



Treatment for Endometriosis

Treatment may stop the progress of the disease, several treatments are available. The choice of treatment is an individual decision.

Choice of treatments will depend on:

- severity of the symptoms
- how much endometriosis was found during the laparoscopy
- age of the woman
- the woman's plans to become pregnant.

If the woman has no or few symptoms and she has no problem falling pregnant, a "wait and see" approach can be taken. However, if this approach is taken, your condition should be closely monitored by your gynaecologist. Many women with mild endometriosis are not greatly troubled by symptoms.

For women who have mild pain during their period painkillers such as aspirin or paracetamol may be enough. If the pain (or symptoms) is chronic or severe, additional treatments may be tried. These include:

1. Hormonal and natural therapies
2. Surgical treatment
3. A combination of the above treatments.

1. Hormonal and natural therapies

Hormonal therapies have been effective in treating endometriosis for some women and may be effective as a combination with surgical treatment. They have the advantage of treating very small lesions that surgery may miss. As with all prescription medication, hormonal therapies have side effects, which may differ from medicine to medicine and woman to woman. Hormonal therapies can be effective but a gradual return of symptoms may occur after treatment stops.

Treatment using the contraceptive pill

The contraceptive pill can help to relieve the pain of endometriosis in some women, especially if the tablets are taken for several months so that a period does not occur. By using the pill this way the lining of the uterus and patches in the pelvic cavity and abdomen become thin and do not bleed each month. **All treatment should be according to your Doctor's instruction.**

Treatment using progesterone

Taken every day, progesterone pills usually help to relieve symptoms and, although they have few side effects, progesterone does not work as well for more serious endometriosis. Progesterone can be given as an injection once every few weeks. However, as with the pill, this is not ideal for women wishing to become pregnant. After a woman stops having injections, effects may take several months to wear off.

Other hormonal therapies

Other registered, prescription medicines also have been used to assist the treatment of endometriosis such as:

- goserelin
- danazol
- nafarelin

Goserelin and Nafarelin are also known as 'GnRH agonists' which mean they prevent the release of oestrogen from the ovaries. This usually reduces the pain associated with endometriosis as well as the number and size of patches.

2. Surgical treatment

Surgery can be effective for women who have mild, moderate or severe endometriosis. The aim of surgery is to remove patches, cysts and adhesions or to repair damage caused by endometriosis. Surgery combined with hormone treatment may improve a woman's chances of falling pregnant.

Laparoscopy

The surgeon may remove patches of endometriosis as they are formed. Patches of endometrium, cysts and adhesions can be removed by cutting, diathermy and laser treatment.

Laparotomy

The surgeon opens the abdomen to find and remove large patches, cysts and adhesions or to repair damage caused by the endometriosis and restore the functions of ovaries and fallopian tubes. This is considered major surgery.

Hysterectomy

During this procedure a woman's uterus is removed, it is for severe cases of long-term and painful endometriosis, and is only performed in women who are not planning any further pregnancies. One or both ovaries and fallopian tubes may also have to be removed. A hysterectomy is recommended if all other treatments have failed.

For more information

Please contact The Endometriosis Society of Southern Africa on (011) 646-0449.

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Your guide to
**Understanding
Endometriosis**

What is Endometriosis?

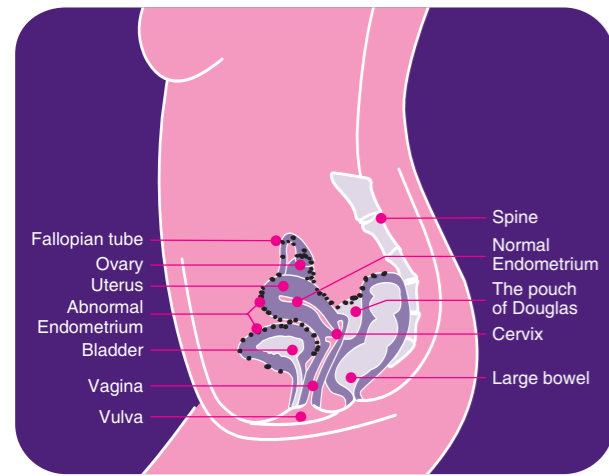
It is a condition where "patches" of endometrium grow outside the uterus commonly in the abdomen or lower abdomen. Patches are often attached to the ovaries, fallopian tubes, large bowel, bladder, uterosacral ligaments or pouch of Douglas.

Many women with mild endometriosis have no symptoms whilst others may experience pain, heavy periods, problems with the bladder or bowel and sometimes infertility. Patches will increase in thickness or bleed during the woman's monthly cycle, which is why most women with endometriosis will have more severe symptoms during their periods.

