

Bad Periods Treatment Guide

The first thing to remember is that **Bad Periods are real**, and that **you are not alone**, hundreds of millions of other women experience the symptoms of Bad Periods.

Bad Periods are not rare – they are statistically more common than diabetes for women.

The pain and symptoms you have are not in your head and you are not hysterical or overreacting. The pain from endo and fibroids has been compared to advanced cancer pain or labor pain by women who have had both. There can be many causes to chronic pelvic pain that either intersect with endometriosis and fibroids, or appear alongside these two conditions, like adenomyosis, interstitial cystitis, pelvic floor dysfunction, inflammation or adhesions caused by infection or a c-section. It is good to rule out other possible causes of your pelvic pain along your journey, but most likely you landed at this site because you already know you have endo or fibroids.

Secondly, this guide is designed to help you get an accurate view of your own symptoms, and hopefully get a diagnosis and a treatment plan within the current medical system we have. That means translating your Bad Periods into what are called clinical terms – these are medical terms that are recognized by the medical system and make it easier for doctors to help you within our current system.

Third, you must always do what is right for your body and follow your intuition. If a treatment doesn't sound right to you – ask more questions or do more research, or just don't do it. Follow our intuition. You are the expert on your body and your felt experience. Do not allow doctors to experiment on your body with drugs or treatments that have not been clinically proven to help endometriosis or fibroids. Always listen to your inner wisdom.

**This treatment guide is a work in progress, check back for updates.*



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Bad Periods Treatment Guide

STEP 1: Track, track, track your symptoms.

This is the key and most important foundational aspect of getting the care you need. Creating a written document is crucial for the following reasons:

- 1) Writing down your symptoms everyday creates a clearer picture for YOU. So often if we are in pain or dealing with a recurring medical issue, it all blurs into one thing. Writing down the actual events and symptoms on a daily basis will help you validate yourself and help you follow your intuition as you gather more data about yourself.
- 2) Writing down your symptoms, printing them out, bringing them to your doctor and asking them to include it in your electronic medical record starts to create a trail that you can track and go back to with your current or future doctors.
- 3) Writing it down and printing it out says to your doctor that you are serious and empowered about your care.
- 4) Primary care physicians are the single more overworked doctors in the current medical system – writing everything down makes their job easier and this makes them more motivated to help you.
- 5) Writing it down and including it in your medical record says to your doctor you are serious and you are tracking your treatment. It also creates a medical history for when you petition your insurance for the right care.

How do I track?

Use a notebook, calendar or period tracking app to track everything no matter how seemingly insignificant, everyday, including and if you can, the time it happens, including the following:

Fatigue - Rate it on scale of one to ten with ten being asleep

Blood sugar issues - Fainting, hypoglycemia, ravenous appetite

Food cravings - Craving ice can be a sign of anemia!, other specific food cravings

Bloating - How much bloating? Can you measure it in pounds by getting on the scale or inches by measuring around your waist and pelvis? Track which days you are bloated and how much



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Bad Periods Treatment Guide

Bleeding – How much is too heavy? Read [this](#) for a complete overview of what is too much bleeding, and how to measure it as well as this:

- Distinguish between regular and maxi tampons or pads, as maxi can usually absorb twice more than regular (each maxi tampon or pad should be counted as two regulars).
- Check how soaked your tampon or pad is. Is it fully soaked with blood, or just half? (For half soaked, divide the number of half soaked pads by two.)
- Count blood clots; they contain blood too.
- For a menstrual cup, check the volume capacity and measure how full the cup is (e.g. if it is a 10 mL cup and it is $\frac{3}{4}$ full, the amount of the blood your menstrual cup contains is 7.5mL).
- If the number of soaked tampons or pads is sixteen or more for the entire duration of your period (or eight fully soaked maxi tampons or pads), then your flow is heavy.
- If you note 80mL or more blood with your menstrual cup for one entire cycle, your flow is heavy.

What is considered heavy bleeding?

- Lasts longer than seven days.
- Flow soaks through tampons or pads every hour for a few hours in a row.
- Need to change pads or tampons during the night.
- Multiple grape-sized (or larger) blood clots.
- Your heavy menstrual flow keeps you from doing things you would normally do.
- You are tired, have a lack of energy or are short of breath.
- You feel heavy pain in your abdomen and lower back.
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Depression - It is hard not to be depressed when you have conditions doctors don't recognize, you have been suffering for years and have to battle daily and monthly hormonal fluctuations. Depression is a serious health issue on its own. Know that millions of other women experience depression as well and it is treatable. Here's a [good test](#) to check out to see if you are depressed from a clinical perspective. Try to track when you feel the lowest as you track symptoms, times of day, etc.

