

ENDOMETRIOSIS



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Do you know the facts?
Learn about endometriosis, its symptoms and available treatments.

What is endometriosis?

Endometriosis is a common and potentially debilitating condition experienced by women of reproductive age. This disease is a common cause of chronic pelvic pain and is sometimes associated with infertility. Endometriosis affects one in 10 women of reproductive age, three in 10 women who are experiencing infertility, and seven in 10 women with chronic pelvic pain.

Endometriosis is the growth of tissue, similar to the kind that lines the uterus every month, elsewhere in your abdomen. This excess tissue responds to your menstrual cycle each month. When the tissue breaks down, it can lead to inflammation, causing pain. Common sites for endometrial growth are the ovaries, on the uterus and behind the uterus. It can also be found on the bladder, rectum and intestines.

What are the symptoms of endometriosis?

If you have endometriosis, the symptoms you experience will depend on where your endometrial growth is occurring. The symptoms will be different for everyone. As well, endometriosis can be difficult to diagnose because many of its symptoms are similar to those for a wide variety of other conditions. If you think you might have endometriosis, it's important to speak with your health-care professional to rule out other causes for your symptoms.

Symptoms

- Atypical menstrual pain: starting a few days before your period and lasting throughout your period, or which is very severe
- Chronic pelvic pain, which may also be associated with sex
- Painful urination during periods
- Bowel problems (such as diarrhea, constipation and pain)
- Difficulty conceiving

For some women, the pain associated with endometriosis can lead to fatigue, feelings of depression and isolation, problems with sex and relationships, and difficulty fulfilling work and social commitments.

What should I do if I have symptoms?

Talk to your health-care professional if you have atypical menstrual pain affecting your quality of life, frequent pelvic pain lasting more than three months, or if your pain is worse just before or during your period, when you go to the bathroom, or when you have sex.

Keep a diary of your symptoms

Keep track of when and where you have pain or other symptoms of endometriosis. Include details about what factors increase or decrease the symptoms and in what ways they affect your lifestyle. This information can help your health-care professional make diagnosis and treatment decisions.

Diagnosis

Your health-care professional will ask about your pain, and may examine your abdominal area or perform a pelvic exam to locate where the pain comes from. Your health-care professional may also recommend an ultrasound to rule out other causes for your symptoms.

In some cases, you may require a laparoscopy. A small telescope-like tube is inserted through an incision into your abdomen, allowing your health-care professional to see endometrial growth. Because this is a surgical procedure, it is only used when other diagnosis and treatment options are not effective.

Treatment

There are treatment options for endometriosis that can improve your quality of life. The treatment options that are currently available can reduce your pain, shrink or slow the endometrial growth, preserve or restore your fertility, and prevent or delay recurrence of the disease.

The right treatment option for you will depend on your age, how your symptoms affect your quality of life, your desire to have children and the extent of endometrial growth.

Lifestyle changes

If you are diagnosed with endometriosis, your health-care professional will discuss lifestyle changes with you. Changes to your exercise and relaxation routines, and maintaining a balanced diet to stay healthy, may help ease the symptoms of endometriosis.

Pain management medication

Your health-care professional can recommend anti-inflammatory drugs to help manage the pain caused by endometriosis.

Combined hormonal contraceptive therapy

Your health-care professional may prescribe a combined hormonal contraceptive, usually to be taken continuously to prevent your period. This can be very effective in reducing pain.

Suppression of ovarian function

If combined hormonal contraceptives aren't effective in treating your endometriosis, your health-care professional may prescribe a drug known as a *GnRH agonist*. This drug prevents your ovaries from functioning — the same process that happens during menopause. Because this type of medication can cause symptoms similar to menopause, “add-back therapy” will also be prescribed to add estrogen back into your body. This helps to prevent loss of bone mineral density and relieve the menopause-like symptoms, such as hot flashes.

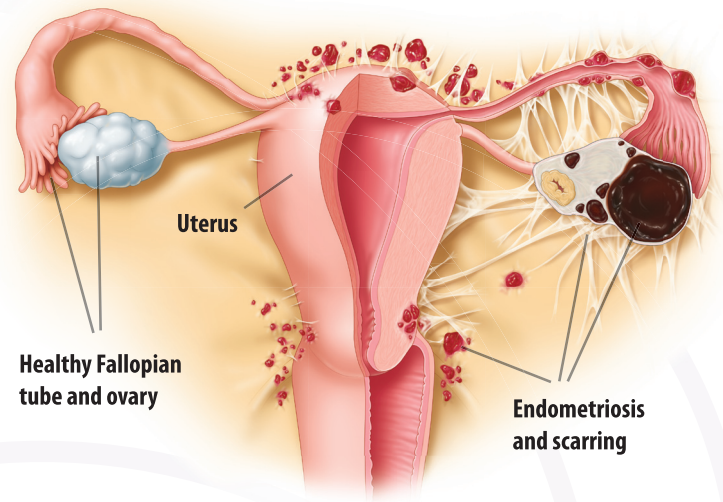
Surgery

If other treatments are not effective in managing your pain or improving your quality of life, **laparoscopy** can be performed to remove endometrial growths or lesions and scarring. However, this doesn't mean that the endometrial growth has stopped: endometrial growths return within five years in 20 to 40 per cent of women.

A **hysterectomy** (removal of the uterus) may be another option for some women; unfortunately, the pain may still return if the endometriosis has already spread to other organs. The only way to permanently stop endometriosis is to prevent ovarian function through the removal of ovaries (however, scar tissue may remain).

Alternative therapies

Some women find that alternative therapies, such as physiotherapy, massage and acupuncture, are effective ways of managing pain. Speak with your health-care professional about whether these options are right for you.



Endometriosis and infertility

If you have endometriosis, it may be more difficult to become pregnant because scar tissue can block your Fallopian tubes, making it challenging for egg and sperm to meet. Endometriosis can also lead to an increased risk of ectopic pregnancy, when the fertilized egg implants and grows inside of the Fallopian tube.

If you have been diagnosed with endometriosis, it is important to speak with your health-care professional about conceiving. Scar tissue caused by endometriosis can sometimes be removed through laparoscopy. In vitro fertilization is also an option, but success rates are lower for women with endometriosis.

The good news is that many women with endometriosis are able to conceive — however, for some it may take longer. If you have endometriosis, are under 35, and have not conceived after having regular, unprotected sex for a year, you may be experiencing infertility problems associated with endometriosis.

For more information on endometriosis

- The Society of Obstetricians and Gynaecologists of Canada's (SOGC) clinical practice guideline, "Endometriosis": www.sogc.org/guidelines
- The Society of Obstetricians and Gynaecologists of Canada's (SOGC) public education website, www.endometriosisinfo.ca