

How long will the effects last?

Endometriosis is a disease that can get more severe as you grow older until menopause. The condition usually goes away after menopause.

Current treatments offer some relief from the symptoms but not a cure. Endometriosis may come back or get worse after hormone therapy or surgery.

If endometriosis is making it hard for you to get pregnant, there are treatments and procedures that may make pregnancy possible.

How can I take care of myself?

Keep a careful record of your symptoms. The easiest way to do this is to assign a number to each of the symptoms you have and record them by number on your calendar for 3 months. Record all symptoms, including any time lost from work, school, or leisure activities. Report the symptoms to your healthcare provider. Take your calendar with you to your appointment. If you have not yet been diagnosed with endometriosis, your provider may not suspect endometriosis without this information.

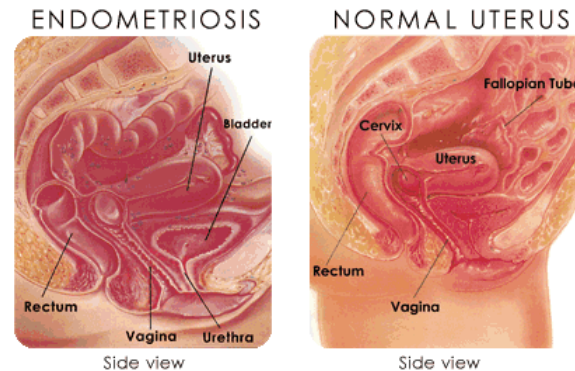
To help ease your pain:

- Take warm baths.
- Rest.
- Wear loose clothing.
- Use a hot water bottle or heating pad on your abdomen.
- Avoid constipation by increasing the fiber in your diet.
- Do relaxation exercises.

Take pain medicine as recommended by your provider.

What can be done to help prevent endometriosis?

Endometriosis is a condition that cannot be prevented or cured. However, treatment can help control the symptoms.



For more information:

Contact the Endometriosis Association, for more information. This organization is a support group run by women with endometriosis.

Endometriosis Association International Headquarters

Phone: (800) 992-3636.

Web site: <http://www.endometriosisassn.org>

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Developed by McKesson Corporation

Revised November 2008

UNIVERSITY HEALTH SERVICES
SAINT LIAM HALL
574-631-7497
HTTP://UHS.ND.EDU
Available 24/7 during the Academic Year

Endometriosis



“ ... a condition in which the presence of endometrial tissue moves outside the uterus.”

UNIVERSITY OF NOTRE DAME
NOTRE DAME IN 46556



What is endometriosis?

The tissue that normally lines the inside of the uterus is called the endometrium. The uterus is the organ at the top of the vagina. Babies develop in the uterus, and menstrual blood comes from the uterus. In some women endometrium grows outside the uterus. When this happens a woman has a condition called endometriosis. The most common areas for this abnormal growth of endometrium are the reproductive organs (the ovaries, fallopian tubes, and uterus). Endometrium may also grow on the intestines, bladder, rectum, and the lining of the pelvic area and abdomen.


This misplaced tissue responds to the hormones of the menstrual cycle and bleeds each month in the same way the lining of the uterus responds to hormones. However, if the tissue is not in the uterus, the blood shed from the tissue has no way to leave the body. When the tissue bleeds, cysts, scar tissue, and adhesions form. Adhesions are scar tissue that binds organs together. Adhesions or scars on the ovaries or tubes can cause infertility. Very rarely, endometriosis becomes cancerous.

How does it occur?

Why some women develop endometriosis is not known. There are many theories, but none of them explains all cases. Some of the theories are:

- In some women some of the endometrial tissue flows backward during menstrual flow into the fallopian tubes and abdomen, where it attaches and grows.
- Endometrial cells spread to other parts of the body through the lymph system or blood vessels.

Some endometrial tissue in the uterus backs up in all women. The immune system may then destroy the misplaced tissue. Women who develop endometriosis, however, may have an immune system that is not able to destroy the misplaced tissue.



Tissue from the endometrium was misplaced during early embryonic or fetal development.

Some women may inherit the problem.

What are the symptoms?

Some women have no symptoms. If symptoms occur they may include:

- pelvic, back, or backside pain before or during the menstrual period
- very painful menstrual cramps
- pain during sex
- abnormal or heavy menstrual flow
- painful bowel movements, diarrhea, constipation, or other intestinal problems during menstrual periods
- Painful urination or feeling the need to urinate often during menstrual periods
- trouble becoming pregnant.

How is it diagnosed?

Your healthcare provider will ask you about your symptoms. You will have a pelvic exam to check for cysts or nodules or any abnormal tenderness or thickening in your pelvic area. You may have blood tests.

You may need a procedure called a laparoscopy for diagnosis. You are given an anesthetic before the procedure so you will not feel any pain. Then a small cut is made near the navel and your abdomen is filled with a gas (carbon dioxide). Your healthcare provider inserts a tool called a laparoscope through the cut and into your abdomen to look at the organs and pelvic cavity. With the scope your provider can see the size, location, and number of endometrial growths. Sometimes a piece of tissue is removed to help make a diagnosis. This is called a biopsy.

Other tests you may have are:

- ultrasound scan
- CT (computed tomography)
- MRI (magnetic resonance imaging)
- blood tests.



How is it treated?

There are many ways to lessen the symptoms and problems caused by endometriosis. The treatment depends on the severity of the symptoms, the location and degree of endometriosis, your age, and your plans for having children.

If the only symptom is mild premenstrual pain, you may just need to take a pain-relief medicine such as aspirin, acetaminophen, or ibuprofen. If these non-prescription medicines do not relieve the pain, your provider may prescribe stronger pain medicine.

If you have a laparoscopy, your provider may use a laser to remove abnormal tissue, especially if you have a mild case of endometriosis.

Your provider may prescribe medicine, such as birth control pills, to control your hormones. The purpose of these medicines is to control the hormone stimulation of the endometriosis areas. Both the lining of the uterus and the misplaced endometrial tissue will decrease or stop bleeding each month. This should stop the buildup of cysts and scar tissue and swelling outside the uterus. The most effective drug treatment allows your body to heal the endometriosis as much as possible by stopping your menstrual periods for about 6 months.

Some of the medicines used for treatment of endometriosis are very expensive. They are mainly used if you have endometriosis and are also trying to become pregnant.

Sometimes surgery may be necessary, for example, if you have large pieces of endometrial tissue in your pelvis. In many cases it is very helpful to take medicines and have surgery to remove or burn off the areas of endometrial tissue.

In severe cases, possible treatment is surgery to remove the organs containing the growths (such as the fallopian tubes, uterus, and the ovaries). If your uterus is removed, you will not be able to become pregnant.