*If you are overwhelmed and thinking of harming yourself, please call 1-800-273-8255 or a medical care provider.

Anxiety - Pretty much anyone with chronic fibroid and endo pain, or chronic pelvic pain has anxiety, because [chronic pain changes your physiology and your brain over time](#). It is also hard not to be anxious when you do not know what your body will do next. Try to track when your anxiety spikes, what helps it if anything, etc. If your anxiety is preventing you from doing things you'd like to do, there are many modalities that are clinically proven to help from mindfulness meditation, to supplements to anti-depressants. Do your research and decide what is right for you.

Mood swings - Track feelings during day, see how they correspond to internal states, to pain, fatigue, etc



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Bad Periods Treatment Guide

Pain with pooping - Rate the pain on a scale of 1 to 10

Pain with peeing - Rate the pain on a scale of 1 to 10

Pain when bladder is full - Rate the pain on a scale of 1 to 10

Pain after sex - Where is it painful? Rate the pain on a scale of 1 to 10

Pain during sex - Where is it painful and at what point? Rate the pain on a scale of 1 to 10

Pain during ob/gyn exam - Every exam? Pain on outer folds of your labia or internally during pap smear and exam? Rate the pain on a scale of 1 to 10

Constipation - Describe how bad, when it happens

Pelvis feeling "full" - This can feel like someone injected a bunch of water in your pelvis and like things are pressing up against organs in your pelvis. This is called "bulk symptoms" to a doctor

Distended pelvis, stomach, lower stomach - When and how much

Migraines - These are very common with hormonal imbalance. Track when you get them where they start, how long they last, rate the pain level, and if you can, identify if anything triggered them

Leg pain - Where, how much, when

Lower back pain - Where, how much, when

Diarrhea, nausea, vomiting – When and how much? Please note: endo often presents as intestinal in young girls i.e. vomiting and diarrhea

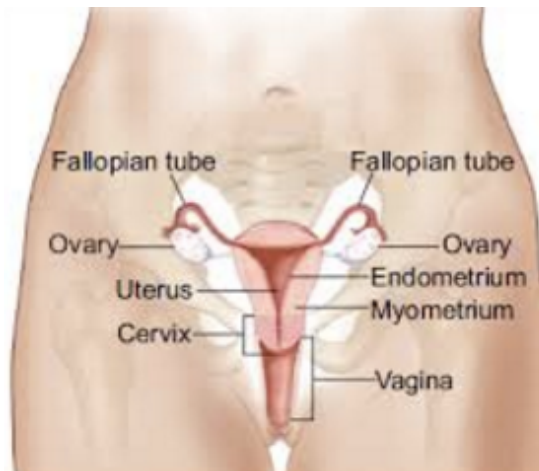
Any other symptoms - even if they seem unrelated



