

Medical treatment



Strong pain killers can be used for control of symptoms like painful and heavy menses. However, these do not prevent disease progression. Hormonal medications help with symptoms control as well as to prevent disease progression.

The various hormonal medications used are -

- Combined oral contraceptive pill
- Progestogens (e.g. Dienogest, Provera, Nor-ethisterone, Depo-provera)
- GnRH analogues
- The Mirena intra-uterine coil

What sort of treatment options can I expect?



The type of treatment used depends on the age of the patient, her desire for future pregnancy and the severity of her symptoms. Patients should discuss with their doctor which treatment option is suitable for them.

Surgery



For some patients who do not respond to medical treatment, have a severe disease or have fertility concerns, surgery is an alternative option. During surgery, we aim to remove the endometriotic nodules, cysts and scars. This is usually done by *laparoscopy* (keyhole surgery).

For women with severe endometriosis who do not intend to have any more children the removal of the uterus (hysterectomy) and the ovaries may be a more appropriate option.

Can endometriosis recur?



Endometriosis is a recurrent disease and 25-30% patients may experience a recurrence. again after treatment in patients. Patients are advised to take hormonal medication to prevent recurrence and remain under surveillance at least until menopause.

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NUH Women's Centre
Is My Answer

Understanding Endometriosis

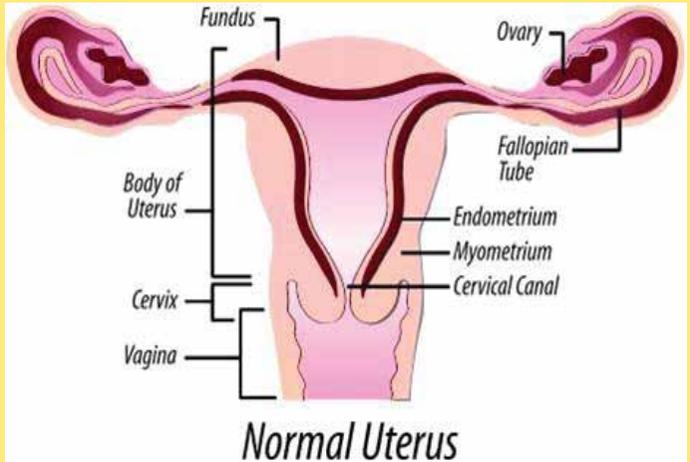
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Endometriosis

During the menstrual cycle, the endometrium – tissue that lines the inside of the womb (uterus) – increases in thickness in preparation for pregnancy. If conception does not occur, the endometrium is shed off. The bleeding that occurs during the shedding off is what is known as menstruation (menses or periods).



What is Endometriosis (pronounced en-doh-mee-tree-oh-sis) and what organs are affected by it?

Endometriosis is a condition where the endometrium is found in areas outside the uterus. Like a normal endometrium, these tissues also respond to hormones secreted by the ovary, growing and shedding. However, unlike the endometrium in the uterus, this “internal menses” has no way to flush out of the body.

Over time, this process can lead to the formation of ‘chocolate’ cysts (brownish fluid-filled sacs) in the ovaries, or nodules (bumps) around and on the surface of the pelvic organs. Endometriosis can also cause scarring, resulting in the organs in the pelvis – the urinary bladder, uterus, ovaries, tubes, and the intestines to stick together.

The endometrial tissue may also grow in the muscle layer of womb wall, causing the wall of the womb to thicken. This condition is called adenomyosis. Endometrial deposits can sometimes be found in and on the bowel and bladder, or rarely, at sites remote from the pelvis (e.g. on operation scars and in the lungs).

Why does it occur?



The cause of endometriosis is unknown but several theories have been put forward. The most widely accepted theory is ‘retrograde menstruation’. According to this theory, during menses, some of the menstrual blood flows backwards into the pelvis through the fallopian tubes. This menstrual fluid has some endometrial cells which implant on the reproductive organs or other areas in the pelvis and start responding to hormones just like normal endometrium resulting in endometriosis.

Symptoms of endometriosis



The most common symptoms of endometriosis include:

- Painful and / or heavy periods
- Painful intercourse

Bowel and bladder symptoms

- Pain before, during or after opening bowels
- Pain before, during or after passing urine
- Diarrhoea, constipation and colic
- Bleeding from the bowel especially during menses

However, some women may have no symptoms at all. The severity of endometriosis does not always correspond to the severity of symptoms.

Other complications - Impaired fertility



For pregnancy to occur, an egg must be released from an ovary, travel through the fallopian tube, become fertilized by a sperm and attach itself to the uterine wall. Endometriosis may block the tube and keep the egg and sperm from meeting. The condition may also affect fertility in other ways, such as damage to the sperm or egg.

Many women with endometriosis can still conceive and carry a pregnancy to term with appropriate medical and/or surgical treatment. Doctors usually advise women with endometriosis not to delay having children because the condition may worsen with time.

How common is endometriosis?



Endometriosis is estimated to affect up to 20-30% of women of the reproductive age group.

Who does it affect?



Endometriosis can occur any time from puberty until menopause, but is rarely found in post-menopausal women.

Is it easy to diagnose?



As the symptoms are common to many other conditions, endometriosis remains a difficult condition to diagnose on first presentation. Ultrasound scans, blood tests and internal examinations cannot conclusively diagnose endometriosis.

The only way to conclusively diagnose endometriosis is by laparoscopy. This is an operation in which a telescope (a laparoscope) is inserted into the abdomen through a small cut in the belly button. This allows the surgeon to see the pelvic organs and identify any endometriotic deposits and cysts.



Endometriosis is not cancer

