



CENTRE FOR ADVANCED
REPRODUCTIVE ENDOSURGERY

Endometriosis

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Endometriosis

Endometriosis is a common cause of **period pain, chronic pelvic pain, infertility and adhesions**. Despite increasing awareness, research has shown that it still takes on average eight to nine years from the onset of first symptoms to the time a diagnosis is confirmed. This often means years of unnecessary suffering and delay in appropriate and effective treatments.

Early diagnosis remains the key to successful treatment for endometriosis and prevention of its long term complications.

What is endometriosis?

The tissue lining the inside of the uterus is called **endometrium**. Menstruation comes from the shedding of this layer of tissue each month as a result of ovarian hormones. This occurs from the time of puberty and continues until a woman reaches menopause. This is a normal event.

Endometriosis is a condition in which endometrium-like tissue grows in locations outside the uterus. **These are often called endometriotic implants or lesions.**



What happens in endometriosis?

Like endometrium inside the uterus, the endometriotic implants swell and bleed in response to the cyclical ovarian hormones each month. This results in **inflammation, adhesions, cysts and scar tissue** which may damage or destroy the affected organs on or in which endometriosis occurs.

The most common sites of endometriosis are the lining of the pelvis, the ligaments supporting the uterus, the ovaries, the top of the vagina (the pouch of Douglas), and the fallopian tubes. Endometriosis may also implant onto the surface or into the walls of the bowel, bladder, and the ureters. Rarely, it may be found in other distant parts of the body.

How common is endometriosis?

Endometriosis may affect women at any time during the menstruating years (from puberty to menopause). It is estimated that 10-15% of women may have this condition.

What causes endometriosis?

Several theories have been put forward (retrograde menstruation, genetic predisposition, environmental factors, immunological factors) but the exact cause of endometriosis is still not known.

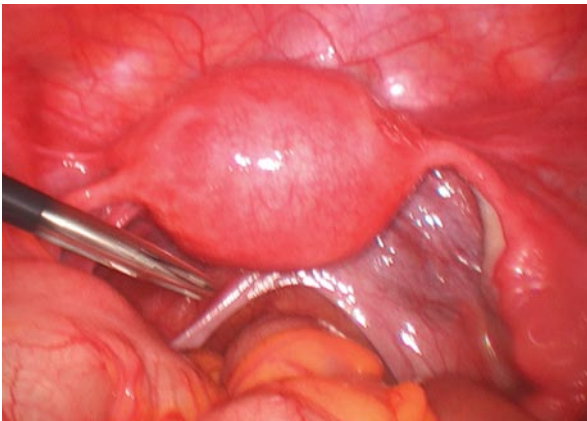
Endometriosis is a common cause of period pain, chronic pelvic pain, infertility and adhesions.

What are the consequences of having endometriosis?

It is impossible to tell exactly what will happen in individual cases. However, in general, if the disease is not treated, endometriosis tends to cause progressive damage to the tissues or organs on or into which it occurs, with possible consequences of chronic pain, infertility, and adhesions.

What are the symptoms of endometriosis?

The symptoms of endometriosis are quite variable and may fluctuate in severity from time to time in the same person. Both severity and types of symptoms may not correspond to the extent and locations of the disease. However, if you experience many of symptoms in the list on the next page, you may have endometriosis and should seek advice from your doctor.



Healthy uterus

Endometriosis symptom check list

Pain:

- with period
- during ovulation
- during or after intercourse
- low back pain
- when passing urine.

Abnormal bleeding:

- heavy
- irregular bleeding
- premenstrual spotting.

Bowel symptoms:

- painful bowel movements during menstruation
- diarrhoea or constipation
- abdominal bloating
- symptoms suggestive of irritable bowel syndrome.

Infertility:

- endometriosis is found in up to 30% of women presenting with infertility
- endometriosis may also be an important reason for unsuccessful IVF treatment.

Other symptoms may include:

- chronic fatigue
- PMT.

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How is endometriosis diagnosed?

