

Endometriosis

What You Need to Know



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Endometriosis

Endometriosis is a common and often painful condition affecting about 10 per cent of women in their reproductive years. It occurs when the tissue that normally lines the uterus (endometrium) is found outside the uterus.

This is commonly found on the ovaries, fallopian tubes, and the tissue lining the pelvis. It is believed endometriosis develops on the surface of tissue or organs where it has been deposited, where it can grow and cause inflammation. These implants respond to female hormones such as estrogen, as does the lining of the uterus. It is unknown why endometriosis causes pain in most women. However, sometimes these implants bleed and the blood cannot escape from the body during a period, so it bleeds directly onto the surface of the surrounding organs and tissues. The body's reaction to endometriosis may cause inflammation, scarring and adhesions between organs so that they stick together. On the ovary, the patches can increase in size and burrow in to form cysts, known as chocolate cysts.

What causes it?

The cause of endometriosis is not clear, but a leading theory is "retrograde menstruation". This backward flow of menstrual bleeding through the fallopian tubes and into the pelvis might cause the endometrial cells to implant on abdominal organs. Researchers also think that it could be genetic, since female family members sometimes share the condition.

What are the symptoms?

The symptoms of endometriosis can vary. Some women have no symptoms at all, while others have severe pain. The most common symptom is pelvic pain that feels like period pain.

Pain may develop in any of the following forms:

- Period pain – immediately before and during a period.
- Pain during or after sexual intercourse.
- Abdominal, back and/or pelvic pain outside of menstruation.
- Painful bowel movements or urination.
- Abdominal pain at the time of ovulation.

Bleeding may occur in any of the following ways:

- Heavy bleeding, with or without clots.
- Irregular bleeding with or without a regular cycle.
- Premenstrual spotting.

Other symptoms may be extreme tiredness and difficulty falling pregnant.

How is endometriosis diagnosed?

If a woman has endometriosis in her ovaries, an ultrasound may be able to show it, but not always. The only way to definitely diagnose endometriosis is through laparoscopy. Laparoscopy is a surgical procedure that involves inserting a long, thin telescope (laparoscope) into the abdomen through an incision near the navel. Gas is then pumped into the abdomen to separate the organs for better visualisation. The surgeon will look for signs of endometriosis and may take tissue samples for testing. Endometrial implants may also be removed at this time.

What are the treatments for endometriosis?

Endometriosis can be treated in several ways, depending on the severity of the condition. The best option depends upon whether the primary goal is to become pregnant or to treat pain.

- **Treatment of infertility:** For women with mild endometriosis, the use of fertility medication that stimulates ovulation (clomiphene citrate, gonadotropins), combined with Intra-Uterine Insemination (IUI), enhances fertility. In Vitro Fertilisation (IVF) procedures are effective in improving fertility for many women with endometriosis. The decision when to apply IVF in endometriosis-associated infertility takes into account the age of the patient, the severity of the endometriosis, the presence of other infertility factors, and the results and duration of past treatments.
- **Drug treatment:** Hormone therapies may be used as a treatment in mild endometriosis or as an added or combined therapy before or after surgery, especially in moderate to severe forms. The aim of hormonal therapies is to suppress the growth of endometrial cells, which can lead to a reduction in pain symptoms. These therapies usually aim to stop any bleeding, including the period, and are not suitable while trying to fall pregnant. Hormone therapies include GnRH (gonadotrophin-releasing hormone) agonists, progestogens, androgenic steroids (e.g. Danazol), and the oral contraceptive pill.

- **Surgical treatment:** Procedures such as laparoscopy (keyhole) or laparotomy (open surgery) can surgically remove endometrial implants or adhesions (scarring) that result from endometriosis. Unlike drug treatment, surgical treatment may improve a woman's fertility. If a woman's symptoms persist despite drug and conservative surgical treatment, a hysterectomy (removal of the uterus) may be suggested. This type of surgery is usually only chosen in cases where all other forms of treatment have failed.

Where to Now?

I want more information

- Contact our Fertility Advice Team or
- Book a 15 minute nurse chat

I'm ready to take the next step

- Get a referral from your GP, to one of our accredited specialists to book a fertility health check
- Book an appointment with us

New fertility patient referrals are guaranteed an appointment within 10 working days with the first available specialist.

Contact Us

Call 1300 354 354

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