

Endometriosis

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Understanding Endometriosis

Many teens and women assume that painful cramps are a normal part of their menstrual period. But persistent menstrual or pelvic pain requires an examination by a health care professional. Either symptom could be endometriosis, a serious, but treatable condition. In fact, it is estimated that 5.5 million women in North America alone suffer from endometriosis.

Questions to Ask Your Health Care Professional

1. Do you regularly diagnose and treat women with endometriosis?
2. If you suspect I have endometriosis, how will you confirm the diagnosis?
3. If I need to have a laparoscopy, will you perform it?
Can you recommend a physician who regularly performs this procedure?
4. How long will it take to confirm the diagnosis?
5. Which medical treatment(s) for endometriosis do you prefer? Why?
6. If you prescribe one of the hormonal therapies, how long will I have to take it?
7. What are the risks and benefits of the therapies you recommend? What kinds of side effects can I expect?
8. If I am diagnosed with endometriosis, which lifestyle approaches can you recommend for managing it?
9. If I am diagnosed with endometriosis and treated, will it eventually return?
10. If I have endometriosis, will it affect my ability to have children?

Endometriosis Basics

Endometriosis is a condition in which cells from the lining of the uterus (endometrium) break away and grow outside the uterus. These cells develop into lesions, or growths, that adhere to pelvic-area organs. The growths are not cancerous. However, they may cause blockages and scar tissue, resulting in pain, heavy or irregular menstrual periods and sometimes infertility. Other symptoms of endometriosis may include:

- **Pain** during or after sexual intercourse.
- **Chronic pelvic discomfort**, which includes lower back pain and pelvic pain.
- **Painful bowel movements** or urination especially during menstrual periods.

Some women with endometriosis experience few or no symptoms. For others, the symptoms become more severe and debilitating over time.

About 30 to 40 percent of women with endometriosis experience infertility. If you have endometriosis and want to get pregnant, consider discussing next steps with your health care professional. He or she may recommend treatment, especially if you have been trying to conceive for three to six months but haven't been successful.

Who Is At Risk?

Between two and 10 percent of all reproductive-age teens and women in the U.S. who menstruate have endometriosis. The disease strikes only after menstruation

begins, and symptoms usually stop after menopause. Experts aren't sure exactly what causes endometriosis, but there is evidence that a family history of endometriosis may make you more likely to develop the disease. Endometriosis also may be linked to immune system weaknesses.

Diagnosing Endometriosis

A health care professional usually cannot detect endometriosis during a routine pelvic exam. Minor surgery known as a laparoscopy may confirm the diagnosis but not in all cases. For this surgery, a miniature telescope-like instrument called a laparoscope is inserted through a small incision in the abdomen, allowing the doctor to see the endometrial growths and in some cases remove them.

Treating Endometriosis

Currently, there is no cure for endometriosis, but there are a number of options for treating and managing the disease. Your health care professional may recommend pain-relief medications ranging from over-the-counter remedies, such as ibuprofen and aspirin, to stronger prescription drugs. Other treatment options may need to be explored if you feel that these medications are not working. The most common drug treatments are hormonal therapies. They include:

- **Hormonal contraceptives** or birth control pills. The U.S. Food and Drug Administration has not approved hormonal contraceptives for managing endometriosis symptoms, but many health care professionals recommend them for this use. Taken as a pill daily or absorbed into the body through an adhesive patch, hormonal contraceptives help reduce or control endometriosis pain. But this type of hormonal therapy

Resources

The American College of Obstetricians and Gynecologists Resource Center

202-638-5577

www.acog.org

Web site provides a database of obstetricians and gynecologists and general reproductive health information.

The American Society of Reproductive Medicine

205-978-5000

www.asrm.org

Web site includes a database of reproductive endocrinologists and provides information on infertility and other reproductive disorders.

The Hormone Foundation

The education affiliate of the Endocrine Society

1-800-467-6663

www.hormone.org

Offers resources on hormone-related conditions and treatment options.

The Endometriosis Association

International Headquarters

1-800-992-3636

www.endometriosisassn.org

An independent advocacy organization for women with endometriosis and their health care professionals.

National Institute of Child Health and Human Development (NICHD)

NICHD Information Center

1-800-370-2943

www.nichd.nih.gov

Offers information online, by phone and mail on children's and women's health.

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does not affect the endometrial growths caused by the disease. Mild side effects may include: weight gain, bleeding between periods and bloating. Hormonal contraceptives relieve endometriosis-related symptoms in eight out of 10 patients but probably should not be used for more than three months for this purpose if you do not experience relief.

- Gonadotropin-releasing (GnRH) agonists.** Taken daily in a nose spray, or as an injection given once a month or every three months, GnRH agonists are very effective in reducing the pain associated with endometriosis. These medications prevent new lesions from forming and existing lesions from growing and bleeding. Most health care professionals recommend that you stay on the GnRH agonist for six months. These medications can cause hot flashes, bone loss and vaginal dryness, among other side effects, but these symptoms generally subside soon after treatment ends. Women also have the option of taking a GnRH agonist along with a small amount of progestin, which decreases the frequency of hot flashes and reduces the bone loss associated with GnRH therapy alone.
- Progesterone and progestin.** Taken as a pill daily or as an injection, these hormones may help relieve endometriosis pain. Some women may gain weight or feel depressed while using these hormones.
- Danazol.** A testosterone derivative, danazol stops the release of menstrual

cycle hormones but has significantly greater side effects than GnRH agonists. Common side effects include: oily skin, pimples or acne, weight gain, muscle cramps, fatigue and breast tenderness, among others.

Non-hormonal treatment options include:

- Surgery.** Several types of surgeries may be performed to remove endometrial tissue, scar tissue and adhesions. Laparoscopy is one surgery option. Laparotomy is a more extensive procedure that requires a full incision and longer recovery period. Hysterectomy (surgery that removes the uterus with or without the ovaries) is typically considered a last resort. Even with surgery, there is no guarantee that endometriosis will not return or that the pain will stop. Because these procedures cannot be reversed, you and your health care professional will need to talk about these options in great detail before making a final decision about treatment. Many health care professionals also use hormonal therapy in combination with surgery to improve results.
- Lifestyle Approaches.** Exercise often helps to relieve or lessen pelvic pain and menstrual cramps. Some health care professionals have reported symptom relief for women who use relaxation techniques such as yoga and meditation, as well as dietary changes and acupuncture in their treatment regimens, but these approaches are not well studied.

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