best treatment. Some women just learn to cope with having endometriosis.

Try to get opinions from more than one doctor if it's possible where you live. They may suggest different treatments. This would give you some choice about what to do. You might think that one was better for you.

Here are some things to think about when you are making your choice:

- Treatments usually work best for mild endometriosis. If you wait and don't do anything, there's a possibility your endometriosis could get worse.
- There are concerns about the side effects and long term risks of taking hormones. It might be safer to have a minor operation like a laparoscopy than to take hormones.
- Your symptoms should go away on their own when you go through menopause. You may want to avoid strong treatments if you are getting close to menopause.
- If you want to get pregnant later on, talk to your doctor about what treatments may help to prevent infertility. You can ask your doctor to refer you to a doctor who is a fertility specialist.

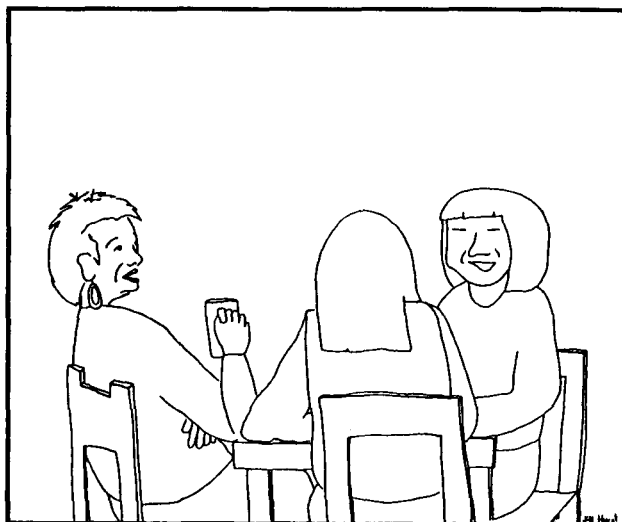
PREMENSTRUAL SYNDROME (PMS)

Many women notice changes during the two weeks or so before their periods begin. Some women notice changes for as long as two weeks, from the time they ovulate until their period starts. Other women only notice changes for a day or two each menstrual cycle.

Here are some examples of the different changes women notice:

- Barbara notices that her breasts get sore and she feels a little bloated.
- Joy sometimes feels like crying and wants to be alone.
- Harjit feels more like singing or dancing. She feels more creative and sensitive.
- Sally gets headaches and sometimes feels so angry she wants to get rid of her husband and children.

Some of the changes are pleasant. Harjit enjoys feeling more creative. Joy likes being alone, if she can get someone else to take care of her children.



Jill Hurst

For some women, like Sally, the changes are a problem. Changes that are a problem are called Premenstrual Syndrome or PMS.

Women report up to 150 different premenstrual changes. Some of the common changes are bloating, sore breasts, headaches, crabbiness, worrying, tension, crying, depression, anger, a feeling of losing control, being tired, and cravings for sweet or salty foods or alcohol.

PMS is just starting to be talked about. In the past if a woman went to the doctor and said she had premenstrual changes the doctor might have told her she was imagining it. Some doctors still say that. Many doctors are now learning and talking about PMS. Some of them suggest the same natural treatments that are in this book. Other doctors call PMS a disease and treat women with strong drugs and hormones.

Many people don't think PMS is a disease. They think the changes are natural, like menopause or childbirth. They worry that some of the drugs and hormones women are being given aren't healthy. There is more information about this in this chapter.

How can I tell if I have PMS?

There is no test you can take to tell you whether you have PMS. PMS changes happen in the two weeks before your period begins. They don't need to be exactly the same each cycle. They should go away or become

much less of a problem after you've had your period.

One way you can tell is by filling out the menstrual chart on page 46. Keep the chart for at least three months. Once you've filled it out look for patterns. Look for things that happen fairly regularly in the two weeks before your period. The changes don't need to happen every cycle but they need to happen most cycles for you to be sure they are PMS.

Filling out the chart may show you changes that you hadn't known were connected to your cycle.

* Sample *

| MENSTRUAL CHART | | |
|----------------------------|--------------------------------|-----------------------------|
| FIRST MONTH | SECOND MONTH | THIRD MONTH |
| 1 period (heavy & painful) | 1 period (heavy & painful) | 1 period (heavy & painful) |
| 2 period - heavy | 2 period - heavy & painful | 2 period - heavy |
| 3 period - average | 3 period - average | 3 period - average |
| 4 period - light | 4 period - light | 4 period - light |
| 5 period - light | 5 period - light | 5 period - light |
| 6 energetic | 6 | 6 period - light |
| 7 enjoyed exercise | 7 | 7 energetic |
| 8 | 8 enjoyed time with the kids | 8 |
| 9 angry at boss | 9 | 9 enjoyed going for a walk |
| 10 tired | 10 energetic | 10 angry at the kids |
| 11 | 11 | 11 |
| 12 | 12 moody | 12 |
| 13 tired | 13 pain in abdomen | 13 pain in abdomen |
| 14 enjoyed exercise | 14 | 14 |
| 15 enjoyed the kids | 15 | 15 cranky |
| 16 | 16 coordinated | 16 enjoyed time with kids |
| 17 angry at boss | 17 enjoyed a walk | 17 |
| 18 | 18 | 18 feeling a little down |
| 19 | 19 | 19 enjoyed time with kids |
| 20 tired | 20 angry at boss | 20 |
| 21 | 21 moody | 21 |
| 22 | 22 | 22 enjoyed going for a walk |
| 23 tired | 23 enjoyed time alone | 23 |
| 24 tired | 24 enjoyed a walk | 24 tired |
| 25 moody | 25 | 25 enjoyed doing crafts |
| 26 went on holiday! | 26 | 26 tired at work |
| 27 bloated | 27 bloated cranky | 27 bloated |
| 28 bloated yelled at kids | 28 bloated enjoyed being alone | 28 bloated yelled at kids |
| 29 bloated | 29 bloated | 29 bloated |
| 30 | 30 bloated yelled at kids | 30 |
| 31 | 31 | 31 |
| 32 | 32 | 32 |
| 33 | 33 | 33 |
| 34 | 34 | 34 |
| 35 | 35 | 35 |
| 36 | 36 | 36 |

What causes PMS?

There is no one cause of PMS. There are many ideas about what may cause PMS, but none of them are true for all women with PMS. It seems that different things cause PMS in different women.

Here are some of the ideas about what causes PMS:

Hormonal Imbalances: You may have PMS if your hormones are out of balance. This can be caused by what you eat, whether you're getting enough sleep and exercise, how you're feeling, and what drugs you're taking.

Some doctors think that PMS is caused by women not having the right amounts of estrogen and progesterone. The most popular idea is that women don't have enough of the hormone progesterone during their premenstrual time. There is no proof that this is true. Women with PMS who have had their hormones tested have no less progesterone than women who don't have PMS.

Not enough prostaglandins: Prostaglandins are chemicals in your body that are a lot like hormones. Some people think that women who don't have enough of one of the prostaglandins have PMS.

Not enough vitamins and minerals: Taking vitamin and mineral pills makes some women feel much better. This makes people think that some women need more vitamins and minerals during the premenstrual time.

Stopping the birth control pill: You may notice more premenstrual changes when you stop taking the pill. This could happen for two reasons. It could be that premenstrual changes are part of your natural cycle which the pill covered up. Or, it might be that the pill disrupted your cycle and you'll have PMS while your hormones find their own natural cycle.

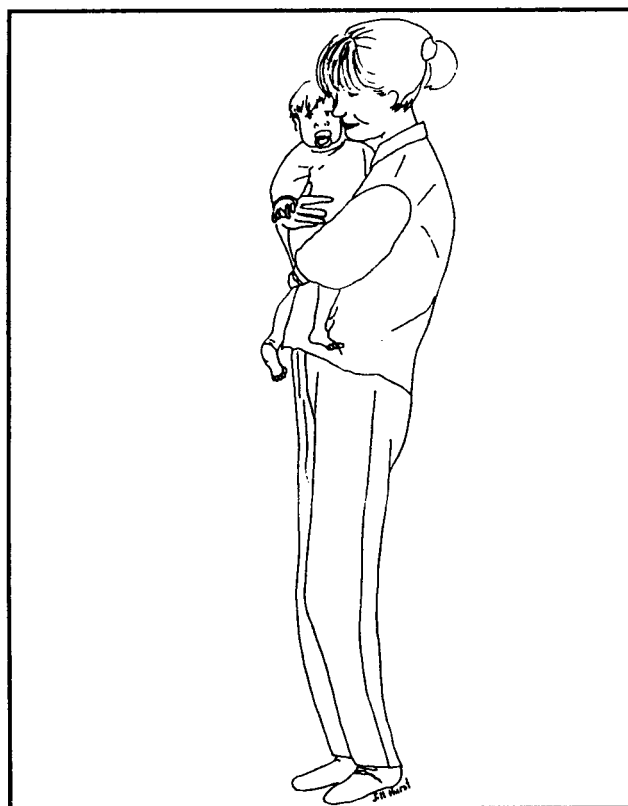
Tubal Ligation: Tubal ligation or "having your tubes tied" is a form of sterilization. Some women start to have PMS after having a tubal ligation. Sometimes these changes happen because a woman has just stopped taking the pill, not because of the tubal ligation. Other women have these changes because of the tubal ligation.

Hysterectomy: A hysterectomy is an operation to take out your uterus. After a hysterectomy you don't have periods anymore. If your ovaries are left in your hormones still go through a cycle. Many women are surprised that they still have premenstrual changes after having a hysterectomy.

Stress: You may notice more premenstrual changes when you're under a lot of stress. Or, you may notice the same changes but find them more of a problem.

Aging: Many women notice premenstrual changes are more of a problem as they get older.

Childbirth: Some women start having PMS after having a baby. This could be because of hormonal changes that happened while they were pregnant. Or, it could be because of the extra stress they have caring for the baby. Some women notice more premenstrual changes after each new child.



Jill Hurst

What things can I do for myself?

We're going to list many ways of making PMS less of a problem. They're all ways of balancing your menstrual cycle. It's too bad there isn't one simple treatment.

You may want to begin by doing one thing and seeing if it helps. Keep charting your menstrual cycle and pay attention to how you feel. After a few months you can try something else. If the first thing is helping, but you still have problems, you can add another treatment. If it isn't helping, stop and try something new. It may take a while to find what works for you.

Food

What you eat is extremely important in treating PMS. Try the ideas about food in the **Healthy Periods** chapter on page 29. Eating well may help lessen many of your premenstrual changes.

Many women feel better when they eat several light meals rather than three large meals.

If you bloat, cut down on salt and caffeine. Eat foods that are high in potassium. They are listed on page 33.

PREMENSTRUAL SYNDROME (PMS)

Drink a lot of liquids. It's important to drink the right things. Try to drink lots of water, herbal teas and juice that doesn't have extra sugar added. Avoid tea, coffee, pop and alcohol.

