Endometriosis

The symptoms associated with endometriosis vary. Some people might experience very little or no pain, while others have significant pain that substantially affects their quality of life.

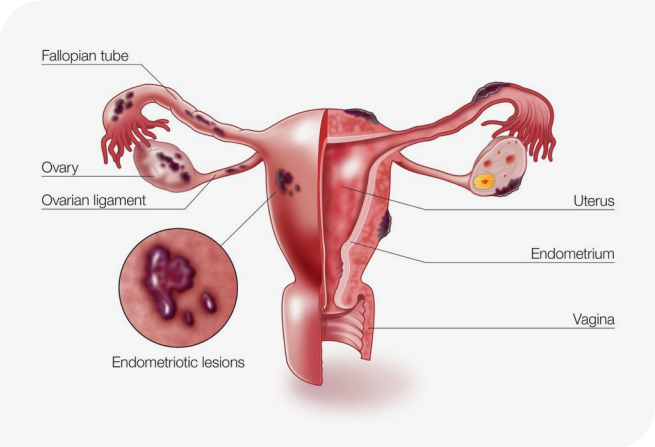
Endometriosis has been associated with debilitating painful symptoms, a long delay in diagnosis, and ongoing symptoms despite medical and surgical treatments.

A direct family history of endometriosis or any history of autoimmune disease might increase your chance of having endometriosis.

Pain that interferes with your life is not acceptable. Please seek medical advice about treatments for period pain as this could be endometriosis or an alternative cause that should be investigated.

What is endometriosis?

Endometriosis is a chronic, inflammatory, gynaecologic disease marked by the presence of endometrial-like tissue outside the uterus. The causes of endometriosis are not fully understood.



What are the symptoms of endometriosis?

Common symptoms:

- severe painful periods
- pain with sex
- infertility
- pelvic pain
- heavy menstrual bleeding

Less common symptoms:

- bowel symptoms (constipation, diarrhoea, pain with bowel movement)
- severe tiredness
- back pain
- sleep difficulty
- headache
- allergies

How is endometriosis diagnosed?

Pelvic examination

Your health practitioner may perform a clinical pelvic (transvaginal) examination as part of an initial assessment to investigate suspected endometriosis and screen for other possible causes of the symptoms. A normal clinical examination does not rule out the diagnosis of endometriosis.

Ultrasound

A transvaginal ultrasound (internal approach through the vagina) is the first-line investigation for possible endometriosis. If this is not appropriate, then an ultrasound scan through the abdominal wall may be an option (although less precise). An additional specialist ultrasound may be required and should be performed and/or interpreted by a healthcare professional with specialist expertise in gynaecological imaging. Negative findings (no edometriosis found) on ultrasound does not exclude superficial peritoneal disease.

MRI

A pelvic MRI can be organized if pelvic ultrasound is not appropriate or if deep endometriosis is suspected on examination or transvaginal ultrasound.

Laparoscopy

If your symptoms persist after a trial of medical treatment, you may need a referral for further assessment and investigation. Laparoscopy can be offered to people with suspected endometriosis after a treatment trial, even if the ultrasound or MRI is normal.

How is endometriosis managed?

The choice of treatment should be a shared decision made by you and your doctor.

Pain medication

Consider a short trial of an over-the-counter non-steroidal anti-inflammatory drug (NSAID) alone or in combination with paracetamol to manage pain.

Hormone therapy

Hormonal therapies aim to reduce pain and endometriosis severity by reducing the growth and inflammation of endometrial tissue.

Hormone therapy has the best evidence for management of pelvic pain, severe painful periods and pain with sex (during or after intercourse). First-line options include combined contraceptives (e.g. birth control pills) or progestogen therapy (e.g. pills, IUD, or Implant).

Symptoms are likely to return if you stop using any of the treatments. If the first option is not tolerated or was ineffective after three months, an alternative first-line treatment may be considered.

If you are actively trying to conceive it is not recommended to start hormonal treatment for endometriosis.

Surgery

You can discuss surgical management details including:

- what surgery involves
- that it may include treatment of lesions
- that it may or may not improve your symptoms
- the possible benefits and harms of surgery
- the possibility for further surgery, if there is bowel, bladder or ureter involvement, or for recurrent endometriosis

If you have a diagnosed endometrioma, removing the cyst is the preferred option. There is limited evidence to support laparoscopic surgery (excisional or ablation) to reduce pain associated with endometriosis. There is no evidence to support the benefits of routine repeated surgery for the management of endometriosis. A second surgical procedure may be necessary for specific surgical expertise (e.g. colorectal surgeon or urologist).

Hysterectomy

Endometriosis may include tissue outside the uterus, which means that hysterectomy is not always able to improve the symptoms.

A hysterectomy is a major operation with risks and also removes your fertility permanently. If your ovaries are removed at the same time, it can increase your risk of heart disease, stroke, osteoporosis and dementia and you will probably need to go on menopausal hormone therapy until the average age of the menopause.

