

Getting care for endometriosis

This fact sheet explains how to get endometriosis care in Australia, from diagnosis to treatment. It covers who may be involved in your care, the treatment you may be offered, what may happen if you go to the hospital, and ways to manage health costs. The information is based on the [Australian Living Evidence Guideline: Endometriosis](#).

Who may be involved in your care?

Endometriosis care usually involves a team of health professionals, including:

General practitioner (GP)

Your GP is usually the first person you see for endometriosis care. They can help manage symptoms, prescribe pain medicines, organise tests and refer you to allied health professionals and specialists. You can see your GP in person, by phone or by video (telehealth).

Specialists

Medicare may pay all the cost or part of the cost. You need to pay the difference, called the gap. Private health insurance may help cover part of your care.

You may see:

- [Gynaecologist](#) – help with reproductive health and endometriosis care
- [Pain specialists](#) – help manage long-term or severe pain.
- [Colorectal specialist](#) – help with bowel issues that may be caused by endometriosis
- [Urologist](#) – support you with bladder, ureters and kidney issues (urological system)) that may be affected by endometriosis

You may have to wait several weeks or months for an appointment to see a specialist.

Allied health professionals

These health practitioners help manage symptoms and improve your quality of life. You may see:

- [Pelvic physiotherapist](#) – help with pelvic pain and muscle tension, and issues with bladder, bowel and sexual activity.
- [Dietitian](#) – recommend what to eat to manage symptoms
- [Psychologist or counsellor](#) – help manage the emotional impact of chronic pain.

You may be able to get Medicare rebates for some allied health visits through a GP Chronic Condition Management Plan.



How endometriosis is managed

Symptoms of endometriosis can be managed in different ways. Medicines are often the first option. Pelvic physiotherapy, emotional support or pain management may also be offered. You may want to visit one of the endometriosis and pelvic pain clinics set up across Australia. Surgery may be used to manage endometriosis, but it is not the first option.

Your team of health professionals will work with you to choose the options that best suit your symptoms, goals and preferences.

How the Australian health system supports endometriosis care

There are many services available to help you. Australia's health system is run by both the Australian Government and state and territory governments. Care is available through public and private health services.

Medicare is a government health service that includes the Medicare Benefits Schedule, public hospitals and the Pharmaceutical Benefits Scheme. Some people also have private health insurance to help cover additional costs.

You can also visit an Endometriosis and Pelvic Pain Clinic, where doctors and allied health professionals work together to provide coordinated care. www.health.gov.au/our-work/endometriosis-and-pelvic-pain-clinics

Ways to manage health costs

The Australian health system includes public and private providers, and you may have health care in several ways.

Medicare – Helps pay for many health services, including GP visits, tests, prescription medicines covered by the PBS, and treatment in a public hospital. The Medicare Benefits Schedule (MBS) lists the health services that Medicare helps pay for and how much you can get back. Medicare includes:

- [Medicare Safety Net](#) – once you spend a certain amount on eligible services in a year, you may get a higher refund from Medicare.
- [GP Chronic Disease Management plan](#) – may give you up to 5 Medicare-subsidised visits to allied health professionals a year.
- [Pharmaceutical Benefits Scheme \(PBS\)](#) – lowers the cost of many prescription medicines
- [PBS Safety Net card](#) – once you reach a yearly limit for medicine costs, your medicines cost less for the rest of the year.

Visit servicesaustralia.gov.au for more information.

Private health insurance - helps pay for healthcare costs that Medicare does not fully cover.

Going to the hospital



Australia has public and private hospitals. You may choose to be a public or a private patient, or a mix of both.

Public hospital	Private hospital
Differences between public and private hospitals	
Free if you have a Medicare card and are a public patient	Usually requires private health insurance
Covers hospital stay, emergency care and surgery and planned ('elective') surgery	Depending on your policy, pay extra for hospital stay, operating theatre fees, medicines, pay gap for surgeon, anaesthetist, theatre, pathology
Waiting times are common for planned surgery	Often shorter waiting times
Cannot choose your doctor	Can choose your doctor or surgeon
Private rooms may not always be available	Private rooms may be available

Type of hospital care

Emergency care – This is for urgent problems. Go to the emergency if you have severe pain, heavy bleeding, fever or vomiting with pain. All endometriosis care is considered serious. Emergency care is free in public hospitals.

Planned care (elective surgery) – This means surgery, such as a laparoscopy, is booked in advance. In public hospitals, you may be placed on a waiting list. Waiting times are often shorter in private hospitals, but private health insurance may have waiting periods before some treatments are covered.

Planned surgery is grouped by urgency:

- Urgent: within 30 days
- Semi-urgent: within 90 days
- Non-urgent: within 12 months

Sometimes, surgery for endometriosis surgery is considered non-urgent, but how long you wait for surgery will depend on the hospital, and what surgeons are available. While waiting for surgery, you continue to receive support to manage symptoms and improve quality of life.

Getting help in your language

If you need an interpreter, call TIS National on 131 450.

This free service can help you during medical appointments.



Medicines for endometriosis

Different medicines can help manage endometriosis. Talk to your doctor about the benefits and risks of each medicine, as each person may react differently. Many are covered by the PBS.

Type	What they do	Examples
Pain relief	Help reduce pain	Paracetamol, non-steroidal anti-inflammatory medicines (NSAIDs)
Hormonal medicines	Reduce bleeding and slow tissue growth	<ul style="list-style-type: none"> • Oral contraceptive pill • IUD (levonorgestrel) • Hormone-releasing implant (etonorgestrel) • Progestogens (e.g. Dienogest, Norethisterone, medroxyprogesterone)
Strong hormone medicines (GnRH)*	Used when other treatments have not worked	<ul style="list-style-type: none"> • Goserelin • Nafarelin • Ryeqo
Nerve pain management	Helps calm nervous system and reduce pain sensitisation	<ul style="list-style-type: none"> • Amitriptyline • Duloxetine • Pregabalin or • Gabapentin

*Note: Requires diagnosis that is confirmed with imaging tests such as ultrasound