Some women crave alcohol more and are more affected by it when they are premenstrual. Alcohol robs your body of some vitamins and minerals. Your body is more sensitive to alcohol before your period. It's easy to drink too much. Some women report that their problems with alcohol abuse began in their premenstrual time.



Terri Robertson in HEALTHSHARING, Fall, 1987

Herbal Teas

You may find drinking certain herbal teas helpful if you bloat. You could try dandelion, camomile, spearmint, and raspberry leaf teas. There is more information about herbal teas on page 34.

Vitamin and minerals

Many women find vitamins helpful. Before you take vitamins and minerals read the information about them on page 32.

Here is a list of some of the vitamins and minerals that can help PMS:

B Complex and B6: B Vitamins help to balance your hormones. They may be helpful if you have sore breasts or headaches or if you feel moody, tired, or depressed. Vitamin B6 is the most helpful B Vitamin for treating PMS. It must be taken with a B Complex vitamin for it to be useful.

You could start with 50 milligrams of B6 each day at the same time as you take a B Complex Vitamin. Slowly take more each day until you are taking 250 milligrams a day. It's important not to take too much Vitamin B6. If you take too much you may feel sick or dizzy. If this happens cut down the amount you are taking right away.

Magnesium: Magnesium helps your body use other vitamins and minerals. If you're not getting enough magnesium you may have more premenstrual changes. You may cry more easily.

You could try 250 milligrams of magnesium each day all month. If you're taking it to help you stop crying don't take calcium at the same time.

Zinc: Zinc helps your body make one of the prostaglandins. If you don't have enough zinc you may have headaches, or feel cranky, depressed, or nervous during your premenstrual time.

You could try 15-25 milligrams. It will be most useful if you take calcium and magnesium at the same time.

Evening Primrose Oil, Blackcurrant Oil and Flaxseed Oil: These oils help your body make prostaglandins. Many women who take them find that their PMS either goes away or becomes much less of a problem.

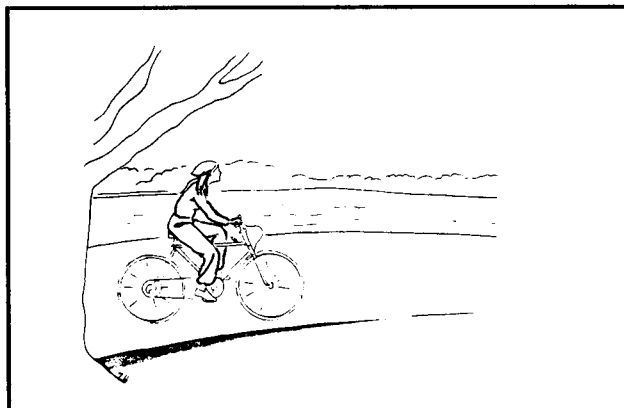
You could try taking Evening Primrose Oil or Blackcurrant Oil in the following way. Start on the fourth day of your menstrual cycle. That's the fourth day after your period starts. Take one capsule a day until the 11th day of your cycle. On the 12th day start taking two capsules each day. Do this until the 19th day of your cycle. On the 20th day start taking three capsules each day. Do this until your period begins. You probably need to take this much for the oil to work. Taking less may just be a waste of money.

You could also try taking two tablespoons of Flaxseed Oil each day of your cycle. It is cheaper. You may want to try Flaxseed Oil first.

Exercise

Regular exercise helps lessen premenstrual changes. Many women say that exercise helps them more than anything else.

There is information about exercise page 34.



Emma Haley in WORKING TOGETHER FOR CHANGE

Stress

Many women find that their premenstrual changes are more of a problem when they are under a lot of stress.

There is information about stress on page 40.

Allergies

For some women treating allergies is a tremendous help. There is information about allergies on page 36.

Candida

Women who have candida have a lot of yeast growing in their intestines. Some women have less premenstrual changes when they treat their candida. A good book to read about Candida is **The Yeast Connection** by William Crook.

Other things that help

Baths: Warm baths can help relax your muscles, calm you down, and help you feel less bloated. When it's possible many women enjoy shutting the bathroom door and spending quiet time alone.

Orgasm: Having an orgasm or "coming", either alone or with a partner, may release the tension in your pelvic area and help you feel better.

Massage, Shiatsu and Acupuncture: Massage can help your blood flow through your body, make you feel less tense, and help you bloat less. Shiatsu and Acupuncture are special treatments which are sometimes helpful for women with PMS. There is more information about all these treatments on page 37.

Support

Sally takes care of her four children, cleans the house, does the washing, cooks the meals, has a part time job, and listens to her husband when he comes home after looking for work. Sally finds her life difficult but usually she manages. It's harder to manage when she's premenstrual. Sometimes she gets frustrated and wants to hit her children or leave her husband.

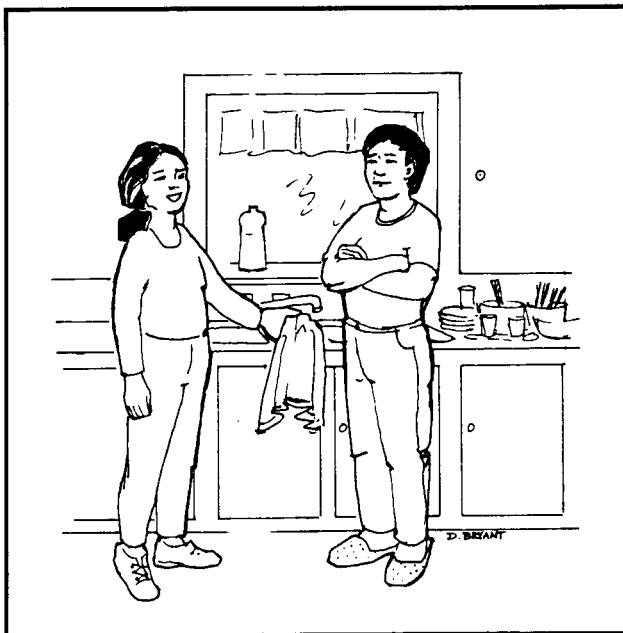
Rachel has been looking for work for two years. She's a single parent living on welfare. During the week before her period she craves sweet foods and alcohol. Sometimes she drinks too much and then feels really bad.

The changes going on in your body before your period can affect your emotions. Many women feel more sensitive. Being sensitive can make you more aware of things which are frustrating or ways you're not getting the help or support you need. If you think about it, probably the things that bother you when you're premenstrual are things that bother you all the time.

Frustrations or feelings don't come out of hormonal changes. They come out of very real needs. Many women feel their frustration most strongly before their period.

Sally and Rachel both need support. It is difficult to do all that they are doing without any help. It can be hard to get the support you need. There are ideas about ways to get support in the **Healthy Periods** chapter on page 42.

Sally decided it wasn't fair that she was doing all the work around the house. Yelling at her husband and kids wasn't helping. She decided to talk to her husband. She told him he needed to do chores. He hadn't even noticed that she was doing all the work. He agreed to start helping.



Debbie Bryant

It took a long time before he really started helping. He just didn't see what needed to be done. Finally they made a list of his chores. Now he helps. Sally gets less frustrated and enjoys her family more.

Rachel decided she didn't want to drink anymore. She knew this would be hard for her to do. She thought about what would help her. She decided she wanted time to go for a walk away from her children every day, and go to Alcoholics Anonymous meetings. She asked her sister and neighbour if they would take care of her children for a half hour each day. They said they would. Now she's having some exercise and getting time alone each day. It's not easy. She still doesn't have a job and wishes she had more help but she's been able to stop drinking. She feels proud of herself.

What medical treatments may the doctor suggest?

Diuretics (Water pills): Many women take water pills for bloating. Water pills rob your body of minerals which help balance your menstrual cycle. They can make you have other premenstrual changes. Most women don't need water pills for PMS. You could try cutting down on salt and salty foods and drinking lots of water and herbal teas instead.

Tranquilizers and anti-depressants: Too many doctors are quick to give women drugs when they have strong feelings. If you are frustrated, angry, or depressed, it means that something is bothering you. Taking these drugs won't change your problems. It will just cover things up.

Progesterone: A lot of women are given manufactured or natural progesterone to treat their PMS. Progesterone hasn't been proven to work. Studies have shown that women who take progesterone don't feel any better than women who take fake pills.

Some of the immediate side effects women get are vaginal dryness or itching, yeast infections, migraine headaches, heavier periods, feeling depressed, and feeling less interested in sex. Natural source progesterone may make a woman have fewer side effects than manufactured progesterone. No one knows how progesterone will affect you later if you take it now. There is more information about manufactured hormones on page 116.

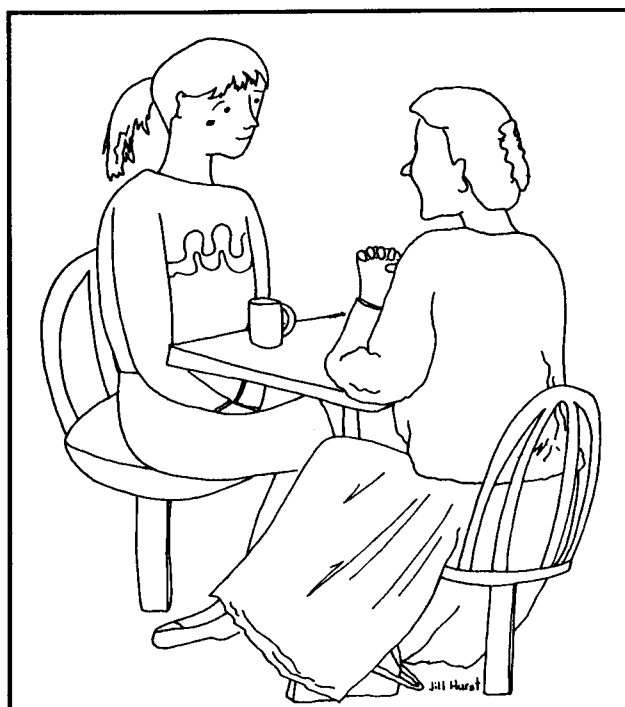


Deborah Kelley in SIDE EFFECTS

DRUG TREATMENTS

Try to find out as much as you can about medications before you take them. Ask the doctor and pharmacist these questions:

- What are the side effects and long term risks of taking this drug?
- Will the drug solve the problem for good, or will the problem return as soon as you stop taking the drug?
- How long does the doctor want you to take it for?
- Is this drug unsafe for people with specific health problems? If so, what problems?
- What is the smallest amount of the drug that could help your problem?
- If you are taking other medications ask: Is it safe to take these drugs at the same time?



Jill Hurst

There is information about drugs for specific problems in the chapters about those problems. This chapter has information about prescription anti-inflammatories and manufactured hormones. They are here because women take them for several of the problems talked about in this book.

