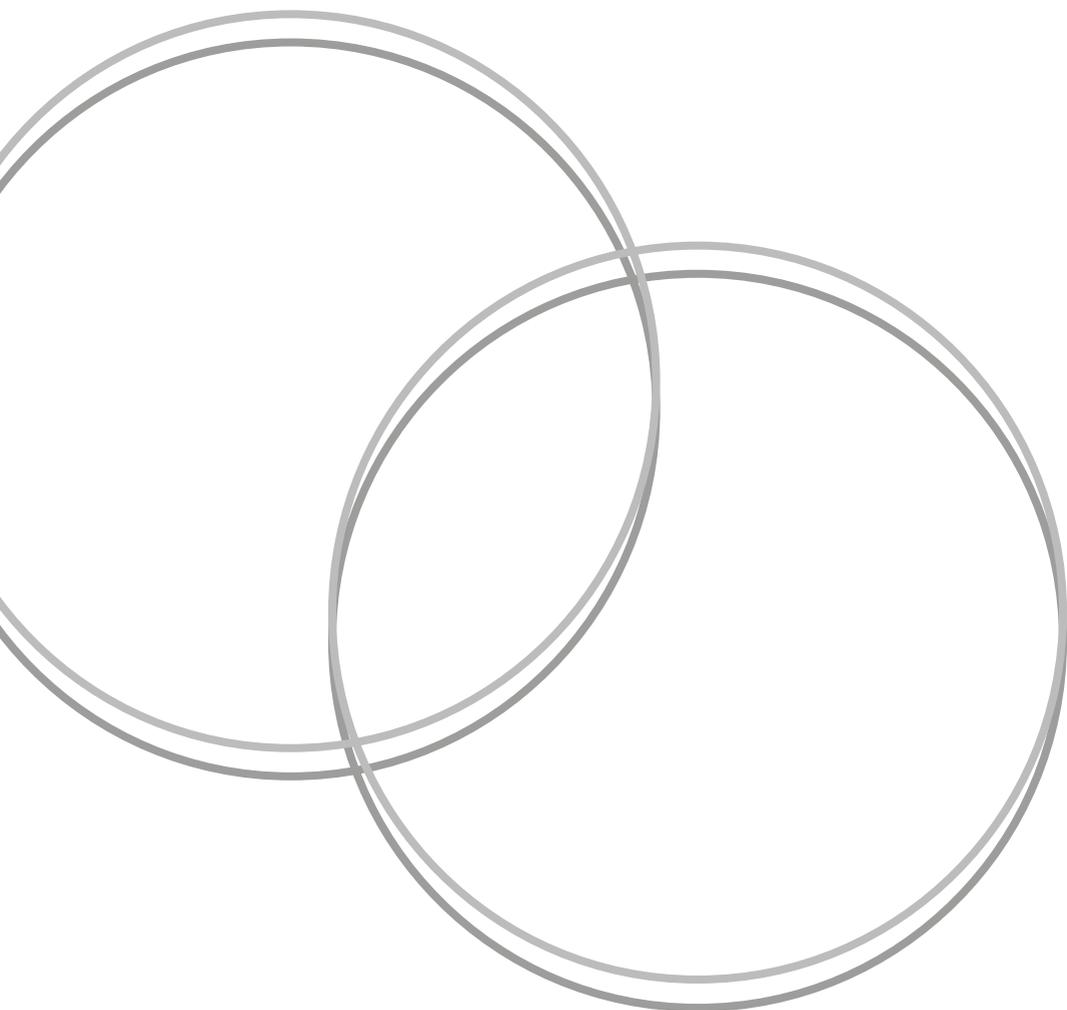




Oxford University Hospitals
NHS Foundation Trust

Hormone Options for Pelvic Pain

Information for patients



Finding a hormone option that suits you and controls your bleeding can be a key part of managing pelvic pain. Before reading this leaflet, we would recommend watching our video “What is the role of hormones in managing chronic pelvic pain?” which goes into more detail about why hormones are so helpful and deals with some of the myths you may have heard.

