

What is Endometriosis?



Endometriosis is a long-term condition that causes inflammation and pain. It happens when tissue similar to the lining of the uterus grows in other parts of the body.

In Australia, endometriosis affects 1 in 7 women and people presumed female at birth.



Where can it grow?

Endometriosis usually grows in the pelvic area, and can affect the:

- ovaries or fallopian tubes
- uterus or behind the uterus
- bladder or bowel.

Sometimes, it grows outside the pelvis, such as on the joints or other organs.

What are the symptoms?

Endometriosis affects everyone differently. Some people have mild or no symptoms, others have more severe symptoms.

Common symptoms include:

- painful periods
- pain in the pelvis
- pain when using the toilet
- feeling very tired
- bowel problems (e.g. bloating, constipation, diarrhoea or pain when doing a poo)
- bladder problems (e.g. pain when weeing)
- pain with sex
- bleeding between periods
- trouble getting pregnant (infertility).

Symptoms may change over time. They may feel worse sometimes, but that doesn't mean the endometriosis has grown.

How is endometriosis diagnosed?

Getting a diagnosis for endometriosis can take time. Research shows it often takes several years to be diagnosed.

You may have a range of tests. They can give clues and rule out other causes, but they may not confirm endometriosis on their own. Your doctor may suggest:

Pelvic check-up

The doctor may check for sore areas or changes in the uterus. A normal pelvic exam does not rule out endometriosis.

Ultrasound

An ultrasound uses sound waves to take pictures of the pelvic area. It can sometimes show signs of endometriosis and may help a doctor make a diagnosis. However, it's possible to have endometriosis even if the scan looks normal.

The clearest pictures usually come from a transvaginal ultrasound, where a small probe is placed inside the vagina. If an internal scan is not suitable, an abdominal ultrasound may be offered. The probe is moved over the belly, but it often shows less detail. The ultrasound should be done by a healthcare professional with experience in looking for endometriosis.

MRI (magnetic resonance imaging)

An MRI may be used if an ultrasound isn't suitable or the results are unclear. It can show deep endometriosis or endometriosis in the ovaries, bowel or bladder.

Laparoscopy (keyhole surgery)

A laparoscopy (keyhole surgery) is done under general anaesthesia (you are asleep).

- The surgeon makes a few small cuts in your belly and uses a small camera (called a laparoscope) to look inside your pelvis.
- The surgeon can see your organs on a screen.
- If endometriosis is found, it can often be removed during the same operation. A small piece of tissue (called a biopsy) can be checked under a microscope to confirm the diagnosis.

How are symptoms managed?

There is currently no cure for endometriosis, but there are ways to manage symptoms. Depending on how severe your symptoms are and how they affect your daily life, you may need more than one type of approach.

Hormone therapy

Hormone therapy works by reducing levels of oestrogen in the body and slowing or stopping endometriosis tissue from growing. It can help control pain. Common types include:

- Combined oral contraceptive pill ('the Pill') – taken daily to control hormones and periods.
- Intrauterine system (IUS or 'the coil') – a small device placed in the uterus that slowly releases hormones.
- Progestogens – hormones taken as a tablet, injection or implant to reduce bleeding and pain.
- GnRH analogues – medicines that temporarily lower oestrogen levels and reduce endometriosis activity.

Surgery

This may be used to:

- remove endometriosis tissue
- improve how the pelvic organs work
- ease strong pain
- improve fertility.

The most common type of surgery is laparoscopy (see above). In some cases, the uterus may be removed (hysterectomy). Laparoscopy is usually only done when other options haven't helped and is not suitable for everyone.

It's important to see a gynaecologist or specialist surgeon who is trained in endometriosis care to discuss the best option for you.

Looking ahead

Endometriosis is a long-term condition, but many people find ways to manage it well. With your support, your teen can find strategies that work for you.

Pain relief

- Heat – Hot water bottle and hot bath can offer relief and help reduce pain.
- Pain medicines – Different types of pain relief can help with cramps and pelvic pain. These include paracetamol and non-steroidal anti-inflammatory drugs such as ibuprofen. Stronger pain medicines such as opioids may be used for a short time.
- Pelvic pain clinics – Clinics across Australia. Visit pelvicpain.org.au.

Lifestyle support

- Pelvic physiotherapists – Can help manage symptoms with gentle exercises and techniques that strengthen pelvic floor muscles, and support bladder and bowel comfort.
- Exercise – Gentle exercises such as swimming or walk can help. An exercise physiologist or physiotherapist can suggest ways to be active in a way that suits you.
- Sleep – Difficulty sleeping is common. Talk to your doctor if you have trouble sleeping.
- Diet – Some foods like colourful vegetables, fatty fish and nuts, can help reduce inflammation and symptoms. Talk to a dietitian for more information.
- Complementary therapies – Some people try therapies to help with symptoms. Acupuncture is the only one shown to help. Therapies such as massage or meditation haven't been proven to help. Always check with your doctor first.

Emotional support

A psychologist or counsellor can help you cope with:

- pain or stress
- feeling worried about your body (body image)
- changes to your identity or how you see yourself
- living with a long-term condition like endometriosis.