PRESCRIPTION ANTI- INFLAMMATORIES

The common names for prescription anti-inflammatories are Ponstel, Motrin, Naprosyn, Anaprox, and Indocid. They stop your body from making as many of one of the prostaglandins. Prostaglandins are chemicals found in many parts of your body. One of the prostaglandins makes your uterus contract. They also affect how much you flow. Many women with painful or heavy periods find these drugs helpful.

If one brand of prescription anti-inflammatories doesn't work, you may want to try another. Different brands work in slightly different ways.

These drugs should always be taken with food or milk. You may get an upset stomach and diarrhea when you take these drugs. They make some women feel tired, dizzy, depressed or bloated.

It's best not to take prescription anti-inflammatories with aspirin. The prescription anti-inflammatory may not work as well if you take aspirin at the same time.

Are they safe?

No one knows how safe these drugs are for women who use them for a long time for period problems. So far they seem quite safe. They haven't been used long enough to study how they affect women who use them for many years.

Prescription anti-inflammatories are probably safer than most manufactured hormones because you only take them for a few days each month. They don't change your whole menstrual cycle the way manufactured hormones do.

Don't take these drugs if you are pregnant. They may harm your fetus. It's also best not to take them if you have a kidney problem or a problem with your digestive system.

MANUFACTURED HORMONES

Doctors often suggest women take manufactured hormones for problems with their periods. They sometimes suggest hormones for all the problems talked about in this book.

Manufactured hormones usually don't cure problems. Problems with periods usually come back when a woman stops taking hormones.

No one knows for sure how these drugs affect women's bodies in the long run. There is more about this in this chapter.

What are manufactured hormones?

Hormones are chemicals made by glands in your body.

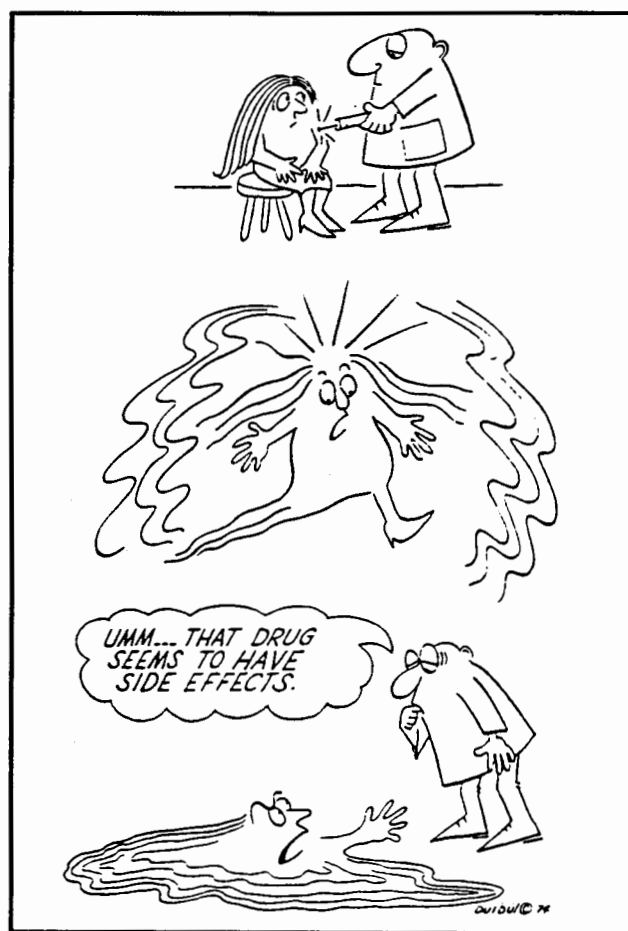
Manufactured hormones act much like the hormones your body makes naturally. They are not exactly the same as the hormones your body makes.

How do they work?

These drugs travel through your whole body in your blood. They affect your whole body and change your menstrual cycle.

Are they safe?

Most women have some side effects right away when they take manufactured hormones. There are also reasons to worry about the long-term side effects.



Bülbül

In the past women have been given hormones which turned out to have serious side effects. Many of these problems could have been avoided if drug companies had done careful research and made sure the drugs were safe before they sold them to women. The women didn't know the hormones could hurt them. Two examples of this are DES and the birth control pill.

DRUG TREATMENTS

DES is a kind of manufactured estrogen. Many women were given this drug between 1941 and 1971 to prevent them from having a miscarriage.

This drug affected both the women and their children. Many daughters born to women who took DES have changes in their cervix and/ or vagina because of the drug. Some have problems with their periods, miscarriages and other pregnancy problems, or have trouble getting pregnant. A few develop cancer in their vagina. Sons of these women sometimes have problems with their reproductive organs and problems being able to father a child. Women who took DES are more likely to get breast cancer.

When the birth control pill was first used it had much larger amounts of hormones in it than it does now. These pills caused serious health problems. Many women took the pill in those first years. When it became clear that the pill was causing problems the drug companies lowered the amounts of hormones in each pill. The birth control pill still makes women more likely to get serious health problems.

Sometimes women are given hormones for the wrong reasons. For example, a doctor in a small community in B.C. gave women the hormone Climacteron to "calm their nerves". This was a misuse of

hormones. This drug won't calm a woman's nerves.

Should I take hormones?

We suggest you try other, safer ways of treating your problem first.

If you have a minor problem, it doesn't make sense to take a drug which may make you have serious health problems in the future. But, you may want to take hormones if your problem is serious. You may decide it is worth the risk.

If you decide to take to take hormones ask your doctor and pharmacist the questions on page 115.

Never take hormones if you are pregnant. They can harm your fetus.



From: GETTING CLEAR

What manufactured hormones may the doctor suggest?

The hormones which the doctor will likely suggest for specific problems are listed in the chapters about those problems. This section has information about the hormones that are suggested for more than one problem.

The birth control pill

The pill is a combination of manufactured estrogen and progesterone. Hormones in the pill change your menstrual cycle. They stop you from ovulating.

The pill tells your body when to have a period. If you had irregular periods before taking the pill, they will probably be irregular when you stop taking it.

Here are some of the common side effects women get from taking the pill: feeling sick to your stomach, tender breasts, tiredness, vaginal infections, acne (pimples) or darkened skin on your face, bleeding between periods, gaining weight, less interest in sex, depression, anxiety, moodiness, and high blood pressure.

Taking the pill makes you more likely to have a stroke, clots, a heart attack, or high blood pressure. Most women on the pill don't get these health problems, but a few do.

It may also cause long-term problems that no one knows about yet.



Source Unknown

Don't use the pill if you are over 35, if you smoke, if you are breastfeeding, or if you have one of the following health problems: hepatitis, poor blood circulation, breast cancer or cancer of your reproductive organs, abnormal bleeding from your vagina, migraine headaches, high blood pressure, diabetes or someone in your family has diabetes, gallbladder problems, mononucleosis (Mono), or if your mother took DES when she was pregnant with you.

DRUG TREATMENTS

If you have one of these health problems, you probably shouldn't take the pill because it may be bad for you: asthma, periods that aren't regular, epilepsy, acne, varicose veins, depression, of you had hepatitis in the last year.

There are special concerns for young women taking the pill. If you are a young woman it will likely take a few years for your periods to become regular. Even if you have a period regularly, your hormones are probably not working the way that they will when you are older. If you take the pill at this time, it may take longer for your periods to become regular when you stop taking the pill.

The pill changes the way you use some vitamins. When you are on the pill you need more of vitamins B6, C and folic acid. Folic acid is a B vitamin. You also need more of these vitamins when you stop taking the pill, if you've been taking it for more than a few months.

Danazol

Danazol is a manufactured male hormone. Danazol changes your cycle so it's somewhat like it would be if you were going through menopause. When you take it you don't ovulate or have periods.

Here are some of the common side effects women get from taking Danazol: muscle cramps, gaining weight, acne (pimples), feeling sick, rashes, unwanted hair growth, deeper voice, smaller breasts, vaginal bleeding, and symptoms of menopause.

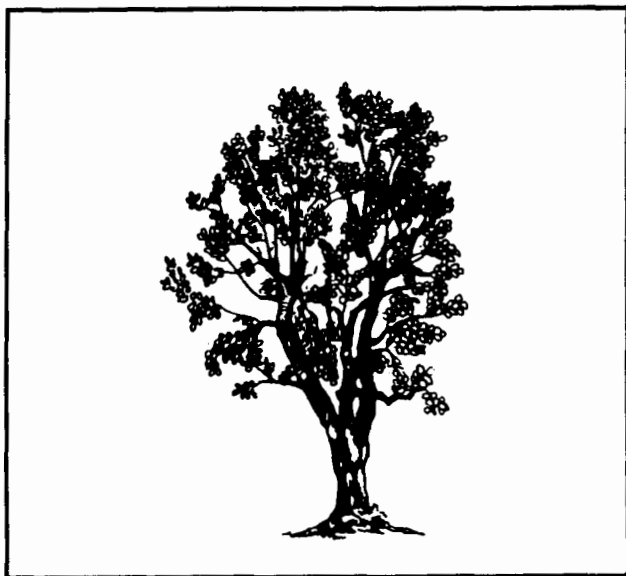
Sometimes these side effects do not go away after a woman stops taking Danazol.

Danazol is expensive. Usually women take it for three to nine months.

The long-term effects of taking Danazol haven't been studied enough yet. Taking Danazol is a risk.

Don't take Danazol if you have liver, kidney or heart disease. If you have unusual bleeding from your vagina, don't take Danazol unless you know what is causing the bleeding.

It's important not to use the birth control pill while you are taking Danazol. If you are having intercourse use one of the other methods of birth control. There is information about birth control on page 38.



From: ISIS

Provera

Provera is manufactured progesterone.

Some of the common side effects women get with Provera are: unusual menstrual bleeding, changes to their cervix or breasts, changes in weight, rashes and acne, depression and trouble sleeping.

Women who take Provera are more likely to have blood clots which can cause strokes. This doesn't happen to most women who take the drug, but it can happen.

Many people are concerned that Provera may cause breast cancer or cancer of the uterus. Not enough research has been done to know for sure.

Women's periods often take a long time to get regular after taking this drug. Some women are infertile for one to two years after taking Provera.

Women with certain health problems shouldn't take Provera. If you have had a stroke, blood clots, a brain hemorrhage, liver disease, or cancer, you shouldn't take Provera.

SURGICAL TREATMENTS

This chapter is about the common operations women have for problems with their periods.

If you have any of these operations you will have an anaesthetic. An anaesthetic blocks the pain of surgery. There are two main types of anaesthetics. If you have a general anaesthetic you go to sleep and wake up after the operation. If you have a local anaesthetic you are awake during the operation. The local anaesthetic blocks the feeling in your pelvic area.