This leaflet tells you about the different types of hormones we use. There are many types, and they suit different people in different ways. Even if you’ve tried some before, there are likely others that might work for you. For example there are at least 11 different forms of progesterone that can be used to help pelvic pain and they can each affect you differently.

Before you read on, have a think about what you’re looking for. Do you need contraception? Is it easy for you to remember a daily pill? We’ve included a diary at the end of this leaflet to record options you’ve tried before and what you liked, or didn’t like, about them.

We’ve put them into groups to try to make the options easier to navigate: and even within each group you may find some suit you better than others.

For many of us, our bodies take a while to adjust to the hormonal changes of starting a new medication. For all of these medications you might notice changes to hair, skin, breast tenderness, headaches or mood changes but in many cases the side effects settle after the first month or so.

Group 1: Tablet treatments with One Hormone (Progestogen-Only) Options

These pills only have one hormone messenger in them: **progestogen**. They mainly work by keeping the womb lining thin so you don't have periods. Some of them also stop you ovulating which can be helpful if that part of your cycle is painful too.

Examples: *Desogestrel* (like Cerazette, Hana, Cerelle, Feanolla), *Drospirenone* (Slynd), Levonorgestrel (Norgeston), *Norethisterone* (like Noriday, Utovlan), or *Medroxyprogesterone* (Provera).

What's good about them?

- You can take them even if you have migraines, high blood pressure or a risk of blood clots
- You can take them if you smoke
- You can take them if you are over 35
- Many of them work as contraception as well so can be free on prescription
- If you find one that suits you it can even improve headaches or skin symptoms (although annoyingly sometimes they can make these worse)
- You may find mood symptoms improve, including PMS (Pre-menstrual syndrome) even though these are not recommended treatments for PMS

What's not so good?

- It's common to have irregular bleeding or spotting when you first start. This may settle down over 3 months.
- You need to be good at remembering them each day.

Group 2: Longer-Lasting Progesterone Options

The Injection: *Medroxyprogesterone*

Depo-Provera, Sayana Press. You get an injection every 10 to 13 weeks.

What's good about them?

- You only think about it 4 or 5 times a year!
- It is one of the medications with the best chance of stopping your periods
- You can even do the injection yourself if you prefer or try it out in tablet form first if you are nervous about side effects

What's not so good?

- It is linked to weight gain for some people, especially if your BMI is over 30.
- Over time it leads to a reversible thinning of the bones: we will check your risk factors for this and monitor this if needed
- It can take up to a year for your cycle to return to normal after you stop.

The Hormonal Coil: *Levonorgestrel*

UK Brands: Mirena, Benilexa, Levosert

A small, T-shaped device that sits inside your womb. It releases the hormone right where it is needed.

Good bits:

- Because the hormone stays mostly in your womb, there are often fewer side effects in the rest of your body especially after the first 3 months.
- After 1 year this type of coil reduces bleeding by about 90%: 1 in 5 women are completely bleed free at that point.
- It lasts for 8 years as contraception (but might need replacing sooner if your bleeding comes back).
- It is safe even if you have a risk of blood clots and can even be used after breast cancer
- If you don't like it, removal is usually easy and the hormones wash out of your body very quickly

Not-so-good bits:

- It can be uncomfortable to have it fitted but we have options to help with this and can even fit it under a general anaesthetic.
- Bleeding and cramping can be unpredictable: especially initially

The Implant: *Etonorgestrel*

UK Brand: Nexplanon.

A small, soft rod is placed under the skin in your arm. It lasts for 3 years.

Good bits:

- You don't need to think about it for 3 years and they are safe for most people to use

Not-so-good bits:

- A doctor needs to fit and remove it.
- It is less likely to fully stop your bleeding than many of the other options: you may well have unpredictable bleeding or spotting.

Group 3: Options with both Oestrogen and Progesterone: Combined Hormonal Contraception

Examples:

Microgynon, Gedarel, Rigevidon, Lucette, Eloine (tablets), The Evra patch, The Nuva ring – but there are **lots** of others and different types have different pros and cons.

They work by telling your ovaries to take a break from releasing an egg each month. They also keep the lining of your womb thin, which means no periods. They all have an oestrogen (usually **ethinylestradiol**) but the dose of this and the type of progesterone varies from type to type.

