



Endometriosis

Endometriosis is a condition where tissue that normally lines the inside of the womb (the endometrium) is found outside the womb. It is 'trapped' in the pelvic area and lower abdomen.

Who gets endometriosis?

About 1 in 10 women of childbearing age have some degree of endometriosis. Symptoms typically begin between the ages of 25-30. It can affect any woman. Sometimes it runs in families so endometriosis is more common in close blood relatives of affected women.

What is the cause of endometriosis?

It is thought that some cells from the lining of the womb (the endometrium) get into the pelvic area. They may get there by passing backwards along the Fallopian tubes during periods (menstruation) when the lining of the womb is shed. These endometrial cells continue to survive between the organs in the pelvic area such as the womb (uterus), ovary, bladder, bowel or fallopian tube. The endometrial cells respond to the female hormones just like the lining of the womb does each month. Throughout each month the cells multiply and swell then break down as if ready to be shed at the time of the period. However, because they are trapped inside the pelvic area they cannot escape. They form patches of 'endometriosis'.

Patches of endometriosis tend to be 'sticky' and may join organs to each other such as the bladder to the womb (adhesions). Large patches of endometriosis may form into cysts which bleed each month when a period occurs. The cysts can fill with altered dark blood.

What are the symptoms of endometriosis?

Patches of endometriosis can vary greatly in size from the size of a pinhead to large clumps. Symptoms vary and are not necessarily due to the amount of endometriosis. Some women can have large patches of endometriosis with no symptoms. Others can have just a few spots of endometriosis and have a lot of symptoms. Symptoms include the following.

- ◆ *Painful periods* - the pain typically begins a few days before the period and can last the whole of the period. It is different to normal period pain which is usually not as severe and doesn't last as long. Period pains that become worse over several months in someone who previously only had normal pains is a typical early symptom of endometriosis.
- ◆ *Painful sex* - often felt deep inside and may last for a few hours after sex.
- ◆ *Pain in the lower abdomen and pelvic area* - usually around the time of a period. Sometimes pain becomes constant but is usually worse before and during a period.
- ◆ *Heavy and prolonged periods* - and other menstrual symptoms may occur.
- ◆ *Difficulty becoming pregnant* - due to clumps of endometriosis blocking the passage of the egg from ovary to fallopian tube.
- ◆ *Uncommon symptoms* - include pain on passing faeces (motions), blood in the urine or faeces. Very rarely, patches of endometriosis can occur in other sites of the body. This may cause unusual monthly pains at the time of periods.

These symptoms can be caused by other conditions so a further test is needed. The diagnosis is usually confirmed by a laparoscopy. This involves making a small cut in the abdominal wall below the umbilicus (tummy button) under anaesthetic. A 'telescope' is pushed through the skin to look inside. Patches of endometriosis can be seen.

If endometriosis is left untreated it tends to become worse in about 1 in 3 affected women. For the rest it seems to stay

about the same and not get worse or even go away over time. Endometriosis is *not* a cancerous condition, nor does it reduce life expectancy.

What are the treatments for endometriosis?

Painkillers

Painkillers such as paracetamol during periods may be all that is required if symptoms are mild. Anti-inflammatory painkillers (such as ibuprofen, diclofenac, naproxen, etc) may be better than paracetamol. Painkillers can be taken in addition to any other treatment.

Hormone treatments

Endometrial cells are dependent on oestrogen (the main female hormone). Hormone treatment works by suppressing (reducing) the production of oestrogen or by blocking its effect on endometrial cells. In effect, the endometrial cells are starved of the hormone that makes them grow and survive. They then gradually shrink and may clear away. There are various hormone medications and one is usually advised by a specialist. All have about the same success rate. Things such as severity of symptoms, age, plans for pregnancy and possible side effects are taken into account. Some women respond to one treatment better than others. Also, the treatments have different possible side effects. One treatment may be tried and be fine. However, it is not unusual to switch from one treatment to another if the first does not suit.

Surgery

Sometimes an operation is advised to remove some of the larger patches of endometriosis. This may ease symptoms and increase the chances of pregnancy if infertility is a problem. For women who have completed their family and other treatments have not worked well, a hysterectomy (removal of the womb) and removal of the ovaries may be an option. This has a high success for curing the symptoms.

Further help and information

This leaflet only gives a brief introduction to endometriosis. For further help and advice, including details about the various treatment options contact:

The National Endometriosis Society

50 Westminster Palace Gardens, 1-7 Artillery Row, London, SW1P 1RL

Helpline 020 7222 2776 Web: www.endo.org.uk

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