

## Medical Treatments

The various available treatments will be fully discussed to find the therapy that suits you.

### *Pain relief*

Medications such as anti-inflammatories and pain relief can be used to manage and alleviate pain. Advice will be given on how to use these medications most effectively.

### *Progestogens*

These are synthetic medications similar to natural progesterone. They can stop periods thereby decreasing pain. Examples include:

- Tablets such as Primolut (Norethisterone)
- Injections such as Depo Provera (Medroxyprogesterone acetate)
- Intrauterine devices such as Mirena (Levonorgestrel)
- GnRH Analogues - medications such as Goserelin (Zoladex).

These work by switching off the release of hormones from the pituitary gland, preventing the production of oestrogen in the ovaries. Levels decrease to menopause levels and endometrial tissue shrinks. This treatment suppresses rather than removes endometriosis. Side effects which will be discussed with you.

### *Contraceptive Pill*

In many women, the pill is effective in reducing pain during periods. This treatment suppresses ovulation and results in lighter menstrual periods.

### *Danazol & Gestrione*

These medications are synthetic hormones which prevent the cyclical hormonal changes in

the body thus preventing the growth of endometriosis. Side effects will be discussed with you.

## Managing Endometriosis

The physical and psychological effects of a chronic disease like endometriosis can be daunting, but there are good treatments available. Self-management is also important for promoting good health and well-being.

- A good balanced diet is beneficial. Limiting alcohol and caffeine drinks is advised.
- Maintaining a healthy weight can help reduce symptoms and give you a greater sense of wellbeing.
- Exercise is excellent for good health. Options include walking, gentle jogging, cycling and swimming.
- Learning how to manage and minimise stress in your life will help you manage your symptoms more effectively. You could try massage, counselling and meditation.

Support groups are also available and can be very helpful to women.

### Additional Resources

- New Zealand Endometriosis Foundation  
[www.nzendo.co.nz](http://www.nzendo.co.nz)

Acknowledgements to the Endometriosis Foundation who have given permission to NWH to reproduce their information.

# Understanding Endometriosis

## What is Endometriosis?

Endometriosis occurs when endometrial tissue, which usually lines the uterus (womb), is found in other parts of the body, i.e. the ovaries, fallopian tubes and pelvis, where it shouldn't be. The endometriosis tissue can appear red and inflamed and can form nodules and cysts.

## How serious is Endometriosis?

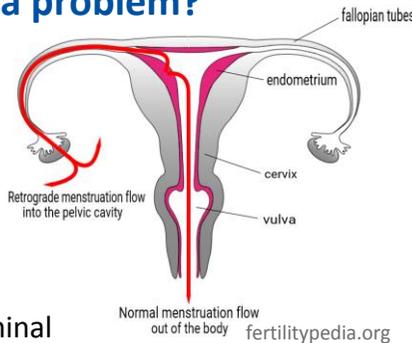
Some women with endometriosis do not suffer any symptoms. Others experience severe pain and discomfort. The condition is not life threatening, but it can make life miserable, and can also cause infertility.

## What is Endometrial Tissue?

Endometrial tissue is the lining of the uterus, which is responsible for menstruation. This tissue grows and swells each month in response to cyclic changes to hormone levels. If pregnancy does not take place the tissue breaks down and is shed, along with some blood, during menstruation.

## So how is this a problem?

In some women, The endometrial tissue and blood passes back through the fallopian tubes, past the ovaries and into the abdominal cavity. This is called **retrograde bleeding**. There is ongoing research to understand the cause.



Endometrial cells outside the uterus are still influenced by the normal cyclic changes. In the growth phase they can irritate the surrounding tissue, causing pain. These endometrial cells enlarge during menstruation and may bleed into surrounding organs, such as the bowel, bladder and ovaries. This can cause inflammation and scar tissue. Endometrial lesions are also full of nerves that send pain impulses.

Endometrioma are cysts of endometriosis in the ovaries. These are known as chocolate cysts, as they are dark brown, containing old blood and cells.

## Who gets endometriosis?

Endometriosis is usually diagnosed in women between the ages of 20 and 50. However, teenagers can present with endometriosis symptoms. It is found in 10–15% of menstruating women. It seldom occurs before menstruation starts, or after menopause.

## What are the symptoms?

The common symptoms include pain such as:

- Dysmenorrhoea (painful periods)
- Dyspareunia (painful intercourse)
- Lower abdominal pain, lower back pain
- Bowel & ovulation pain and pain passing bowel movements.

The pain often occurs prior to or during menstruation, but some women also have pain at other times. Women may also experience heavy bleeding and constant fatigue.

## How is Endometriosis diagnosed?

The symptoms of endometriosis are similar to other conditions such as pelvic infection and ovarian cysts, often making it difficult to diagnose endometriosis in the early stages.

Gynaecologists can reliably diagnose by performing an operation known as a **laparoscopy**.

This operation is conducted under general anaesthetic. A tube with a telescope known as a laparoscope lets the surgeon see which organs in the pelvis are affected. The endometrial implants are usually seen as either small black lumps or red flame like areas.

## How is Endometriosis treated?

Although some women may find self-help or complementary therapy helpful, the two main treatment options are surgical and medical.

### Surgical Treatments

#### Conservative surgery

The surgery of choice for diagnosis, treatment and improving fertility chances is laparoscopy. Endometrial lesions, scar tissue, and adhesions can be excised (cut out) or destroyed by heat or laser at the time of the laparoscopy. There is always the possibility of a laparotomy (small cut to abdomen) but this will be discussed by the consenting doctor. This type of surgery can be preceded with hormone therapy which shrinks the endometrial tissue prior to surgery. Neither the uterus nor the ovaries are usually removed with this surgery.

#### Radical surgery

In this operation, a hysterectomy (removal of the uterus) may be performed particularly if fertility is no longer required. In addition removal of the ovaries may be recommended as the endometriosis may return after a hysterectomy alone. After removal of the ovaries, endometriosis usually subsides. This is because the cyclic hormonal changes no longer occur so the endometrial tissue usually becomes inactive.