Anytime you have an operation there are some risks. You could get an infection from the operation. You may also get side effects from the anaesthetic. This is more likely if you have a general anaesthetic. You may get headaches, dizziness, or feel sick to your stomach after the operation. Very rarely, people die or end up paralyzed from a general anaesthetic. This only happens to one out of 20,000 people who have a general anaesthetic.



From: TAPESTRY Spring '88

Some operations can be done with either a local or a general anaesthetic. A local is safer. You may prefer to have a local if you don't mind being awake. You won't feel so sick afterwards. It is safer than a general because it affects less of your body.

Make sure you need to have an operation before you agree to have one. If you have any concerns, get a second opinion from another doctor. This is a good idea anytime you have a major operation. If you live in a rural area, you may have to travel to see a second doctor.

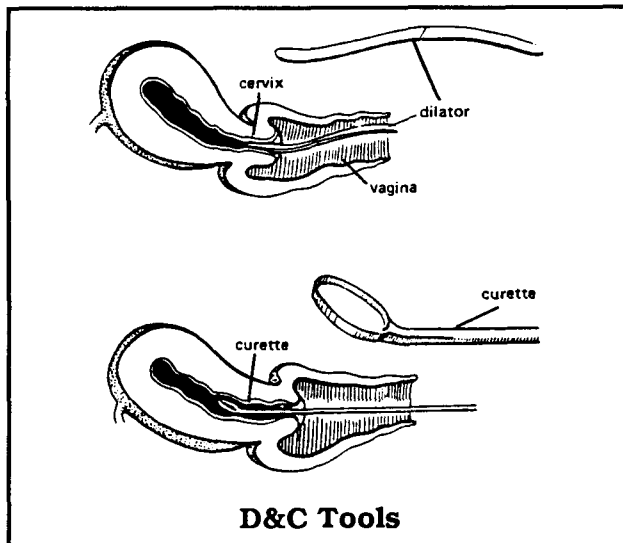
This chapter is about D&C, laparoscopy, and hysterectomy. These are operations women have for several of the problems in this book. There is information about other operations on the following pages:

- Myomectomy page 94.
- Laparotomy page 103.

D&C—DILATION AND CURETTAGE

Sometimes a woman will say that her uterus was “scraped” or “cleaned out”. These are two ways to explain a D&C.

D&C stands for dilation and curettage. Dilation means opening up. Curettage means scraping. When you have a D&C the doctor widens the opening of your cervix. Then she scrapes out the inside lining of your uterus.



Why is it done?

It is often used to check why a woman is having periods that aren't normal.

Sometimes the D&C is used as a treatment. For example, it sometimes helps women who have heavy periods.

There is more information about using D&C to treat heavy bleeding on page 88.

Doctors often suggest a D&C for older women, especially women who have already finished menopause, who have unusual bleeding. There is a slight chance you may have cancer in your uterus. After the D&C the doctor can do a test to see if you have cancer.

Young woman with irregular or heavy bleeding usually don't need to have a D&C. Their periods usually get more normal and regular with time.

Sometimes women who are bleeding heavily have a D&C as an emergency operation.

How is it done?

Most women have D&C's right after their period. This is to be sure that they aren't pregnant.

Most D&Cs are done as “day surgery”. You go to the hospital in the morning and leave the same day. You will be given either a local or a general anaesthetic.

The doctor stretches the opening of your uterus about half an inch. This lets her get a tool called a curette into your uterus. She uses the curette to loosen and scrape the lining of your uterus.

LAPAROSCOPY

How will I feel after the D&C?

You may have mild cramps. You may have some bleeding from your vagina and pass blood clots.

Is it safe?

A D&C is a common operation for women. Usually it's quite safe. A new lining will build up in your uterus during your next menstrual cycle.

If you have a fever, very heavy bleeding, unusual discharge or a lot of pain go to your doctor or hospital right away. You may have an infection or the doctor may have poked a hole in your uterus. This happens rarely.

A D&C can leave scars inside your uterus. This is more likely to happen if you have a D&C right after you have a baby. It can also weaken the opening of your cervix, called the os. This is more likely to happen if you have several D&C's. Both of these things are rare but they can make you more likely to have a miscarriage later on.

How do I take care of myself after the D&C?

Most women can return to their normal activities the day after they have a D&C.

You need to protect yourself from infection.

- Don't have a bath for a week. Have showers or sponge yourself clean.
- Don't put anything in your vagina for two weeks. Don't have intercourse. Use pads instead of tampons.

LAPAROSCOPY

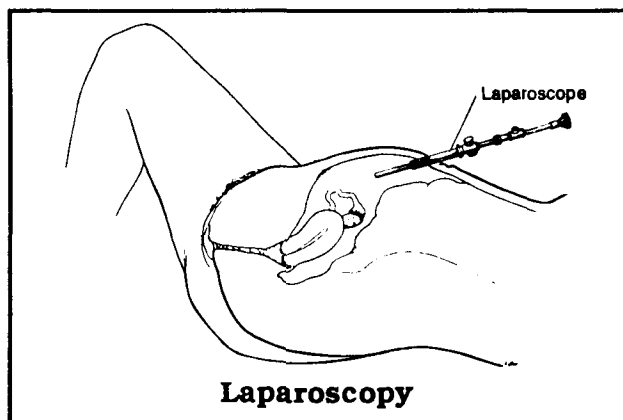
Laparoscopy is a minor operation that lets a surgeon see inside your belly. A laparoscopy can be used to tell what may be wrong with you. The doctor can also sometimes treat a problem that you have during a laparoscopy.

How is it done?

Laparoscopy is usually done in the hospital as "day surgery". You shouldn't need to stay overnight. You will be given either a local or a general anaesthetic. The surgeon can make one or two cuts to do the laparoscopy. This depends on the type of equipment she uses.

If you have two cuts, the surgeon makes a small cut below your belly button and another cut just above where your pubic hair starts. One cut is for looking with the laparoscope and the other for putting in operating tools. If you have just one cut, she puts the operating tools in with the laparoscope.

The surgeon blows up your abdomen with a harmless gas so she can see your organs clearly. She puts a thin laparoscope into your abdomen. The laparoscope is like a telescope. It has a light that helps her see inside your abdomen. She can see your uterus, tubes, bowel, bladder and other organs in your pelvis.



How will I feel after the laparoscopy?

You may be uncomfortable for a day. You could have cramps and/or pain and feel sick from the anaesthetic. Some women feel pain in their

shoulder from the gas that was used to blow up their abdomen.

Is it safe?

Most women don't have problems after having a laparoscopy. There are risks with any operation. Very rarely women have problems from the anaesthetic. Occasionally women get infections where they were cut or in their pelvic area. Rarely women bleed heavily inside. This can happen if the surgeon hurts one of your organs by mistake.

If you have heart or lung disease, are very fat, or have had other abdominal surgery, check with your surgeon to make sure laparoscopy is safe for you.

Some women can have several laparoscopies in one year without problems.

What can a laparoscopy tell me?

Your doctor may be able to see if you have lumps, scar tissue, endometriosis or anything unusual on the outside of your uterus and tubes.

The doctor looks at you and tries to figure out why you're having a problem. Sometimes she can easily see what's wrong. Other times it's hard to tell.

HYSTERECTOMY

A hysterectomy is an operation in which a doctor takes out a woman's uterus. When it's taken out she stops having periods. She can no longer get pregnant or have children. A hysterectomy is a common operation for endometriosis, fibroids, heavy bleeding and cancer.

Many people think that too many women get hysterectomies. A hysterectomy is a major operation. Some surgeons find it easier to take out a woman's uterus than to use other, more natural, ways of treating her problems.

Some doctors suggest hysterectomy to women as a way of getting sterilized at the same time as dealing with their period problem. This is an extreme treatment. You don't need to lose your uterus to get sterilized. Either a tubal ligation for a woman or a vasectomy for a man is much simpler and safer. If you are thinking about getting sterilized you can find more information in a book called **Avoiding Pregnancy**. See page 150.

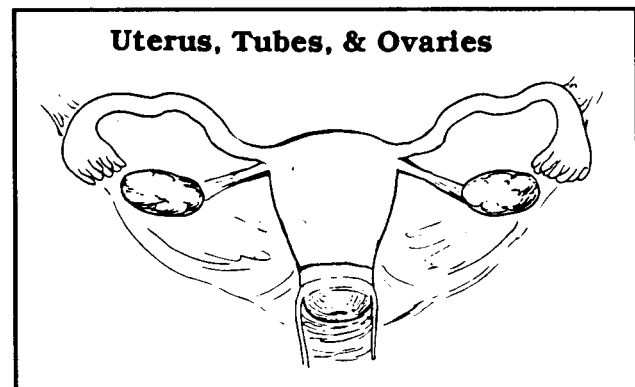
Sometimes doctors suggest taking out a women's uterus for period problems so that she won't get cancer later on. Very few women get cancer in their uterus or ovaries. It doesn't make

sense to take out healthy parts of a woman's body to prevent them from possibly getting unhealthy later. You don't need to have your uterus and ovaries out unless they are unhealthy.

A hysterectomy is sometimes done in an emergency for dangerously heavy bleeding.

Are all hysterectomies the same?

No. There are three types of hysterectomy. This is a picture of what your uterus and ovaries look like before a hysterectomy.

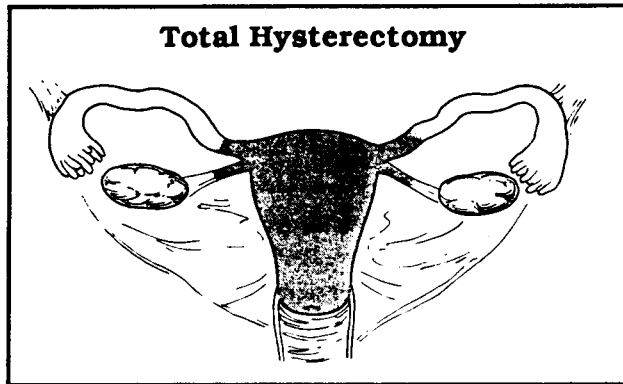


Uterus, Tubes, & Ovaries

MY BODY, MY HEALTH (see p. 2 for full credit)

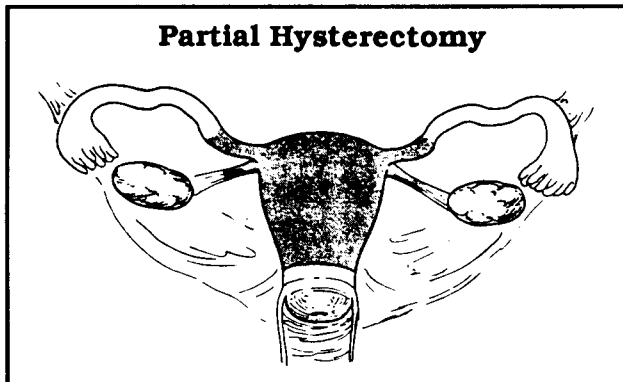
Make sure you know what your doctor plans to do if she suggests you have a hysterectomy. Ask her to draw you a picture.

