

Endometriosis

i Information for patients
Gynaecology



What is endometriosis?

Endometriosis is a chronic (long term) condition where small pieces of the endometrium (lining of the womb) are found outside of the uterus (womb) within the abdomen.

It is a very common condition, affecting around 1 in 10 women and usually affects women during their reproductive years.

What causes endometriosis?

The exact cause of endometriosis is unknown.

It is possible that a number of factors may cause certain women to have endometriosis, which include:

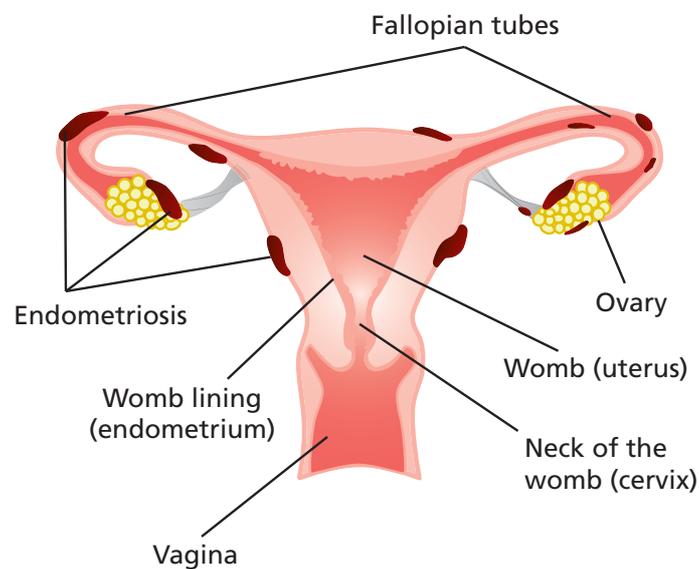
- Family history of endometriosis
- Ethnicity
- Retrograde Menstruation: Some of the endometrium flows up through the fallopian tubes and embeds itself on the organs of the pelvis, rather than leaving the body as a period
- Immune dysfunction
- Lymphatic or Circulatory Spread: Some of the endometrium moves round the body through the bloodstream or lymphatic system (a series of tubes and glands).

Where is endometriosis found?

Endometriosis can be found:

- On the ovaries where it can form cysts
- In the peritoneum (the lining of the pelvis and abdomen)
- In or on the fallopian tubes
- On, behind, or around the uterus
- In the area between the vagina and the rectum
- Within the muscle wall of the uterus (termed adenomyosis)
- On the bowel and/or bladder, although this is occasional
- In other parts of the body, although this is rare

Female Reproductive System



What are the symptoms of endometriosis?

Symptoms may vary. Common symptoms include:

- Pelvic pain: Can cause pain that occurs in a regular pattern, becoming worse before and during your period. Some women experience pain all the time but for others it may come and go. The pain may get better during pregnancy and sometimes it may disappear without any treatment.
- Painful periods, sometimes irregular or heavy periods.
- Pain during or after sex.
- Pain related to your bowels, bladder, lower back or the tops of your legs.
- Bleeding between periods.
- Bleeding from your back passage (rectum).
- Blood in your poo.
- It can lead to fertility problems in some women.
- Long-term fatigue.

For some women, endometriosis can have a big impact on their life and may sometimes lead to feelings of low mood and depression.

How is endometriosis diagnosed?

Endometriosis can be a difficult condition to diagnose.

This is because symptoms of endometriosis can vary for each woman, be similar to pain caused by other conditions such as Irritable Bowel Syndrome (IBS) or Pelvic Inflammatory Disease (PID), and some women may have no symptoms at all.

Investigations may include:

- **Ultrasound Scan:** To look at the uterus and ovaries
- **MRI:** To look for deep infiltrating endometriosis and adenomyosis.

Depending on the investigation results, your care may be discussed at a Multi-Disciplinary Team (MDT) meeting to ensure that the most appropriate management is recommended.

How is endometriosis treated?

There are both medical and surgical treatment options available.