Bad Periods Treatment Guide

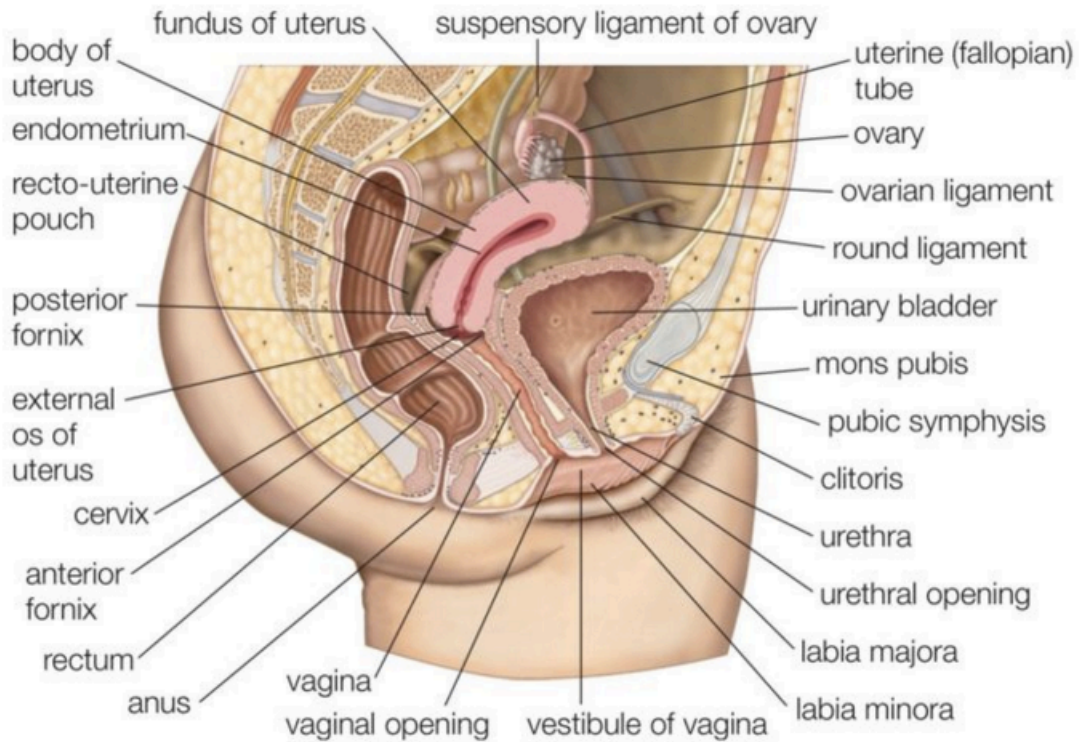
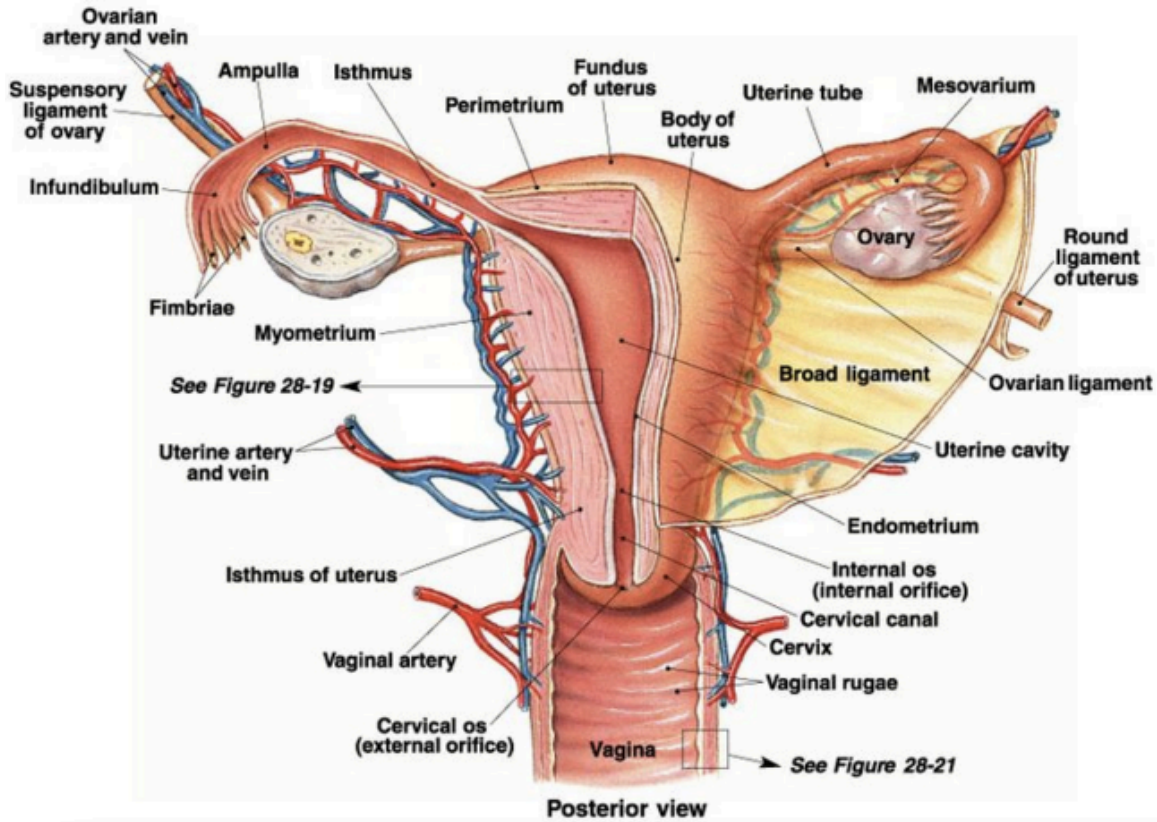
Name your body parts