Endometriosis can be suspected on the basis of symptoms. **Pelvic examination** may allow doctors to detect the scar tissues caused by the implants. **Ultrasound** may show the presence of cysts inside the ovaries (chocolate cysts) which occur in 10% of women with endometriosis.

At the present time, the only way to confirm the presence of and to check for the extent of endometriosis is by **laparoscopy**. This is a day-only examination in hospital, under general anaesthesia, in which a small telescope introduced through a small incision at the umbilicus allows doctors to directly see endometriosis.

Laparoscopy is the gold standard for assessment of endometriosis.

How can endometriosis be treated?

The treatment options for endometriosis include “**wait and see**”, **medications**, **surgery** or a combination of these.

To help you choose the most suitable treatment, your doctor will consider such factors as your age, the severity of your symptoms, when and if you plan to have children, the extent and locations of endometriosis found at laparoscopy, and your response or side-effects to previous endometriosis and fertility treatments.

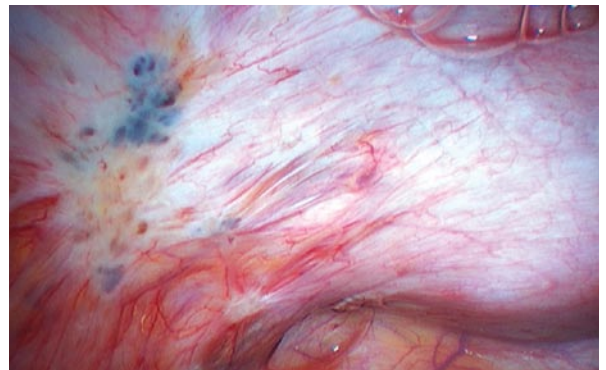
Take time to discuss with your doctor the benefits, risks and outcome of the available treatment options and to choose one that is suitable for your situation.

- “**Wait and see**” may be appropriate if you have minimal endometriosis with no symptoms and have not started trying for pregnancy.
- **Medications** such as non-steroidal anti-inflammatory drugs are useful for pain relief but they do not remove or destroy the endometriosis.
- **Hormones** may be used to suppress the menstrual cycles and thereby suppressing the growth and progression of the endometriosis implants. In general, a course of treatment usually takes between three to nine months.

The main groups of hormones currently available include:

- oral contraceptive pill
- progesterones
- Danazol and gestrinones
- GnRH analogues (Zoladex, Synarel).

All hormonal treatments carry a wide variety of side-effects and should only be taken under the supervision of your doctor.



Endometriotic deposits

What is the role of surgery in endometriosis?

Surgery is used to confirm the presence of and to assess the extent of the disease (**diagnostic laparoscopy**). **Laparoscopic surgery** may be used to treat the disease by removing the endometrial implants, adhesions, ovarian cysts or to repair tubal damage.

Laparotomy (open surgery) may be required to deal with extensive disease. In general, most cases of endometriosis are treatable by laparoscopic surgery, even when the disease is severe. Be sure to understand the indication, benefits, risks, expected outcome, and type of surgery you are recommended by your doctor before undergoing surgery.

Is hysterectomy required for treatment of endometriosis?

The uterus is not the cause of endometriosis. It is the hormones from the ovaries that allow the development of endometriosis, not the uterus. Hysterectomy is therefore not a cure and should only be a treatment option for relief of severe period and pelvic pain where the disease is severe, childbearing has been completed and /or other conservative treatments have been tried and failed.

In women who undergo hysterectomy and where the ovaries are conserved, it is possible to still develop endometriosis in places outside the uterus. Where the ovaries are also removed, the risk of endometriosis recurrence is practically negligible.



Bowel endometriosis

Many women who suffer from endometriosis may not realise that the disease can affect the bowel. This may be due to the fluctuating nature of symptoms, a lack of awareness of the link between bowel symptoms and endometriosis, or inadequate appreciation of the extent of the disease at laparoscopy.

How common does endometriosis affect the bowel and where?