The doctor or specialist nurse will discuss the possible treatment options with you and advise a recommended treatment based on your symptoms and investigation results.

Medical Treatments

Hormonal Medication

We know that endometriosis is hormone dependent. Hormones are therefore often offered as a first treatment option, to slow down or stop the activity of your ovaries.

The aim is to slow endometrial tissue growth and to prevent new implants of endometrial tissue, in order to help reduce some of the symptoms.

Some hormone treatments that may be offered include:

- **Gonadotrophin-Releasing Hormones (GnRH)**
This is a synthetic hormone and can bring on a temporary menopause.

When used continuously it stops the production of oestrogen, which in turn may improve your symptoms.

This treatment is usually an initial 3 month course and is usually started once you have been assessed by a doctor or specialist nurse.

It can be given as an injection, implant or nasal spray.

They are very effective but can cause menopausal symptoms such as hot flushes and are also known to reduce bone density.

To help reduce these side-effects and bone loss, you may be offered Hormone Replacement Therapy (HRT).

You may also be offered hormonal treatments that are also contraceptives and could stop you becoming pregnant.

They include:

- **Combined Oral Contraceptive (COC) Pill or Patch:** This can be given continuously. It usually stops ovulation and temporarily either stops your periods or makes your periods lighter and less painful.
- **Progesterone Only Pill (POP).**
- **Depo-Provera injection.**
- **Nexplanon implant.**
- **Intrauterine System (IUS):** This helps to reduce pain and makes periods lighter; some women using an IUS get no periods at all.

Analgesics (Pain Relief)

There are several different analgesics that may help relieve your pain. These include:

- **Paracetamol:** This can help with mild pain and can be used alongside heat pads and hot water bottles
- **Paracetamol and Ibuprofen:** These can be used together to help with severe pain.
- **Codeine:** This can help with severe pain but can cause constipation and gastro-intestinal (stomach) upset. This would need to be prescribed by a doctor.

In severe situations, you may be referred to a specialist pain management team.

Surgical Treatments

Diagnostic Laparoscopy (Keyhole Surgery)

If endometriosis is suspected, you may be offered a laparoscopy (keyhole surgery) to get a definite diagnosis. This is performed under a general anaesthetic, where you will be put to sleep. It allows your doctor to look inside at your pelvic organs using a special instrument called a laparoscope, in order to look for signs of endometriosis and any other possible problems.

You will be given the information leaflet 'Laparoscopy with or without pelvic surgery' if this procedure is recommended.

Conservative Surgery

This is performed to alleviate pain and preserve fertility. A laparoscopy is usually performed to remove or destroy endometriosis deposits.

Radical Surgery

This is performed to treat symptoms of complex endometriosis. It can be considered if there has been no response to medical treatment or conservative surgery, and you have completed your family or are not planning on starting a family. This may include:

- **Hysterectomy:** This is the removal of the uterus and cervix (neck of the womb). It is performed under a general anaesthetic. It can be done with or without removing the ovaries. If the ovaries are removed, this will cause you to experience the menopause. If the ovaries are not removed, then there is an increased chance that the endometriosis will return. Some women may need a further operation to remove the ovaries at a later date.

Depending on the severity of the endometriosis, you may need to undergo more complex surgery that involves different organs within the body, such as the bowel or the bladder.

Physiotherapy

Endometriosis can cause scar tissue (adhesions) within the abdominal cavity and around the pelvic organs.

When the adhesions are pulled, pain can increase. Pelvic floor physiotherapy can help minimise the pulling of adhesions.

A physiotherapist can also assist with sexual dysfunction through the use of dilators, stretching techniques and mindfulness, along with relaxation techniques to control pain.

If you suffer from painful periods and do not have a diagnosis of endometriosis, it is important to note that pelvic floor physiotherapy can still help.

Who can I contact if I have any questions?

If you need any further information, please do not hesitate to contact:

Gynaecology Outpatient Department

They will direct you to a member of the Sheffield Endometriosis Centre.

- **0114 226 8441**

Further information and support

Endometriosis UK

- **www.endometriosis-uk.org**



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