

What is Endometriosis?



Endometriosis is a long-term, inflammatory condition where tissue like 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.



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:

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 of endometriosis can be challenging and take time. It is important that you bring up your symptoms with your GP early, so that they can guide and support you through the process.

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 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.

Pelvic check-up

The doctor may check for sore areas or changes in the uterus. A normal pelvic exam does not rule out 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 carried out while you are under a general anaesthetic, which means you will be asleep and won't feel anything.

- During the procedure, the surgeon makes a few very small cuts in your tummy. A thin, flexible tube with a tiny camera — called a laparoscope — is gently passed through one of the cuts. This allows the doctor to look inside your pelvis to check your organs on a screen.
- A laparoscope may also be used to help confirm a diagnosis if it is not yet clear what is causing your symptoms.
- A tiny sample of tissue (called a biopsy) may be taken and looked at under a microscope to help confirm the diagnosis.

How are symptoms managed?

There is currently no cure for endometriosis, but there are ways to manage symptoms well that can provide you with significant pain relief. 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) which 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.

You can also visit an Endometriosis and Pelvic Pain Clinic as a holistic support for diagnosis, treatment and management of persistent pelvic pain and endometriosis.

Looking ahead

Endometriosis is a long-term condition, but many people find ways to manage it well.



**Endometriosis
Australia**

Pain relief

- Heat – Hot water bottle and a 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, noting you will need a prescription from your doctor

Lifestyle support

- Pelvic physiotherapists – Can help manage symptoms with gentle exercises and techniques that strengthen pelvic floor muscles, and support bladder and bowel comfort.
- Exercising – 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 – Rest is important, if you have difficulty sleeping talk to your doctor.
- 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

As endometriosis is a chronic condition that lasts for years, it's understandable that at times you may need to seek additional support for your social and emotional wellbeing.

Head to Health provides the mental health support that best fits your needs. Mental health professionals are available by phone on 1800 595 212, or you can visit your nearest Head to Health centre.

You can find your nearest site at www.headtohealth.gov.au/supporting-yourself/head-to-health-services

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