Fertility treatment

Management of endometriosis-related infertility should have multidisciplinary team involvement with input from a fertility specialist and access to fertility services.

If you have had 12 months of infertility and have superficial peritoneal endometriosis, a laparoscopic removal of endometriosis may improve your chances of becoming pregnant.

Additional therapies

There is no 'cure' for endometriosis so effective self-management techniques and lifestyle changes may have an important role. Many people want to be more actively involved in their treatment while others have found hormonal and medical treatments to be ineffective or intolerable.

Physical therapies

Clinicians may offer a course of pelvic physiotherapy to people with endometriosis as it may be associated with improvements in pelvic pain and pain with sex.

Summary of Diagnosis and Management of Endometriosis

If you have one or more symptoms associated with endometriosis:

Common:
- severe painful periods
- pain with sex (during or after intercourse)
- infertility
- pelvic pain
- heavy menstrual bleeding

Less common:
- bowel symptoms (constipation, diarrhea, pain with bowel movement)
- severe tiredness
- back pain
- sleep difficulty
- headache
- allergies

If fertility is a current priority, you may need to see a fertility specialist

You may need to see a Multidisciplinary Pain Management Team

See your local healthcare provider (GP, Nurse Practitioner or, Endometriosis PHN Clinic) to:
- Consider other possible contributors to symptoms (including bowel, bladder and pelvic floor)
- Consider your own environment and possible lifestyle impacts
- Manage other possible contributors of symptoms

Start Symptom Management[1]

and

Consider Diagnosis Investigations[1]

You could start first-line hormonal treatment[2]

You could consider additional interventions including:
- simple analgesia (paracetamol or NSAIDS)
- physiotherapy
- psychological support

Your health practitioner may perform a clinical pelvic examination. You may be referred for imaging (this would be preferably a transvaginal ultrasound or could be a transabdominal ultrasound).

Sometimes a specialist ultrasound scan is also needed.

Result from imaging

Normal Report

Endometriosis diagnosed

Deep endometriosis suspected

Your health practitioner should explain the result of your scan. If your symptoms have not improved by 3-6 months you may benefit from an alternative first-line hormonal treatment[2]

or

If your symptoms have not improved by 3-6 months you may benefit from a second-line hormonal treatment[3]

If your symptoms have not improved by 3-6 months you could use an alternative second-line hormonal treatment[3]

or

If you have not had surgery, your doctor may discuss the benefits and risks of laparoscopic surgery[4]

You may need a referral to see an appropriate specialist to have an MRI or surgical opinion

If your symptoms are improving: continue treatment (with yearly reviews)

1. If you have symptoms associated with endometriosis, treatment and diagnostic investigation can start at the same time
2. First-line hormonal treatment options include: combined oral contraceptives and progestogens (oral, injection, implant or IUD)
3. Second-line hormonal treatment (on specialist recommendation): GnRH agonists and antagonists
4. For adolescents, laparoscopy should be discussed with a gynecologist with expertise in young people

Psychological support

A course of mindfulness classes or psychological interventions may have small improvements in pelvic pain and quality of life, and counselling sessions may be associated with small improvements in quality of life.

Acupuncture

A course of acupuncture may be associated with short term improvements in endometriosis-associated pain and quality of life.

Adolescents

Adolescence is the phase of life between childhood and adulthood, we have considered the age range from 10 to 19 years old according to the WHO definition.

Painful periods during adolescence are very common. Significant period pain is a valid concern and should be investigated for possible causes, as well as starting treatment options.

Ultrasound is a first line investigation to assess causes including endometriosis. All hormonal and simple analgesic options are suitable for young people. Laparoscopy should be discussed with a gynaecologist who is experienced in treating adolescents.

A holistic approach to managing symptoms (including other factors such as stress, poor sleep and adverse childhood events should be included) as well as allied health support and menstrual suppression.

Informed consent

You have the right to make an informed choice about any kind of healthcare treatment, procedure, or other intervention. Informed consent is your permission, given voluntarily, to proceed with treatment. It is a clinician's responsibility to make sure that your consent is properly obtained so that you have the chance to:

- discuss all management options with your doctor(s)/ team
- review written information
- understand what is involved with the treatment/ procedure
- see your doctor(s)/ team more than once or have the time and opportunity to consult another doctor for a second opinion, if required

Questions you can ask may include information about:

- details about your care
- cultural or personal considerations that are important to you, that could be included in your care
- reasons for recommending a particular treatment/ procedure and alternative options
- what you can expect on the day of a treatment/ procedure, including who will be involved, how you will be positioned, and equipment/ instruments that will be used
- what to expect after a treatment/ procedure, including anticipated time in hospital and expectations for your recovery
- expected immediate and long-term outcomes and risks
- whether there are permanent or irreversible consequences of the procedure

Notes

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

1 Bowen Crescent,
Melbourne, VIC 3004, Australia

Phone: +61 3 9417 1699
Email: ranzcog@ranzcog.edu.au
Web: ranzcog.edu.au

For more information and resources, scan the QR code or visit:

ranzcog.edu.au/endometriosis