Total hysterectomy: In this operation the doctor takes out a woman's uterus and cervix. This is the most common type of hysterectomy. The shaded part of the picture is the part she has taken out.



MY BODY, MY HEALTH (see p. 2 for full credit)

Partial hysterectomy: Women who have partial hysterectomies have their uterus taken out, but not their cervix.



MY BODY, MY HEALTH (see p. 2 for full credit)

Total hysterectomy with bilateral salpingo oophorectomy: In this operation a woman's ovaries and tubes are taken out with her uterus. Sometimes only one ovary is taken out.

There is a big difference between having only your uterus out and having your uterus and both ovaries out.

Your ovaries make hormones. If you keep your ovaries, your menopause will probably happen naturally. Natural menopause happens because your body gradually makes less estrogen. The changes usually happen over several years.

If your ovaries are taken out you will go into immediate menopause or surgical menopause. Surgical menopause happens suddenly. Your ovaries make a lot of estrogen so when they are taken out you have a lot of changes very quickly. It is usually harder to go through surgical menopause than natural menopause. You may need to take manufactured hormones. There is more information about manufactured hormones later in this section.

If the doctor suggests taking out your ovaries, ask her why you need this. Don't agree to have your ovaries out unless they are unhealthy.

If one ovary is unhealthy but the other one is fine you can insist that she leaves the healthy one in. As long as you have one ovary it keeps making hormones.

If you have had a hysterectomy, do you know what was taken out? Do you still have your ovaries? If you do not know, you can check back with your doctor or surgeon.

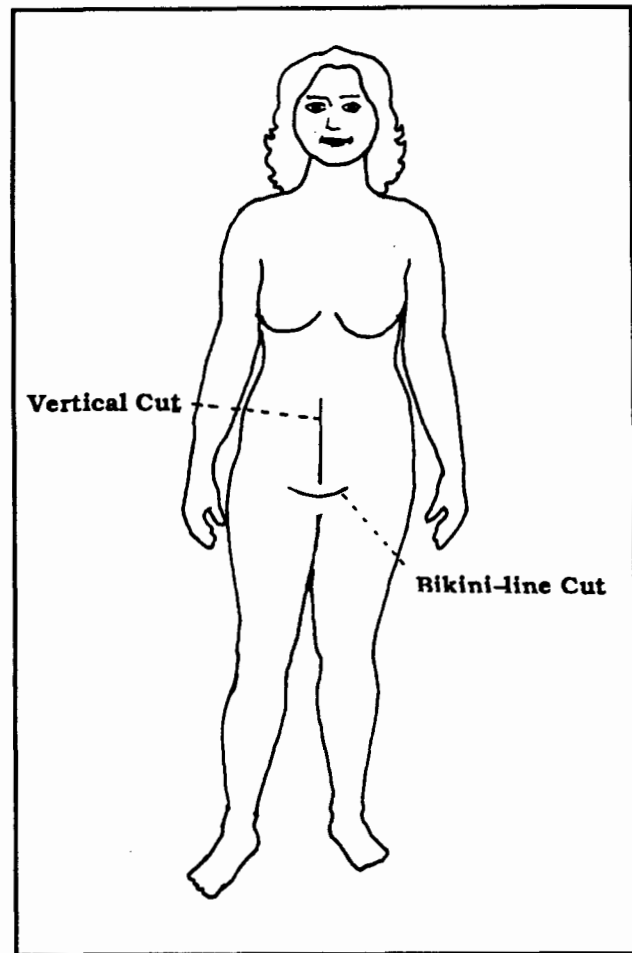
How is hysterectomy done?

A hysterectomy is a major operation done in the hospital. You will be given general anaesthetic. Most women stay in the hospital for about a week.

There are two ways hysterectomies are done. One way is through cuts in your abdomen. The other is through your vagina. A hysterectomy done through your vagina doesn't leave a scar on your abdomen. But, you are more likely to have an infection after the operation. It's safer to have a hysterectomy done through a cut in your abdomen.

Surgeons may call going through your abdomen "bikini-line" surgery. This means she cuts along the edge of where your pubic hair ends. This leaves little or no scar that can be seen. Some women, particularly large women, have a cut that goes up their belly. This is called a vertical cut. Ask your surgeon how she will make the cuts. She can draw you a picture or show you on your belly.

She will close the cuts with either stitches or clips.



Debbie Bryant

What happens after the operation?

Your muscles need to heal from the large cut. Right after the surgery you may find it difficult to turn over, to push open a door or to cough. You might have gas pain. You might have some light bleeding from your vagina and some pain.

It will take you at least six weeks to two months to fully heal from the operation. For some women it takes longer.

If your ovaries are taken out, you will go into immediate menopause or surgical menopause. Some women go into menopause for a short time even if they still have their ovaries. This happens because the blood supply to their ovaries is blocked for a short time. A very few women have the blood supply to their ovaries blocked for good. These women go into menopause right away.

The most common changes women have with menopause are hot flashes, sweating at night and a dry vagina. Some of the other changes women report are headaches, swollen ankles, trouble sleeping, tingling skin, heart palpitations, numbness, feeling tired, anxiety, feeling depressed, loss of interest in sex, memory loss, problems seeing, digestive problems, and high blood pressure. Most women have some, but not all, of these changes.

How will I feel?

Often women have a lot of feelings after having a hysterectomy. Many women have mixed feelings.

You can no longer get pregnant or have children. This may make you feel sad. Or, it may be a relief if you are having sex with a man because you

don't have to worry about getting pregnant.

If you were in a lot of pain or losing a lot of blood before the operation you may be glad it's over. Many women find great comfort after the operation.

You may find it helpful to talk to someone about your feelings.

Is a hysterectomy safe?

There are risks with any operation. Some women have infections, swelling, heavy bleeding from their vagina, and urinary and bowel problems. These usually only last a short time. Rarely, women have problems from the anaesthetic.

Some women have one or more of these problems after their hysterectomy:

- back pain
- problems peeing
- loss of physical sexual feeling
- loss of sex drive
- problems with family and friends
- trouble feeling good about themselves
- depression and/or crying

Women who have their ovaries out also have the problems of surgical menopause. These changes are listed above.

HYSTERECTOMY

Some women find that when they tell their doctor about these problems she says, "It's all in your head". Other doctors know that hysterectomy can cause these problems. Many women have talked and written about having these changes after a hysterectomy.

You need to talk to someone who will believe you. That person may be able to help you figure out what to do about any problem you have from your hysterectomy.

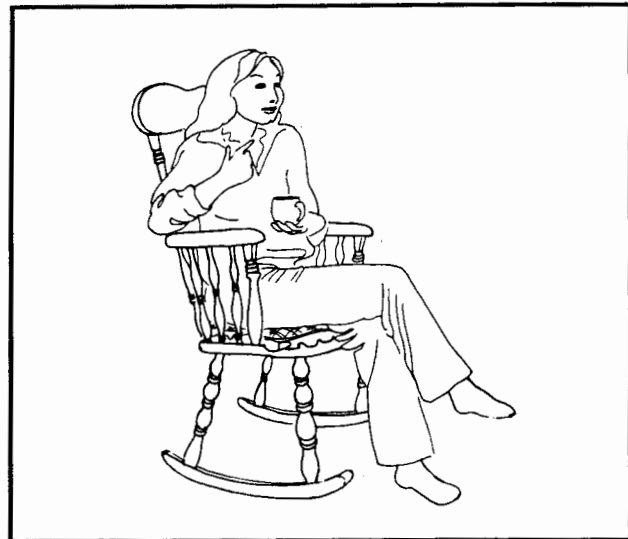
What will help me get better?

Eating good food will help you get better. Drink lots of water. Eat foods that are high in fiber like brown bread, bran, and whole wheat cereal.

Try to take it easy for the first while. Don't try to do too much all at once. Light exercise like walking is helpful. Be careful lifting things. Relatives and friends could help you with chores and childcare for the first few weeks after the operation.

Gradually start doing more each week. Most women feel back to normal after about six weeks.

If you have had both of your ovaries out the doctor will likely suggest you take manufactured hormones. You will need to decide if you want to do take hormones.



Emma Haley in WORKING TOGETHER FOR CHANGE

What manufactured hormones may the doctor suggest?

If you have had both ovaries out the doctor may suggest you take either manufactured estrogen or a combination of estrogen and progesterone. These hormones are meant to replace the hormones your ovaries used to put out.

It's not a simple choice deciding whether or not to take these hormones. Some women feel better when they take them. Other women feel worse. There are concerns about the safety of these drugs.

What are the advantages of taking these manufactured hormones?

These drugs help stop some of the problems of surgical menopause. They help hot flashes and vaginal dryness.

A major concern about having less estrogen in your blood is that you may be more likely to get osteoporosis. Women who have osteoporosis have light bones that break or crack easily. Taking these manufactured hormones seems to help prevent a woman's bones from getting lighter, but it doesn't necessarily stop her bones from breaking.

What are the concerns about taking these manufactured hormones?

Many women take these drugs because they don't want to get osteoporosis. There's a problem with this. When a woman stops taking the hormones her bones get light quickly. They get just as light and brittle as they would have if she had never taken the drugs. To prevent osteoporosis she'd need to keep taking hormones for the rest of her life. Taking manufactured hormones for

that long could cause her other health problems.

If you want to prevent osteoporosis, you could try eating foods that are high in calcium and taking extra calcium pills. Your bones won't get light quickly when you stop taking calcium. Doing exercise that puts weight on your bones like walking, bicycling, or weight lifting will also help prevent osteoporosis.

Here is a list of side effects some women get from these hormones:

- feeling sick
- cramps
- migraine headaches
- changes in body weight
- changes in breast size and tenderness

If you take these drugs you are also more likely to get high blood pressure, gall bladder disease, blood clotting and possibly breast cancer.

These hormones may make women more likely to get cancer. They may be more dangerous if you smoke or have other health problems. Ask your doctor and pharmacist questions if you have any concerns. There is more information about the risks of taking hormones on page 116.

What's the difference between taking estrogen and estrogen combined with progesterone?

Taking estrogen alone causes some women who haven't had a hysterectomy to get cancer of the lining of their uterus. It also makes women a little more likely to get breast cancer. There are concerns that estrogen could cause cancer in other parts of your body too.

Taking combined estrogen and progesterone may be safer than taking estrogen on it's own. It hasn't been used long enough to know for sure. A woman who still has her uterus will have a period each month if she takes estrogen combined with progesterone. This helps to prevent a long build-up of the lining of her uterus. This may help prevent cancer.

Are there different ways of taking these hormones?

Some women take a pill each day. A regular dose of estrogen is 1.25 or 2.5 milligrams a day. A low dose is between .3 and .625 milligrams a day. The low dose is safer.

