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Should you be worried about postmenopausal bleeding?

You've endured the hot flushes and the mood swings. You've survived the heavy, irregular bleeding. Once you come out the other side, maybe the menopause isn't so bad – after all, you don't have to put up with periods every month. But then you start bleeding again, and you're not sure if it's normal.

Sound familiar? If it does, you're in good company. Bleeding after the [menopause](#) is remarkably common, and accounts for 1 in 20 of all referrals to gynaecologists.

What is postmenopausal bleeding?

Vaginal bleeding any time more than 12 months after your last period counts – although obviously not if you're taking [hormone replacement therapy](#) (HRT).

If you've been taking HRT, you shouldn't bleed more than four weeks after you stopped it. If you do, this too is postmenopausal bleeding (PMB). It can also be surprisingly difficult to work out where the bleeding is coming from – many women are found to have bleeding from their back, not their front, passage, and blood in the urine can also cause confusion.

Whatever the cause, it's always worth getting PMB checked out. Fortunately, the vast majority of women can be reassured that there's nothing to worry about. But PMB can be a symptom of [cancer of the lining of the womb](#). If it is, getting treatment early can make all the difference to your likelihood of a long and healthy survival.

What can cause bleeding after menopause?

Atrophic vaginitis

Atrophic vaginitis is bleeding from the walls of your vagina, which have got inflamed. After the menopause, the lining of your vagina tends to get thinner and drier. This makes you more prone to inflammation or infection. If you have an infection (**such as thrush**), topical cream or pessary treatment should sort you out. Using a topical form of oestrogen cream can help prevent it from recurring.

Cervical polyp

A **cervical polyp** is a fleshy tag (a bit like the skin tags you get on the rest of your body as you get older). It's attached to your cervix – the neck of your womb. It can be easily removed with a local anaesthetic, and won't cause any long-term harm.

Cancer

Although **womb cancer** is the reason your doctor will always refer you for investigation if you have PMB, it's not a common cause. Because bleeding occurs at an early stage in the disease, long-term outcomes are very good if you get treatment promptly.

When to seek help

Lots of people find that a tendency to bruise easily comes with maturity – and while it's often nothing to worry about, symptoms to look out for include:

Bruising easily

As you get older, your skin tends to get thinner and you may bruise more easily. This is especially common if you take aspirin to protect against heart disease, or a blood-thinning tablet called warfarin. If you're taking **warfarin**, it's important to see your GP if you bruise for no apparent reason, or have any other kind of unexpected bleeding. Warfarin thins the blood, which is important if you're prone to clotting, but the dose needs to be checked regularly. Excess bleeding may mean your dose is too high.

Nosebleeds

Nosebleeds are common but it's important to seek help if they go on for more than about 20 minutes, or if they happen repeatedly. It may mean your blood pressure is too high.

Blood in the urine

This is often due to [urine infections](#) in women but you should get your doctor to check this. Take a urine sample with you.

Bleeding from your back passage

Bright blood, especially on the paper, is commonly caused by [piles](#). However, do see your GP if you haven't had it checked out, or if the blood is 'altered' (dark rather than bright red) or mixed with the stool.

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