The exact incidence is unclear but may occur in 5-15% of all cases of endometriosis. The sites where endometriosis occurs are the rectum, the sigmoid, the appendix and the small bowel.

What are the symptoms of bowel endometriosis?

Women with bowel endometriosis may present with pain related to periods, pain on intercourse and /or on bowel movements. Other symptoms may include cyclical abdominal bloating, constipation or diarrhoea. Rectal bleeding is uncommon. Some women may present with infertility while others may have few or no symptoms.

How can bowel endometriosis be diagnosed?

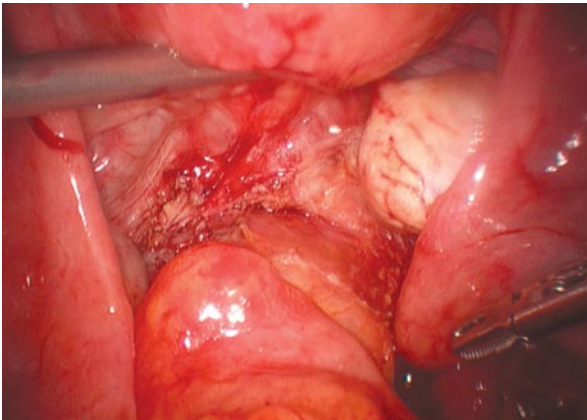
Diagnosis of bowel endometriosis requires a careful history and thorough physical examination. The detection of a tender nodule at the top of the vagina adjacent to the rectum should raise suspicion. Women found to have ovarian endometriotic cysts on ultrasound may have up to 30% chance of having bowel endometriosis at the same time.

Barium enema and **colonoscopy**, carried out to exclude inflammatory bowel diseases or to confirm full-thickness endometriosis bowel involvement, are often negative. Consequently, many women may be mistakenly diagnosed as having irritable bowel syndrome.

Laparoscopy remains the gold standard for assessment of endometriosis.

What treatments are available for bowel endometriosis?

While the treatment options generally follow the same principles previously outlined, bowel endometriosis requires **a team of specialists** working together to thoroughly assess the risks and benefits of treatments and to determine the optimal care.



Bowel endometriosis

What does surgery for bowel endometriosis involve?

If pain and bowel symptoms are severe, and/ or where fertility is a major consideration, surgery for removal of the affected bowel may be advised. The extent of bowel surgery may range from shaving of the disease from the bowel wall, full-thickness removal of lesions which invade deep into the wall (disc excision), or segmental resection and reanastomosis where a large segment of the bowel is affected. Rarely, a temporary procedure to give the bowel a rest (colostomy or ileostomy) is required.

Endometriosis of the bowel is a special entity which requires a high index of awareness and suspicion for correct diagnosis, and expertise for management.

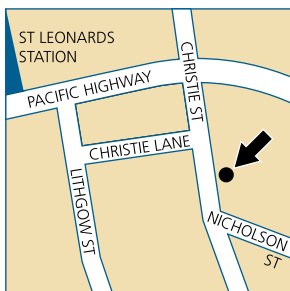
Can endometriosis be cured?

Endometriosis can be treated effectively and successfully in the majority of cases. This means a high chance of significant pain relief, and a good chance of pregnancy for those who wish to try. However, it is estimated that between 10-20% of women may develop recurrence of symptoms within 12 months to 5 years of treatment. The use of the contraceptive pill, pregnancy and breast feeding may help reduce the likelihood of recurrence.

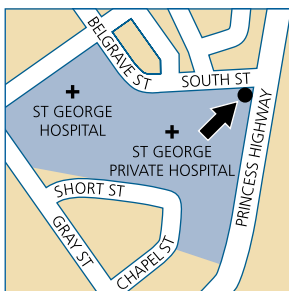


The Centre for Advanced Reproductive Endosurgery, under the guidance of A/Professor Lam, specialises in the diagnosis and treatment of endometriosis. In particular, surgeons at CARE specialise in laparoscopic excisional surgery for removal of severe endometriosis involving the ovaries, pelvic side walls, bowel and urinary tract.

CARE locations



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