Some women use estrogen cream to make their vagina less dry. These creams have twice as much estrogen in them as a daily pill. The estrogen still goes into your body through the walls of your vagina. If you use the cream each day it's more dangerous than the pill. If you only use it rarely it may be safer because you are taking less estrogen in the long run. Try using vegetable oil or K-Y jelly first to see if they help.

You can also use estrogen through a skin patch which you put on twice a week. The estrogen goes straight into your bloodstream. You need to take less estrogen to get the same amount into your blood. This is easier on your liver, but it isn't really a lower dose of estrogen than the pills.

Do I need to take these hormones?

It's a difficult decision. Your doctor will likely strongly suggest that you take manufactured hormones. No one knows for sure how taking these hormones now may affect you in the future. There are risks with taking any hormones. You won't know at the time you have a hysterectomy what symptoms you will have after the operation. Some women don't have major problems after a hysterectomy. You could wait a while and see if you have problems.

Common problems women have are tiredness, hot flashes and vaginal dryness. They aren't life threatening. They stop in time. There are natural treatments which will help make these symptoms less of a problem. Some of these are listed on this page.

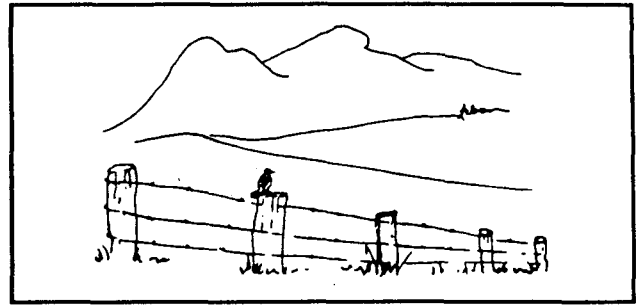
If your ovaries are being removed, check to see if your surgeon is planning to give you a shot of estrogen during your operation. If you decide you do not want to take hormones right away, tell your surgeon before the operation.

If you have a hysterectomy for endometriosis see page 104.

Will I always take hormones?

You do not need to take hormones for the rest of your life. After all, most women go through menopause by age 55. At menopause women's bodies naturally make less estrogen.

The best way to stop taking these hormones is to cut down gradually. Lower the amount you take little by little. You can talk to your doctor about how to do this. Do not try to stop suddenly or you will probably have a lot of the problems of menopause.



Smithers Human Rights Society

What can I do instead of taking manufactured hormones?

Many of the ideas in the **Healthy Periods** chapter may be very helpful.

You may feel tired or moody. This can happen because you are recovering from a major operation. Try to rest and get enough sleep. Taking B Complex and B6 vitamins may help. If you have hot flashes, you could wear layers of clothes and take some off when you feel hot. Putting vegetable oil in your vagina may help if your vagina is very dry. Having regular sexual activity, with or without a partner, can also help.

It's important not to diet. Fatter women have more estrogen in their blood. Many women gain weight when they go through menopause. This may be a natural way a woman's body tries to balance her hormones.

HYSTERECTOMY

Some women find taking B Complex and B6 vitamins helpful. Evening Primrose Oil, Blackcurrant Oil or Flaxseed Oil help balance some women's hormones. You could take the amount suggested on the bottles if you try B vitamins, Evening Primrose Oil or Blackcurrant Oil. If you try Flaxseed Oil, you could take two tablespoons each day.

You may find it helpful to talk to someone about things that may help your body make more estrogen. A naturopath or someone who knows a lot about herbs may be able to help.

Try to talk to other women who are going through menopause. Many women say this is the most helpful treatment.

There is more information about natural ways of treating menopause in the book called **Menopause: A Self-Help Approach**. See page 150 for ordering information.

Do I need a hysterectomy?

Some women have hysterectomies because they have emergency bleeding. Their lives are in danger. These women don't have a lot of time to decide whether to have the operation.

Usually women have time to think about whether or not to have a hysterectomy. Many women have trouble deciding.

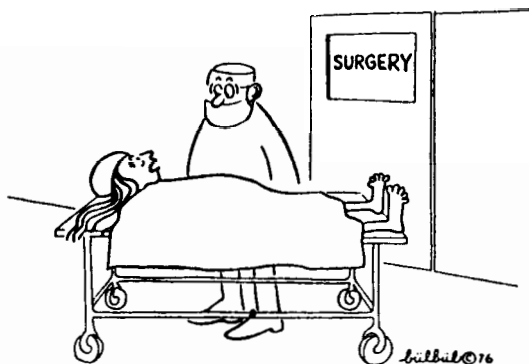
Don't agree to have a hysterectomy unless you are sure you need it. Ask your surgeon what needs to come out. If she suggests taking out both ovaries, have her write down the reasons why. Ask what will happen if you don't have the operation and what will happen if you don't have your ovaries out. We strongly suggest you try to have surgery that takes out the fewest organs.



Nicole Hollander

It's best to ask at least two doctors if they think you need a hysterectomy. You can ask to see a surgeon who is a fertility specialist. A fertility specialist usually works with women having trouble getting pregnant. She will be used to fixing women up rather than taking things out. You could ask her what else you could do about your problems. She may be able to suggest simpler surgery and/or drugs you could try. She might be better at surgery.

Try to find out how much experience your doctor has with major surgery. You could ask to see a doctor who has more experience.



I hope you can justify this hysterectomy to my women's health group.

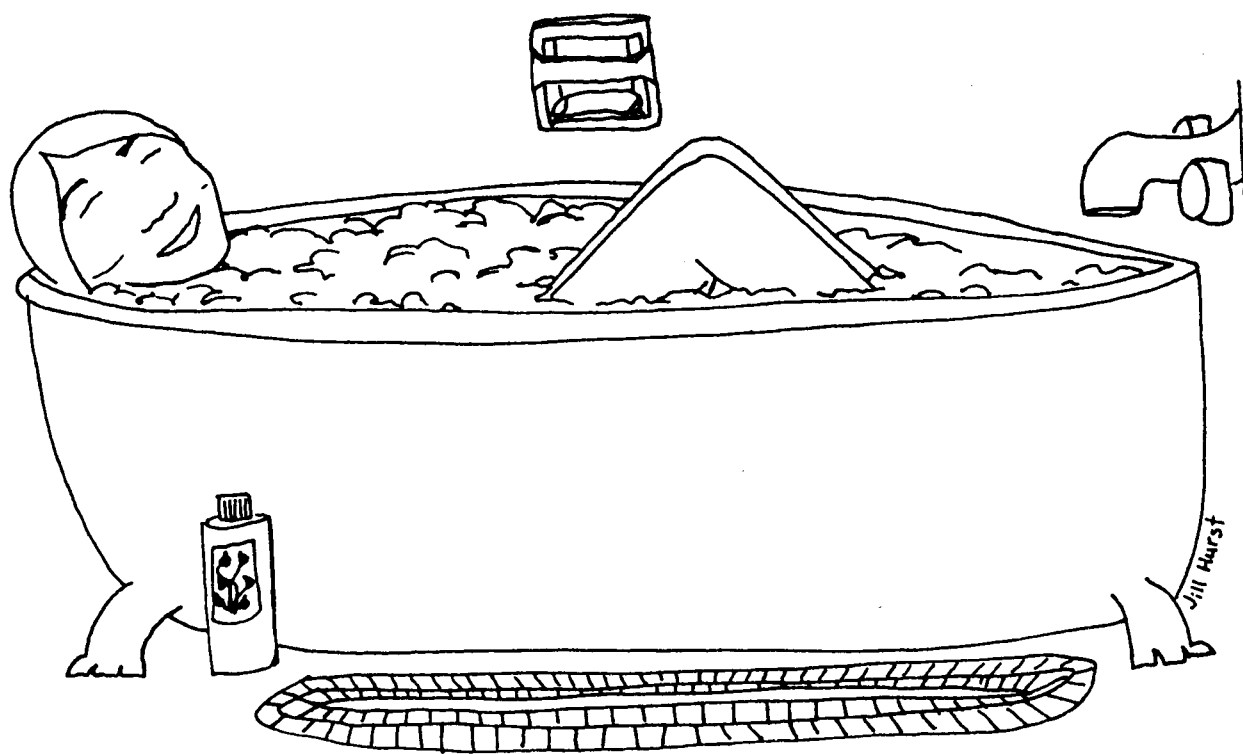
Bulbul

LASER SURGERY

A few surgeons are using a new tool during surgery called lasers. They don't use knives inside your body. They use lasers. Lasers are high energy beams of light that are strong enough to cut through flesh. Surgeons use lasers when you have a laparoscopy, laparotomy, or a hysterectomy.

Laser surgery is supposed to do less harm to a woman's body than regular surgery. Women who have this kind of surgery usually lose less blood.

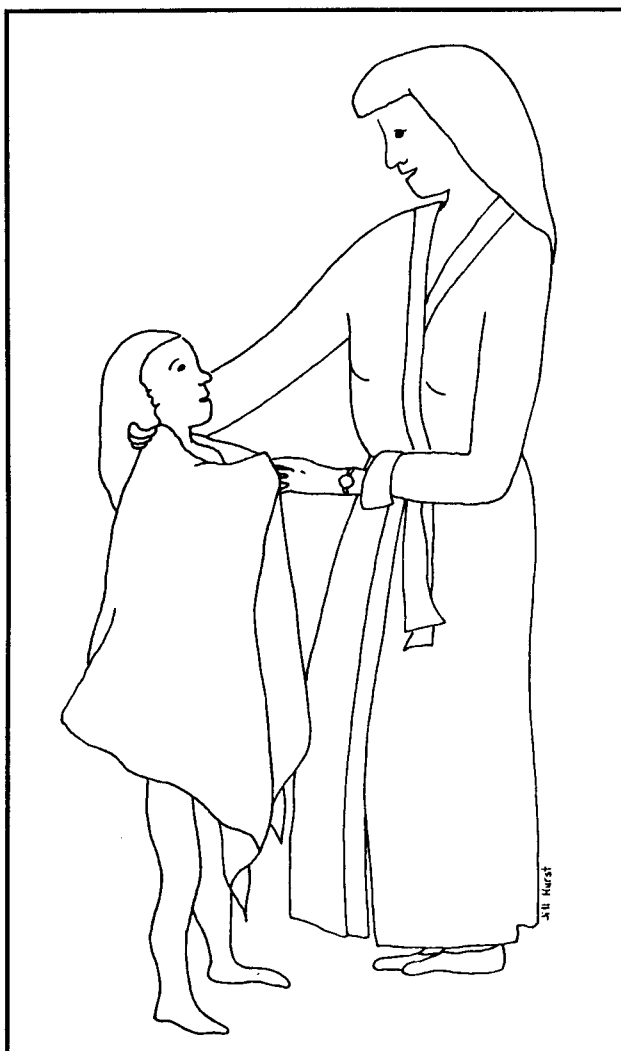
Laser surgery is only done in some areas. You may be able to have this kind of surgery if you travel to a large city to see a specialist.