- Learn the names of your body parts so you can effectively communicate WHAT is hurting.
- Google images of anatomy so you can learn the clinical names of your body parts.
- Every time you go to the doctor ASK them names of your body parts that are hurting. When you have an ultrasound or MRI done, ask for the report and Google the things in the report you don't understand.
- If you are having a transvaginal ultrasound at your ob/gyn ask them to show you what they see on the screen and identify anything they think looks unusual and ask for the names of it.
- **Ask your doctor to show you on the OUTSIDE of your body where your uterus, ovaries, pelvic sidewall, bladder and bowel are so you can identify pain areas.**
- Use the pain map on the treatment guide page to draw on to show to the doctor.
- Ask your doctor to show you the main ligaments and muscles running through your pelvis as well.



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Bad Periods Treatment Guide



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Bad Periods Treatment Guide

Pain

- Where exactly your pain is located in your body everyday – use the pain map on the treatment guide page on the Bad Periods website
- How much pain you are having daily on a scale of one to ten – include time of day of pain, and anything you think may have triggered the pain i.e. period, ovulation, heavy lifting, exercise, other
- What type of pain, use the list of words on the treatment guide page on the Bad Periods website



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Bad Periods Treatment Guide

STEP 2: Put it all together

Now, it's time to put it all together in one place. Start a document with your name, date and social security number across the top.

When you have tracked one to three months of your symptoms, start to summarize them into a bulleted list in your document. Examples:

- Pain above a 7, 80 days out of the last 90 in left ovary and radiating to hip flexor
- Had to take 800 mg of Advil every four hours for fifteen days to function
- Fatigue so overwhelming could not perform daily functions for 40 out of 90 days
- Soaking through one maxi pad every 45 minutes for four days a month

Once you have all your info typed up into a bulleted list you need to take a look at it for yourself and ask yourself:

- What is the accurate picture of what is going on for you?
- Are you able to function on a daily basis?
- Are you able to go to work, school and to social obligations? Are you able to do housework?
- Are you able to care for yourself?
- Are you able to do things you want to do?
- Are you able to work and support yourself?
- What is your quality of life?

These questions will help you determine a care plan for you.



Bad Periods Treatment Guide

STEP 3: What has and has NOT worked for you in the past

In the same document, below your summary of bulleted symptoms list, make a list of all the things you have already tried that did not work. This can include:

- Birth control pill
- IUD
- Pelvic Floor Physical Therapy
- Previous surgeries (if you have had previous surgeries you will need to find out if your endo was ablated or fulgurated. This is essentially burning off the endo and is ineffective. If you did have these things performed on you, note this) [Here is research on ablation/fulguration versus excision.](#)
- Alternative therapies
- Acupuncture
- Dietary changes
- Other

Then, make a bulleted list of what *does* work to manage your symptoms, if anything:

- Pain medication – what, how much and when do you need to take it
- Acupuncture
- Dietary changes
- Other

Next, add to your document, your surgical history and any results of tests or pathology and imaging in the bulleted list.

Finally, add in everything else that has been ruled OUT. This could include IBS, cysts, anything at all you have been tested for that came back negative.

- Try to fit this all on one to two pages – I know it's hard!
- Print out two copies, one for you and one for your medical provider.
- Begin a file folder that has this list and all your medical records.
- Buy a notebook that you will begin taking notes in when you visit doctors or use an app like Evernote on your phone or iPad when visiting the doctor.



Bad Periods Treatment Guide

STEP 4: Read your own data

Take a look at what you have compiled and sit with it for a few days. It can sometimes be overwhelming to see it all on paper, but also be enormously validating. Write down in your notebook or journal how it feels to look at all these symptoms, how it feels to be you inside your body.



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Bad Periods Treatment Guide

STEP 5: What do you want to do?

Ask yourself some key questions and write down your answers in your journal or notebook.