What's good about them?

- You can take them every day, or just take a break every 3 months: this tends to mean that you are bleeding a lot less
- They can often help improve acne (spots), PMS, headaches and early menopause symptoms
- They also work as contraception so can be free on prescription

What's not so good?

- There's a very small risk of getting a blood clot with this type of medication (including the Evra patches and Nuva rings). This is rare, but it's why we ask lots of questions about your risks of this.

Who might not be able to take them? Your doctor will say it's not safe if you:

- Have a specific type of migraine. KEY NOTE: Many women with migraine can take this kind of pill, but if you've ever had a migraine with aura (a specific kind of vision change at the beginning of your migraine) you sadly can't
- Have had a blood clot in your leg or lung before or have a strong family history of these
- Are over 35 and smoke
- Have a BMI over 35

Group 4: GnRH Medications; Medicines that 'Pause' Your Ovaries

UK Brand Names You Might Hear:

Prostap, Zoladex, Decapeptyl (these are injections), or Ryeqo or Linzagolix (these are tablets).

These are medicines that work on a hormone called GnRH. GnRH is the hormone in charge of ovulating. By using this kind of medication to stop you ovulating this also stops the ovaries from making oestrogen and puts your body into a temporary, reversible menopause. This medicine has no long lasting effects on your fertility, and after stopping them your cycle will return to normal. This can take between 3-9 months.

What's good about them?

- They are very effective at stopping periods and reducing the associated pain, even when other hormonal options haven't worked. So they can be especially helpful for conditions like endometriosis, adenomyosis and fibroids or pain with a very clear cycle even if no disease has been found on investigations.
- Because of how they work, they do not seem to increase any risk related to breast cancers. The most important thing is to talk with your doctor about your own health, your family history and any worries you have.

What's not so good?

- They will cause menopause side effects, like hot flushes, night sweats, and mood changes.
- To stop these side effects, your doctor will almost always give you a low dose of "add-back" hormones (HRT) – there are lots of different HRT options so you can find one that suits you. We would recommend trying to manage the first 3 months without additional hormone replacement therapy (HRT) to see the most benefit from the injections.

- Not all of them work as contraception: so you might need to use other contraceptives as well
- After starting the injections, we usually see an initial flare in pain and bleeding in the first couple of months whilst the medication settles. We would not advise starting them at a particularly difficult time such as exam season or straight before an important event.
- **Over time they may lead to a reversible thinning of the bones:** we will check your risk factors for this and monitor for it if needed.

Who might not be able to take them? If the combined pill isn't safe for you due to blood clot risk then Ryego will also not be an option: but there are several other options in this group that can be considered.

A Word About Breast Cancer Risk

It's common to worry about hormones and the risk of breast cancer. Let's look at this in a simple way.

When we talk about an "increased risk," it usually means a small increase to a very small chance. Most studies show that using hormonal treatments (like the pill, implant, coil or injection) may add a small amount to your breast cancer risk while you are using them. This extra risk is small and goes away again a few years after you stop.

To help understand this, it's useful to compare it to other things in our lives. The small extra risk from using most hormonal treatments is thought to be similar to, or even smaller than, the extra risk from:

- **Being very overweight (with a BMI over 30)**
- **Regularly drinking more than 14 units of alcohol a week** (that's about 6 large glasses of wine).

What's Next?

Choosing a hormone treatment is a personal decision and there is a lot to weigh up. This leaflet only covers the basics to get you started.

When we speak to you, please let us know about your thoughts and worries. Together, we can find the best option for you.

If you are keen to start something while waiting your GP team may be able to advise you on this but there are some options that we have to prescribe from the hospital.

Don't Forget to Use Your Diary! Keeping track of the different hormone treatments you try can be really helpful. You can find it on the next page. It helps you and your doctor see what works best for you and what doesn't. You can bring this with you to your appointments.

Fill in a new row for each medication. It's okay if you don't know all the details! Just fill in what you can.

Did Pain Improve?	What I Liked about this medication	What I did not like or reason for stopping
A little	It stopped my periods completely.	Felt a bit down and had some spots.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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