Jill Hurst

TALKING WITH CHILDREN

This chapter is about talking with young children about their bodies and the changes they go through as they become adults. It's mostly about talking with girls about periods.



Jill Hurst

TALKING WITH YOUNG CHILDREN

You can help girls and boys develop a healthy attitude towards periods by helping them to understand the way female and male bodies work. You can talk with them about changes that happen as they grow into women and men.

Very young children usually enjoy learning the names of their body parts and what their bodies can do. For example, Rapinder has strong legs that help her run fast. Mark has a nose that helps him smell cookies baking. It's important that children feel comfortable with their own special body.



Anita Tremblay in CHILDREN & FEMINISM

Young children are often curious about the differences between girls and boys. You can talk about body parts and how bodies work. Use the correct names for things like menstruation, vagina, and penis.

Children go through many changes as they grow up. Explain what happens to girls' and boys' bodies as they develop into women and men. This gives them an idea of what changes will happen to them. Understanding may make it easier for them to feel good about themselves as they grow and change.

Having periods is a healthy part of being a woman. You don't need to hide it away. As opportunities come up in your daily life use them to teach your child. For example, when your daughter asks what your tampons are for, take the time to tell her.

BEFORE A GIRL'S FIRST PERIOD

It's common for young girls to think a lot about their size, shape, and changing body. They often have many questions and worries.

Try to help your daughter or young friend feel comfortable with her body. She may want to talk about how her body is changing. Or, she might prefer to be left alone. You may find it useful to talk with other people about how they have helped girls feel good about themselves. You could ask friends, family members, elders, the school counsellor, or community health workers.

Let her know that she can ask you questions and that you will listen to her. The best way to do this is by taking the time to answer her questions as they come up.

Tell her about menstruation so she knows what to expect. Let her know that menstruation is a healthy and natural part of being a woman. Explain that each woman develops in her own time. If she is the first or last of her friends to have her period, that's okay. It is her own special way of developing.

She may enjoy hearing stories about you or your friends. If you have problems with your periods, tell her that all women are different.

Make sure that she knows how to use pads or tampons. Also tell her how to throw them away. She will need supplies. You could go shop for them together. She might start her period at school or away from home. Help her figure out what to do if that happens. She could carry a pad or tampon with her school things. A teacher or school nurse can be of help.

Talk to her about keeping clean. Explain how often she needs to change the pad or tampon. A shower or bath once a day will help her feel clean.

If you have trouble talking to your daughter about her body or about becoming a woman, ask someone you trust to help you. Your friend, sister, mother, school nurse, or community health worker may be able to talk with her. See page 149 for the name of a book she could read.

DURING A GIRL'S FIRST PERIOD

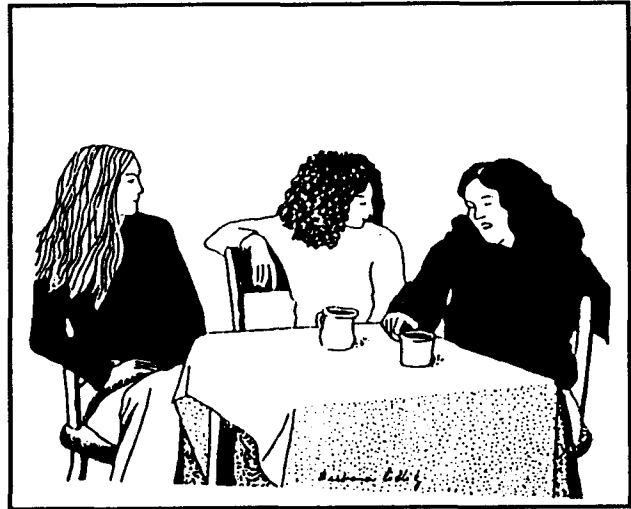
A girl's first period is an important time in her life. It's something she'll probably always remember. Try to help her in the ways she wants. She may need help getting pads. She may have lots of questions to ask or she may want you to listen to her. If she hasn't been told about menstruation she will need reassurance and information.

Many women have feelings when their daughter has her first period. It's a sign she's growing up. Some women feel proud, relief, worry that their daughter may get pregnant, or sad that she's no longer a child. You may want to celebrate with her to mark it as a special time. She may not want to fuss. It's a good time to talk together about your feelings.

TALKING WITH OTHER WOMEN

We think it's very important that women talk with other women about their health because:

- Women know a lot about health. They spend a lot of time taking care of their family and friends.
- Women have traditionally been the healers in most cultures. Through the years women passed their knowledge down to future generations. Women still get useful information from talking to other women.
- Many of the health concerns women face are kept secret. Periods are an example. Even though periods are natural and healthy most women hide their periods and feel embarrassed about them. Talking with other women can help you feel less embarrassed. Together you can develop understanding and pride.
- There are many messages telling women that the natural life stages they go through are illnesses. These messages come from the TV, magazines, doctors, and often family and friends. An example of this is menopause. It's a natural part of growing older and usually doesn't need to be treated with medicines.
- The world around you affects your health. Social problems such as not being able to get a job or suffering racism can be stressful. Environmental problems can also make you sick. If the factory near you is polluting the air you may get headaches or other health problems. People need to work together to make a lot of the big changes that will help everyone to be healthier. Talking is a first step.



From: ISIS

- Most of the research about health is done by drug companies. They are sometimes more interested in making money than in health. Sometimes you may need drugs but they aren't always the best way to deal with health problems. By talking to other women you may be able to find other ways of taking care of your health besides using drugs.
- Women can help each other get good information and treatment from doctors when they need it. You can help each other decide what information you want from the doctor. And, you can take a friend with you when you go.
- It helps to talk with other women. You may learn new ways of treating a problem. You may get help and support. Often it feels better just knowing that other people have the same problems and concerns.

STARTING A SELF-HELP SUPPORT GROUP

Self-help groups are groups of people who get together because they have something in common. Usually they don't have a leader. Each person in the group does their bit to make the group useful for everyone.

You may find it helpful to meet with other women who have problems with their periods. This could be a group for women with a specific problem like PMS, painful periods, endometriosis, fibroids, heavy bleeding, or not having periods. It could also be a group for all women who have problems with their periods. Ask if there is a support



From: WOMEN'S REPRODUCTIVE RIGHTS
INFORMATION CENTRE, 1987

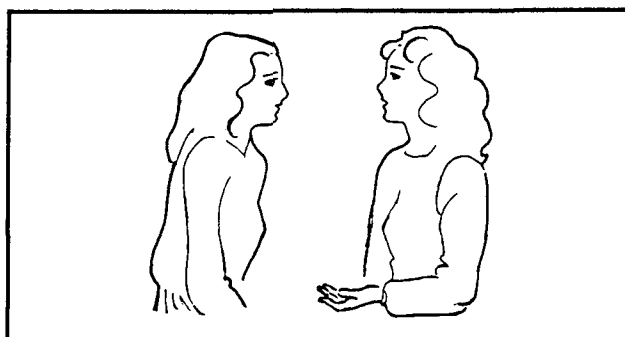
group in your area. If you live on a reserve ask the CHR. If you live in an area where there is a women's center, library or bookmobile, a crisis line or a community center you could ask them. Sometimes doctors and nurses know about support groups.

If there is no self-help group in your area you could start one. The information in this chapter will help you get started.

STARTING A SELF-HELP SUPPORT GROUP

Finding other women who have problems with their periods.

The first step is to find other women who have problems with their periods. If you only find one woman that's okay, you can talk to each other. It's best if the group isn't more than about 10 women. If there are more, some women may never get a chance to talk.



Emma Haley in WORKING TOGETHER FOR CHANGE

Here are some ways you may be able to find other women:

- Ask your friends.
- Put posters up in local stores, churches, a women's center, band hall, or anywhere else women may see it.
- Tell your public health nurse, community health worker or doctor that you want to talk to other women.

- Put an ad in the local paper or on the radio. Here's an example of an ad:

WOMEN who have problems with their periods interested in talking to other women who have problems too, call Jane to start self-help group, 999-2222.

Planning the first meeting

Once you have put out the word that you want to form a group other women may contact you. You don't have to figure out everything about the group on your own. The group will probably work better if all the members of the group plan what the group will be like together. What you will need to do is plan the first meeting.

Planning the group together

When the women come to the first meeting let them know what you have planned for the meeting. Ask if there's anything they want to add. Explain that you don't want to be the group leader. Say that you hope everyone will decide together what the group will be like and work together to make the group a success.

In the first few meetings you will need to decide together what you want your group to be like. Here are some ideas that may help you make plans.

STARTING A SELF-HELP SUPPORT GROUP

Find out why women have come to the group and what they hope to get from the group. One way to do this is by giving each woman a chance to say her name, why she's come and what she hopes to get from the group. You may want to do this by doing a round. In a round everyone gets a chance to talk without being interrupted. One woman talks first and then everyone else takes a turn. If anyone doesn't want to talk she can just say "pass". Everyone sits and quietly listens to the other women.

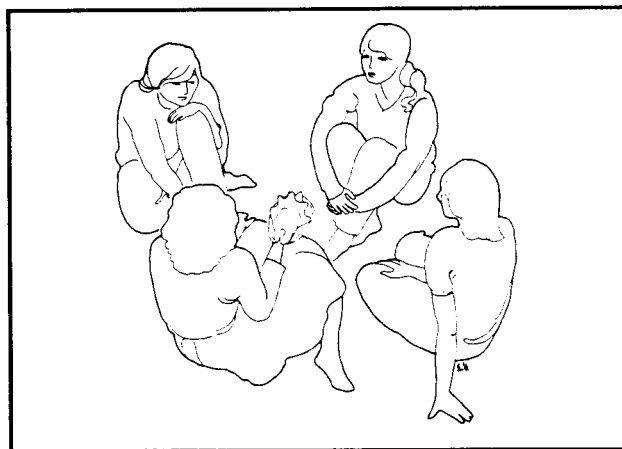
Here are some of the reasons women may come to a support group:

- to talk to other women who have problems with their periods
- to get health information about periods
- to share feelings and get support
- to work with other women who want to make the health services for women better.

Once everyone has had a chance to speak you can have a discussion. You may want some of the same things and some different things. Talk about this and decide what you want the purpose of the group to be.

Talk about how you want your time together to be organized. It's helpful to have a general plan that you follow each time you meet.

1. Start your time together in a way that helps women feel comfortable and part of the group. You may want to begin with a meal or coffee and tea. Many groups start with a round in which each woman says her name and how she's feeling.



Emma Haley in WORKING TOGETHER FOR CHANGE

2. Have time for discussion. You may decide you will have time every meeting for women to talk about how they are feeling and also time to talk about a specific concern. Here are some ideas for topics:

- how to have healthier periods
- how to find out what may be wrong
- natural and medical treatments for problems
- talking to family and friends
- getting good care from your doctor

3. End the group in the same way each time. Women may have strong feelings about things you have been talking about. They may have questions or want to talk more. Plan a way of ending the group so women have a chance to say how they are feeling and what questions they still have before they leave.

