



## BASIC INFORMATION

### DESCRIPTION

With endometriosis, tissue from the lining (endometrium) of the uterus becomes implanted in the outer surface of the uterus, the fallopian tubes or the ovaries. Rarely, endometrial tissue may spread beyond the reproductive organs and pelvic region. The endometrial tissue is normally located inside your uterus, and if a woman is not pregnant this tissue builds up and is shed each month. It is discharged as menstrual flow at the end of each cycle. Endometriosis is often painful, and scar tissue can form in your pelvic area. The 4 stages (classification) of endometriosis (minimal, mild, moderate or severe) are used to describe the body location and the severity of the disorder. Endometriosis can affect females between puberty and menopause, but is most common between ages 20 and 30. Endometrial cancer is very rarely associated with endometriosis.

### FREQUENT SIGNS AND SYMPTOMS

Endometriosis affects each woman differently. When you have your period, the misplaced tissue swells and bleeds, just like the lining of your uterus. The following symptoms may begin abruptly or develop over many years:

- Increased pelvic pain during menstrual periods, especially the last days, or the pelvic pain may occur at anytime.
- Pain with sexual intercourse.
- Premenstrual spotting.
- Blood in the urine.
- Back pain.
- Pain with intestinal contractions.
- Blood in the stool (sometimes).
- Infertility.

### CAUSES

Unknown. Research is ongoing to pinpoint the cause. The predominant theory is that during menstruation some of the menstrual tissue backs up through the fallopian tubes into the abdomen (retrograde menstruation), where it implants and grows. Another theory is that endometriosis may be a genetic process, or that certain families may have predisposing factors to endometriosis. There is a theory that endometriosis is a disease influenced by delayed childbearing.

### RISK INCREASES IN/WITH

- Women who don't become pregnant or who delay childbirth.
- Women with family history of endometriosis.
- Medical conditions that block or constrict the cervix or vagina.

### PREVENTIVE MEASURES

There are no specific preventive steps. Early diagnosis and appropriate treatment help prevent the spread of the endometriosis.

### EXPECTED OUTCOME

- Without treatment, endometriosis becomes increasingly severe. It subsides after menopause when estrogen production decreases.
- Symptoms can be relieved with medication, and/or surgery.
- Women with severe disease have less success with treatment.
- Pregnancy should occur if desired, but may depend on severity of disease.

### POSSIBLE COMPLICATIONS

- Infertility (from implants that cause adhesions or scar tissue and constrict the fallopian tubes).
- Pain that causes stress and disruptions in lifestyle.
- Adhesions of pelvic organs.
- Recurrences of endometriosis are fairly common.
- Implants on the ovary can lead to large cysts and pelvic masses called endometriomas.



## TREATMENT

### GENERAL MEASURES

- Diagnosing the disorder is usually accomplished with a laparoscopy procedure. A laparoscope (telescopic instrument with fiber optic light) is inserted into the abdomen through a small incision, and visual examination of abdominal organs is possible.
- Treatment after diagnosis will vary depending on the stage of the disease and the patient's age and desire to have children.
- If you want children, consider pregnancy as soon as possible. Pregnancy may offer some relief from the disorder. Delaying pregnancy may result in infertility.
- Ask your doctor about the use of sanitary napkins or tampons.
- Use heat to relieve pain. Place a heating pad or hot-water bottle on your abdomen or back, or take warm baths to relax muscles and relieve discomfort. For some women, cold therapy is more helpful. Place an ice pack on the lower abdomen.
- Laser surgery or electrocoagulation may be used to remove the abnormal growths.
- Surgery to remove implants, or a hysterectomy to remove the uterus, fallopian tubes and ovaries in women who don't want to become pregnant.
- For additional information or help in finding a support group: Endometriosis Association, 8585 N. 76th Place, Milwaukee, WI 53223, (800) 992-ENDO (3636); [www.endometriosisassn.org](http://www.endometriosisassn.org)

### MEDICATION

- You may use nonprescription drugs, such as nonsteroidal anti-inflammatory drugs (NSAIDs), to relieve minor pain.
- Stronger pain relievers may be prescribed.
- Oral contraceptives, progestogens, danazol, gonadotropin-releasing hormones (Gn-RH) are commonly-used drugs for treating endometriosis by suppressing ovarian function.

### ACTIVITY

- Exercise, such as walking, helps in relieving pain and reduces estrogen levels, which may slow the growth of endometriosis.
- Some activity restrictions may apply following surgical therapies.

### DIET

Some diet changes may help. Avoid caffeine. It seems to aggravate pain in some women.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of endometriosis.
- The following occur during treatment: intolerable pain or unusual or excessive vaginal bleeding.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.
- Symptoms recur after treatment.