- Are you able to function most of the time except for a few days? Are you fully debilitated? Or somewhere in-between?
 - What's your pain, bleeding, and fatigue like on an everyday basis?
 - Do you have migraines, leg pain or other pain?
 - Do you want to pursue integrative, functional or Chinese medicine?
 - Do you want to pursue conventional medicine?
 - Do you want to pursue surgery?
 - Are you trying to get pregnant?
-
- ❖ If you have been suffering for a long time, tried many different treatments, and nothing has worked, and your quality of life is seriously impacted, excision surgery could be a next step for you if you have endo.
 - ❖ If you have fibroids that are over two centimeters, and/or are causing symptoms or you want to get pregnant, laproscopic myomectomy surgery could be a next step. It is important to find out WHERE your fibroids are located. Even a very small one can interfere with fertility or cause bleeding depending on where it is located. Ask for a pelvic MRI to determine where all the fibroids are.
 - ❖ If you do not ever want to be pregnant, or are done having children, for fibroids there are also other interventions like uterine embolization that can help, [click here for more info.](#)
 - ❖ If you are trying to get pregnant, your quality of life is seriously impacted, and you have had failed IVF's, miscarriages, etc due to what you think or what has been diagnosed as endo, excision surgery could be a step for you. If you have been trying to get pregnant and/or have failed IVF's and suspect you have fibroids it is time to request a pelvic MRI to find out where the fibroids are.
 - ❖ If you are trying to get pregnant and your quality of life is not seriously impacted or is still manageable, Chinese medicine and acupuncture could be a good next step for you. Both have been clinically proven to treat chronic pain and inflammation as well as help with fertility.
 - ❖ If you are in some pain and have some symptoms for a small part of the month and you think these symptoms could be managed better, Chinese medicine and acupuncture, or functional or integrative medicine could be a good next step for you.



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Bad Periods Treatment Guide

- ❖ If you are in pain and have some symptoms for part of the month but are not debilitated, the birth control pill could work well for you.
- ❖ If you are a teenager and missing days of school and quality of life is seriously impacted, excision surgery could be a next step for you.
- ❖ Do you think from your symptoms and what you can feel that you may have adhesions, or that your organs may be stuck together? If so, excision surgery could be a next step for you.
- ❖ Please note hysterectomy is often prescribed by ob/gyn's as a "cure" for endometriosis. This is not the case. Only 3.7% of women have endo on their uterus or ovaries and so removing the uterus and/or ovaries often does not provide relief. Often hysterectomy is also advised for large fibroids or very complex cases of fibroids – where there are a large number of fibroids or they are sitting in places that are difficult to reach. This is not true and there are many fibroid specialists who are able to remove large and difficult fibroids. Hysterectomy is often prescribed as the only way to help adenomyosis, which is endo inside the walls of the uterus. While removing the uterus can provide relief, there is evidence now that acupuncture/Chinese medicine can help with adenomyosis as well. **The bottom line is you do not ever "need" a hysterectomy unless you have cancer in your uterus/ovaries.** You should also know that in the U.S. doctors are reimbursed \$5600 for a hysterectomy and \$1100 for removing endometriosis. Hysterectomy is a serious surgery with many possible long-term side effects and if you decide to do it, you want to be fully informed and educated as possible. Use your intuition to decide if this is the right treatment for you.
- ❖ If you decide excision surgery is for you, find a specialist in your area using the excision surgeon directory on the Bad Periods treatment guide page. The doctors on that list have been vetted in that they perform excision. Every doctor is different so do your research, call their offices and find out who is the best surgeon for you. Ask other women on endo Facebook groups, about their experiences with that surgeon. Ask other women about the type of surgery you are thinking of for fibroids on the Fibroids Facebook group. Connect with other women about their experiences on different treatment and different doctors.

You must decide what is best for you.

Use your intuition.

Do your research.

Gather information.

Educate your doctors.



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Bad Periods Treatment Guide

Since you may have to petition your insurance to get excision surgery or surgery with a fibroid specialist paid for, it is a good idea to get your current primary care provider, and if possible, your current ob/gyn on board. Keep in mind since endometriosis is not taught in medical school, your doctors might push back with you, or not understand or know what you are talking about. For endo, this is where [ablation vs excision clinical PDF comes in](#) which you can find on the Bad Periods treatment guide page. You will need to take that to your doctor and sometimes your insurance company as well. But getting as many medical providers on board as possible will only benefit you.

With fibroids, most doctors do not fully comprehend the pain and other quality of life issues besides bleeding that accompany fibroids and many do not understand how fibroids can interfere with trying to become pregnant even if they are small. This is where your symptom list comes in.

After you have found the name of the surgeon you'd like to see, book an appointment with them via phone or in person and interview them. Present the bulleted list on your symptoms and the treatments you have tried without success. If you can, take someone with you to your doctor's appointment who also has the list and can listen and ask questions. Do not see your regular ob/gyn for surgery for fibroids or endometriosis. Statistically and clinically speaking when doing *any* surgery you want to see a surgeon who does that type of surgery you are requesting at a very high rate and frequency. Higher frequency equals better outcome for the patient. Regular ob/gyn's only do these types of surgeries as part of their overall practice and are often not trained on how to identify endo.