Endometriosis occurs in approximately 1 in 10 women, develops between the ages of 12 and 50 with symptoms showing signs between the ages of 20 and 30. Doctors cannot predict who is likely to develop this condition.

What causes Endometriosis?

Although doctors have been able to diagnose endometriosis for more than 100 years the exact causes are still unknown. In nearly all women, small amounts of endometrium are inside the pelvic cavity and abdomen during a normal period. However, not all women have endometriosis.



Talk to your doctor: This pamphlet is meant as a summary only. It is not a substitute for information and advice given by your doctor. If you are uncertain about anything or have any questions please ask your doctor.

Symptoms of Endometriosis

Not every woman with endometriosis will have monthly symptoms. Symptoms may worsen as a woman becomes older, up to the time of menopause. However, in some women endometriosis goes away with pregnancy.

Pain caused by Endometriosis

Many women experience pain in the lower part of the abdomen or deep in the pelvic cavity that may begin a few hours before menstrual bleeding starts. However pain may also begin days or a week before their period starts and last for the whole period.

Pain during intercourse

Pain during and/or after intercourse may be felt as an ache deep within the body. It may be more severe if sexual activity is vigorous or if it occurs just before the menstrual period.

Complications caused by Endometriosis

Abnormal periods

Heavy or irregular bleeding is a common symptom of endometriosis but a few women experience lighter periods.

Bladder problems

A woman may have pain when urine is passed, feel the need to pass urine more frequently or even find blood in their urine.

Bowel problems

Some women may also have a bloated abdomen, diarrhoea, constipation or pain.

The effects of Endometriosis

Infertility

About 3 or 4 out of 10 women who have endometriosis will have difficulty falling pregnant. One of the causes is that the endometriosis damages or blocks the fallopian tubes. If the fallopian tubes do not work properly, fertilisation will be very difficult or not possible. Although a woman has two fallopian tubes leading to the uterus, natural pregnancy may still take place even if only one tube is working properly.

Another reason why a woman may be unable to fall pregnant is that damage has occurred to her ovaries. This is caused by patches of endometrium attaching to the ovaries so that an egg cannot be released.

Other effects

Pain will worsen over the years if the endometriosis is not treated because bleeding occurs from the patches during each period. This may lead to inflammation and scar tissue forming inside the abdomen and pelvic cavity. Over time, scar tissue may pull on other tissue, so the pain is felt during periods. Small cysts and blisters may also develop, which can attach to other tissue, causing further pain.

After Menopause

Because endometriosis affects only women who have periods it is likely to improve after menopause. These factors help improve the symptoms in older women.

Pregnancy

Pregnancy may improve endometriosis. A woman may find that her symptoms improve even after the baby is born and her periods come back. Doctors are often uncertain why this happens in some women and not others. However, pregnancy does not cure endometriosis.

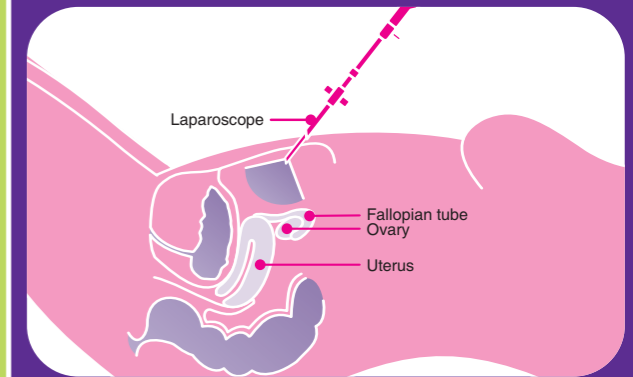
Diagnosis of Endometriosis

Diagnosis is usually based on:

- a woman's symptoms
- a physical examination of the pelvic cavity
- an internal examination of the abdomen and pelvic cavity with an instrument called a laparoscope. The procedure is called a "laparoscopy".

Laparoscopy

A laparoscope is similar to a small telescope, the doctor inserts it through the wall of the abdomen, via a small cut near the naval. It makes it easy for the doctor to examine the inside of the pelvic cavity. Special lenses on the laparoscope enable the doctor to see patches, these may be few and small or larger and numerous. The doctor may carry out some treatment through the laparoscope.



Degrees of endometriosis

- **Mild** appears as small patches of endometrium scattered around the pelvic cavity with no scarring.
- **Moderate** appears as larger more widely spread patches of endometrium. They may be attached to the ovaries, fallopian tubes, uterosacral ligaments and the pouch of Douglas. Small fluid-filled bubble shaped swellings (called cysts) may be present.
- **Severe** – most of the organs in the pelvic cavity are affected by the patches of endometrium. The uterus and ovaries are held down by scar tissue. The fallopian tubes are blocked. The bowel, bladder, uterosacral ligaments and the pouch of Douglas may have patches.