



Endometriosis

The endometrium is the name for the cells that line your uterus (womb). These cells respond to the hormones released from the ovary.

When pregnancy does not occur each month, the tissue comes away from the body with bleeding – this is known as the menstrual period.

Endometriosis occurs when these cells move to other parts of your body. Although they can move to almost any part of the body, most commonly endometriosis occurs in the pelvis.

Even though this tissue (the endometriosis) is outside the womb, it still responds to the messages from the ovary - it gets filled, and then when you have a period it bleeds.

Endometriosis is:

- common – at least 1 in 10 women have endometriosis
- chronic – because endometriosis rarely goes away without treatment before the menopause, the goals of treatment are to control the symptoms of endometriosis, not to cure it
- estrogen dependent – endometriosis is dependent on the hormone estrogen. Estrogen is produced by the ovary throughout the 'reproductive years'; this means from the time you start having periods (puberty) to the time your ovaries shut down (menopause).

As long as you still have functioning ovaries you can still be affected by endometriosis. Once you go through menopause, your endometriosis will not be able to grow any more.

What are the signs and symptoms of endometriosis?

The symptoms of endometriosis vary from one person to another.

Some women with endometriosis have no symptoms at all.

The two main symptoms that endometriosis causes are:

1. Pain – the pain occurs in the places that the endometriosis has grown. It is mostly in the pelvis. It is mostly 'cyclical', which means that it happens with your period. For many women, the first thing they notice is worsening pain with periods. Women with endometriosis often have pain with sex too.
2. Trouble getting pregnant (sub-fertility or infertility) – endometriosis can make it difficult to get pregnant. Some women only have endometriosis diagnosed when they start trying to get pregnant.

What causes endometriosis?

The causes of endometriosis are not fully understood. Women with a mother or sister with endometriosis are more likely to get it.

How is endometriosis diagnosed?

There are symptoms that suggest to your doctor that you may have endometriosis - like worsening painful periods. An ultrasound can sometimes help with the diagnosis. However, the only way to know for sure if you have endometriosis is to undergo a laparoscopy. This is a surgical procedure where your gynaecologist uses a small telescope inserted through your umbilicus (belly button) to look at the organs on the inside of your pelvis. Your surgeon will take pictures and often take samples of the endometriosis to confirm the disease.

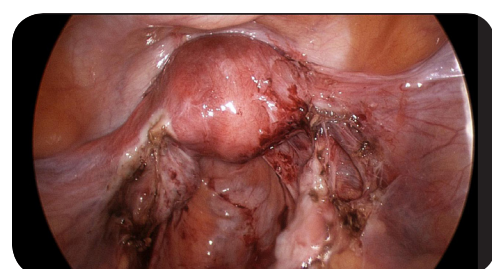
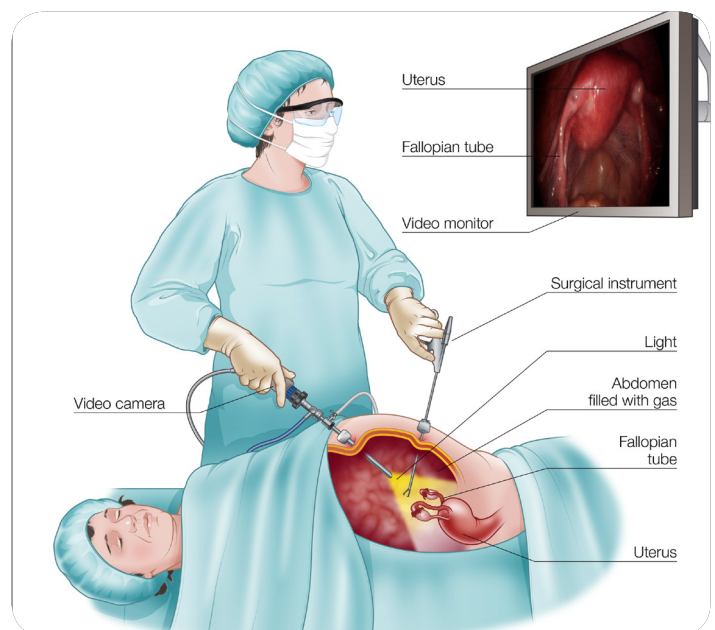


Image: Endometriosis on pelvic organs

How is endometriosis treated?

The treatment of endometriosis often involves both medication (tablets and injections) and surgery (laparoscopy to remove the endometriosis). Most women who have endometriosis will require both of these treatments at different stages of their lives. The choice of treatments depends on how bad the pain is, where the pain is, and if you are trying to get pregnant.

1) Medicines

Pain relief medication (analgesics) like naprosyn or ponstan

2) Hormone-based treatments

The oral contraceptive pill ('the pill')

Using an oral contraceptive to stop ovulation, the levels of estrogen in the pelvis are reduced and this can help settle the activity of endometriosis. As well, by running packets of the pill together to 'skip' periods, women can reduce the number of painful periods they have. It is important to realise that use of oral contraceptives will not make endometriosis go away.

Mirena

Mirena is a small device that is shaped like a T. This is placed in the uterus and releases a progesterone-like hormone. This has been shown to reduce the activity and pain of endometriosis over time for many women.

Other types of progesterone-like hormones

These medications can help settle the activity of endometriosis when used over time.

Dienogest (Vissane) is a progesterone treatment that has been shown to reduce the regrowth of endometriosis if it is taken everyday.

GnRH-agonists

Some implants and sprays can switch off the release of reproductive hormones in women. However, this can induce a state like menopause that women may find unpleasant. It is unusual to use such medications alone for more than a few months, as there can be long-term side effects.

It is important to realise that the medications used for treatment of endometriosis are commonly contraceptive (they stop pregnancy occurring).

3) Surgery

The surgery depends on the symptoms and the location of the endometriosis. It is most often a laparoscopy. This procedure allows your surgeon to diagnose and to treat your endometriosis. The endometriosis may be cut out or burnt off.

More information about laparoscopy can be found on the RANZCOG website under Patient Information.

Surgery for endometriosis can be simple or very difficult, and, if you are contemplating surgery, it is important to have a clear understanding of the nature and purpose of any surgery that is planned.