- Questions to ask an excision specialist, [click here](#).
- Questions to ask a fibroid surgeon, [click here](#).

If you feel your primary care doctor does not take your symptoms seriously, and is not willing to help, even if he or she is not sure what the problem is yet, find a new doctor. You cannot afford to waste any more time working with medical care providers who do not take you seriously. Keep going until you find a doctor who will take you seriously. Please note: tracking your systems in a written format can make an enormous difference in how your doctor treats you.



Bad Periods Treatment Guide

STEP 6: Your ob/gyn

Make an appointment with your current ob/gyn or primary care doctor, or both. Present your doctor with a printed copy of your written tracked symptoms and print a copy for yourself as well. If you can, take someone with you to your doctor's appointments who also has the list.

Questions to ask in the appointment

- Based on my symptoms here in this document I gave you, I think I have endometriosis/fibroids/PCOS/interstitial cystitis/adenomyosis—would you be willing to work with me to figure this out?
- Based on what you are hearing from me, and the list of symptoms I just gave you, do you have any ideas about things we should rule out that might not be obvious like – thyroid issues, lyme disease, pelvic floor dysfunction, torn ligaments or muscles, or other issues?
- Would you be willing to write an order for a pelvic MRI to make sure there is nothing structurally wrong in my pelvis, and to locate and size any and all fibroids I may have that could be causing pain by sitting on a muscle or nerve?
- Would you be willing to write an order to see a physical therapist and/or a pelvic floor physical therapist for an evaluation?
- I've researched the long-term outcomes of excision surgery and feel it is the next best step for me. Here is the name of the surgeon I am going to see. Would you feel comfortable talking with him about my medical history?



Bad Periods Treatment Guide

If you feel you would like to pursue Chinese medicine and acupuncture or functional medicine, or pelvic floor physical therapy bring your bulleted list to your provider and ask the same questions above. Then ask them:

- Based on what I am telling you, what would be your recommended treatment plan for me?
- How long before I could expect to see results?
- What kind of side effects would I have?
- How much will this cost me? Is any of it able to be submitted to insurance for reimbursement?
- Can you give me examples of other women who have had similar symptoms and what their outcomes were with your treatment?

If you decide you would like to pursue Chinese medicine and acupuncture, the best place to find an acupuncturist is to begin here:

<https://acupuncturenowfoundation.org/find-qualified-acupuncturist-usa/>

https://www.functionalmedicine.org/practitioner_search.aspx?id=117

Pelvic floor physical therapists are a subspecialty of physical therapy, start by going here: <http://www.womenshealthapta.org/pt-locator/> or asking on Facebook groups if anyone knows of a good one in your area, or ask your doctor or other medical provider.



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Bad Periods Treatment Guide

- **TRACK YOUR SYMPTOMS AND WRITE THEM DOWN**
- **WRITE DOWN WHAT DOES AND DOESN'T WORK FOR YOU**
- **DO YOUR OWN RESEARCH**
- **ASK YOURSELF WHAT IS BEST FOR YOU AND WHAT DO YOU WANT TO DO**
- **BRING YOUR WRITTEN SYMPTOMS TO YOUR DOCTORS/GET THEM ON BOARD**
- **FIND A MEDICAL CARE PROVIDER YOUR TRUST TO WORK WITH YOU WHETHER THAT BE A PRIMARY CARE DOCTOR, AN OB/GYN, AN ACUPUNCTURIST OR AN EXCISION SURGEON**
- **ASK OTHER WOMEN ABOUT THEIR EXPERIENCES WITH THE DOCTOR YOU ARE CONSIDERING**
- **ALWAYS, ALWAYS TRUST YOUR OWN INTUITION AND YOUR OWN BODY**



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Bad Periods Treatment Guide

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All information is intended only to help you cooperate with your doctor, in partnership and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. In addition to regular check ups and medical supervision, from your doctor, before starting any new healthcare regime, you should consult with your personal physician.

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This information is not intended to “diagnose, treat, cure or prevent any disease.”

Never disregard professional medical advice or delay in seeking it because of something you have read on this Website.

If you think you may have a medical emergency, call your doctor, go to the emergency department, or call 911 immediately.

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This information has been based solely on the experience and research of one individual layperson.

My blog posts and comments do not constitute medical advice, or the establishment of a doctor-patient relationship.

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Readers are advised to do their own research and make decisions in partnership with their health care provider.



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