Some groups do a closing round in which everyone says how they are feeling. If some women are feeling very emotional they may need to take some time to get ready to leave the meeting. You can also say what you liked or didn't like about the meeting.

Many women's groups end with appreciations. This is a time for group members to tell other women in the group things they have said in the group or done for the group which they appreciate. It's also a time for women to appreciate themselves for things they have done or said in the group which they are proud of.

Some support groups like to finish by doing something together at the end of each meeting. They may all hold hands, meditate together, or sing a song.

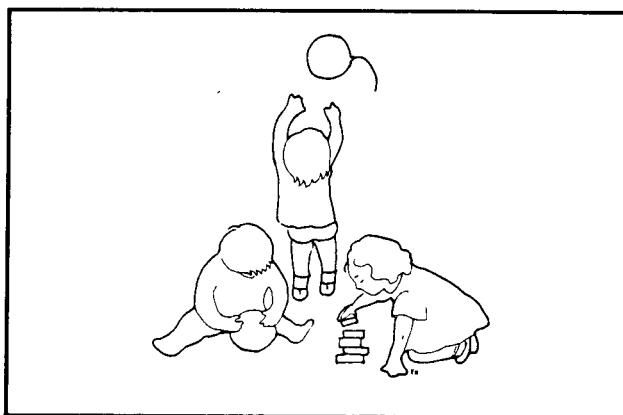
Talk about who will plan each meeting. It usually works best to plan the meetings ahead of time. You may want to have someone take responsibility for each meeting. In many self-help groups the members take turns planning what they will do each time. You may want someone

who has been in a self-help group before to plan the first few meetings and then start to take turns after that.

Plan where and when you will meet.

It's best to set up a regular time. You may decide to meet at the same place every time, or you may decide you want to take turns having the group meet in your own homes.

Organize childcare. Find out how many of the women in the group need someone to care for their children when you are meeting. Then figure out a plan for childcare. You may want to find someone to take care of all the children close to where you meet. Or, it may be easier if the mothers leave their children with someone they know. Either way, everyone in the group could help pay whatever it costs to have the children taken care of.



Emma Haley in WORKING TOGETHER FOR CHANGE

STARTING A SELF-HELP SUPPORT GROUP

Decide if you want to let new women join your group after the first meeting. You may want to keep the group small to really get to know each other well. Or, you may decide to have the group open to any woman who wants to come.

Talk about how to make the group a safe place for women to talk. It's helpful to get the women at the meeting to say what things would help them feel comfortable. Make a list of everything that gets said. Then go through the list and decide which points you all agree on. These will then be the guidelines or rules for the group. If anyone doesn't follow the guidelines you will need to talk about it as a group. These are some of the things that women have found useful:

- We respect each woman's right to make her own choices about her life.
- Everything that we say will be confidential. We won't repeat anything personal that anyone else says in the group.
- We will try to be honest.
- We won't interrupt each other.
- We won't give advice to each other unless a woman asks for it. We believe that we can all come up with solutions to our own problems if we're given a chance to talk and be listened to.
- We won't force anyone to talk. We'll make sure there is time for

everyone to talk but we won't push anyone to talk if she doesn't want to.

- We will share the responsibility for the group. We will all do our bit to make the group useful for everyone.
- We will tell the group if we're going to miss a meeting or if we're leaving the group. This saves a lot of worry.

Plan a way of dealing with conflict or problems in the group before they come up. Most groups have conflict at some point. If you take time to plan how your group will handle problems it can save a lot of frustration later.

Most people haven't learned constructive ways of telling other people that things are bothering them. We'll write about one way of doing this. You may decide a different way is better for your group.

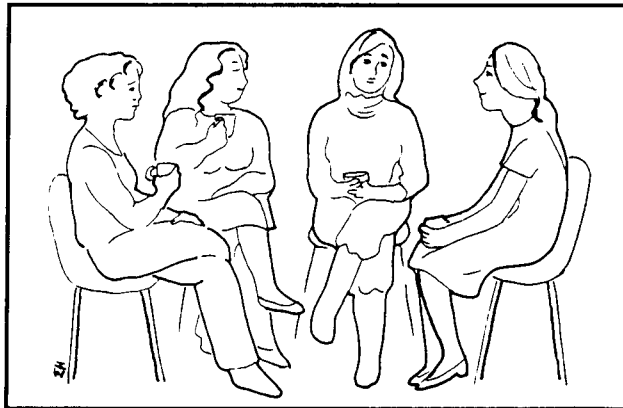
If something about the group or another group member is bothering you, think about it before you say anything. Think about what is bothering you, why it bothers you, and what you would like to be done differently. Then tell the other group members that something is bothering you and that you would like to talk about it.

Bring up the problem directly. Be as specific and direct as you can. Try to point out exactly what is bothering you and what would be more helpful.

STARTING A SELF-HELP SUPPORT GROUP

Each woman can make sure that the group is a safe place for everyone. If anyone feels that someone in the group is being hurtful or indirectly criticizing another group member, she can say, "Stop. There is a problem and we need to talk about it."

The life of the group



From: Emma Haley in WORKING TOGETHER FOR CHANGE

Once you've made your plans try to stick with them for awhile. Most groups go through changes. Be flexible but also make sure you spend time talking about your health concern.

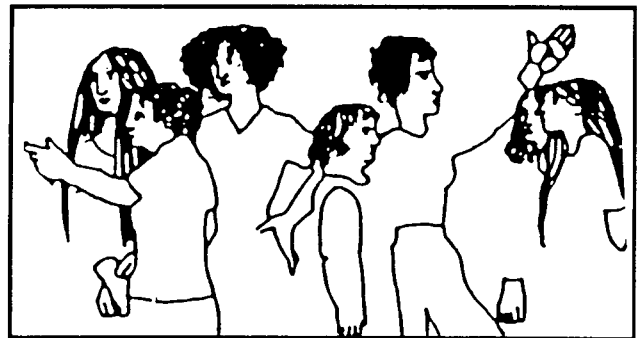
You may want to talk about whether you're finding the group useful after you've met a few times. Make sure you talk about the good things about the group as well as ways you could make it better.

Sometimes self-help groups last for a long time and sometimes they just meet a few times.

When it seems time to stop meeting it's a good idea to have a "goodbye" meeting. You may want to do a round and say what you learned in the group and what you have appreciated about the group and group members. Many groups end by talking about what group members will take from the group into their lives.

How to get more information

There is more information about self-help groups in a book called **Women Talking About Health: Getting Started With Workshops And Groups**. You can order it from the Vancouver Women's Health Collective. The address is on page 150.



From: ISIS

HOW TO GET MORE INFORMATION

General information on women's health:

Vancouver Women's Health Collective
302— 1720 Grant Street
Vancouver, B.C. V5L 2Y7
Telephone 255-8285

Calgary Women's Health Collective
316— 223 12th Ave S.W.
Calgary, Alberta T2R 0G9
Telephone 265-9590

Victoria Faulkner Women's Centre
Suite 204, 100 Main St.
Whitehorse, Yukon Y1A 2A8
Telephone 667-2693

Other health groups:

Contact this group if you want more
information about Pelvic Inflammatory
Disease (PID):

Canadian PID Society
P.O. Box 33804, Station D
Vancouver, B.C. V6J 4L6
Telephone 684-5704



Lynn Robertson

Contact this group if you want to find
out if there is a naturopath near
where you live:

Association of Naturopathic
Practitioners
3 06— 259 Midpark Way, South East
Calgary, Alberta, T2X 1M2
Telephone 256-0272

Books to read:

You can ask your nearest library or
bookmobile for these books. Libraries
will order a book for you through
inter-library loan if they do not have it
in stock. You can also ask them if they
carry other books about periods.

HOW TO GET MORE INFORMATION

General health

The Allergy Self-Help Book by Sharon Faelten and the Editors of Prevention Magazine

The Relaxation & Stress Reduction Workbook by Davis & McKay

Taking Care by Mary Breen

Talking with children

Period. by Joann Gardner-Loulan, Bonnie Lopez, and Marcia Quackenbush

Premenstrual Syndrome (PMS)

Dr. Susan Lark's Premenstrual Syndrome Self-Help Book: A Woman's Guide to Feeling Good All Month Long by Susan Lark

Premenstrual Syndrome: A Self-Help Approach by the Vancouver Women's Health Collective

Self-Help for Premenstrual Syndrome by Michelle Harrison

Menopause

Menopause : A Positive Approach by Rosetta Rietz

Menopause: A Self-Help Approach by the Vancouver Women's Health Collective

Understanding Menopause by Janine O'Leary Cobb

Endometriosis

Endometriosis by Julia Older

Living with Endometriosis: How to Cope with the Physical and Emotional Changes by Kate Weinstein

Overcoming Endometriosis: New Help from the Endometriosis Association by Mary Lou Ballweg

Treatment

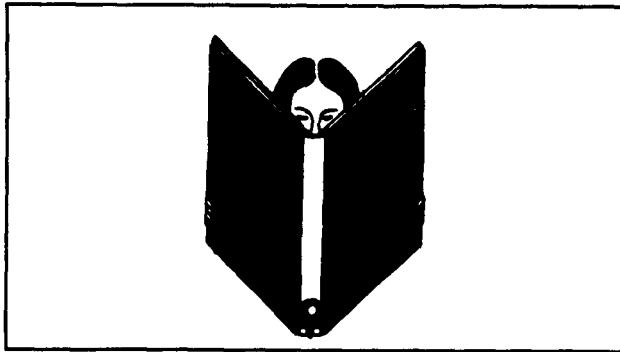
About Your Medicines by the United States Pharmacopetal Convention Inc. in co-operation with the Canadian Pharmaceutical Association

Coping with a Hysterectomy: Your Own Choice, Your Own Solutions by Susanne Morgan

Starting support groups

Helping Ourselves by the Women's Counselling Referral and Education Centre (WCREC), 348 College St., Toronto, Ontario M5T 1S4

HOW TO GET MORE INFORMATION



From: ISIS Dec. '83

Other resources

Four other books were written on this project:

**Avoiding Pregnancy: Birth Control;
Choosing What's Right For You**

**Infertility: Problems Getting
Pregnant**

Miscarriage: You're Not Alone

**Women Talking About Health:
Getting Started with Workshops and
Groups**

The Vancouver Women's Health
Collective also carries booklets on:

Breast Health

**Fertility Awareness Method of Birth
Control**

Pap Tests

Sexuality

Vaginal and Cervical Health

Booklets in Spanish and Chinese on:

Birth Control

Correct Use of Medication

Pap Tests

Sexually Transmitted Diseases

Stress

To order write:

**The Vancouver Women's Health
Collective
302-1720 Grant St.
Vancouver, B.C. V5L 2Y7**

There is a charge for some of these
books.