Understanding Endometriosis

Are you experiencing:

- Pain in the lower abdomen or pelvis and/or lower back, mainly during menstrual periods
- Very painful menstrual cramps; pain may get worse over time
- Chronic pain in the lower back and pelvis
- Pain during or after sex
- Intestinal pain
- Painful bowel movements or painful urination during menstrual periods
- Spotting or bleeding between menstrual periods
- Infertility
- Fatigue
- Diarrhea, constipation, bloating or nausea, especially during menstruation

If you are experiencing any of these symptoms, you may have endometriosis.

What is endometriosis?

Endometriosis is a condition that occurs in more than 5 million women in the U.S. Tissue that lines the uterus, called endometrium, grows outside of the uterus on other organs or structures. Most often, endometriosis is found on the ovaries, fallopian tubes, outer surface of the uterus and lining of the pelvic cavity. These growths are not cancerous. The amount of pain each woman experiences is different and depends on the severity of endometriosis.

Why does endometriosis cause pain?

Every month, hormones cause the lining of the uterus to build up with tissue and blood vessels. If a woman does not get pregnant, the uterus sheds this tissue and blood through menstruation. The endometriosis tissue outside of the uterus cannot be shed and causes inflammation, scar tissue and pain. As this tissue grows, it can cover or grow into the ovaries and block the fallopian tubes. Trapped blood in the ovaries can form cysts or closed sacs. It also can cause adhesions, tissue that sometimes binds organs together. The growths also can cause problems in the intestines and bladder.

What causes endometriosis?

No one knows for sure what causes this disease, but experts have some theories:

- Endometriosis tends to run in families.
- Endometrial tissue may move from the uterus to other body parts through the blood system or lymph system.
- Estrogen appears to promote the growth of endometriosis. Researchers are studying the endocrine system, the body's system of glands, hormones and other secretions to learn more about this connection.
- Endometrial tissue has been found in abdominal scars, indicating it can sometimes be caused by surgery.

How is endometriosis diagnosed?

**Pelvic exam.** Sometimes large cysts or scars behind the uterus can be felt during a pelvic exam, however smaller areas of endometriosis are hard to feel.

**Diagnostic imaging.** An ultrasound imaging test may find ovarian cysts caused by endometriosis. Magnetic resonance imaging (MRI) can produce a picture of the inside of the body that could show endometrial tissue.

**Surgery.** The only sure way to diagnose endometriosis is to look inside the abdomen. This can be done through minor, minimally invasive surgery called laparoscopy. A tiny cut is made in the abdomen and a thin tube with a light is placed inside to look for growths. Sometimes the doctor can diagnose endometriosis just by seeing the growths. Other times, a small sample of tissue might be taken to view under a microscope.

Treatment options

There is no cure for endometriosis, but there are many treatments available for pain and infertility. Your doctor will recommend the best treatment for you depending on your symptoms, age and plans for getting pregnant.

**Pain medication.** For mild symptoms, over-the-counter pain relievers may be effective. These include ibuprofen (Advil and Motrin) or naproxen (Aleve). Or your doctor may prescribe stronger pain relievers.

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Hormone therapy. Hormone therapy is for women who do not want to become pregnant and who have small growths that do not cause severe pain. Birth control pills, which decrease menstrual flow and prevent overgrowth of tissue that lines the uterus, are a common type of hormone therapy. Most birth control pills contain two hormones, estrogen and progestin. Stopping these pills will cause the symptoms of endometriosis to return.

Another hormone is GnRH agonists/antagonists, which reduce the amount of estrogen and stop the menstrual cycle. These drugs can cause side effects similar to those during menopause, such as hot flashes, bone loss and vaginal dryness, so they usually are combined with a low dose of progestin or estrogen to protect against these side effects. When this medicine is stopped, monthly periods and the ability to get pregnant return. Symptoms of endometriosis may stay away for months or years afterward.

Progestin is a hormone that can shrink spots of endometriosis by working against the effects of estrogen on the tissue. It will stop menstrual periods but can cause irregular vaginal bleeding. Depo-Provera is a common progestin taken as a shot. Side effects can include weight gain, depressed mood and decreased bone growth.

Hormone therapy should be discussed with your physician to determine the appropriate treatment plan based on your condition.

Surgery. Surgery may be indicated for women with severe endometriosis – many growths, severe pain or fertility problems. Surgery may be performed to remove the areas of endometriosis. In more severe cases, a hysterectomy (removal of the uterus and ovaries) may be needed. The type of surgery your physician may recommend depends on factors such as age, severity of symptoms, severity of disease and whether you want children in the future. Types of surgery:

- Laparoscopic surgery. This is a minimally invasive surgery in which a laparoscope and surgical instruments are inserted through several tiny abdominal incisions. This procedure can be used to diagnose and/or treat endometriosis. Laparoscopic surgery to treat endometriosis includes the following procedures:
  - Removal of endometrial growths
  - Removal of scar tissue
  - Removal of one or both ovaries
  - Removal of uterus

Women recover from laparoscopic surgery much faster than from major abdominal surgery. There is less pain and recovery time with smaller scars than major abdominal surgery.

- da Vinci assisted. This is a minimally invasive procedure that uses a robotic system designed to help the surgeon perform more precise and less invasive procedures. It is performed through tiny incisions in the abdomen, usually resulting in less blood loss, scarring and pain, so recovery and return to normal routine is quicker.

- Laparotomy. This is major surgery that involves a large abdominal incision. This allows the surgeon the best visibility and access to the pelvic organs. If endometrial growths or scar tissue are found outside of the uterus and/or are on other pelvic organs, an abdominal hysterectomy (laparotomy) may be recommended. There is a longer hospital stay, more pain and longer recovery time than with other surgical procedures.

After surgery you will meet with your physician to discuss your recovery, what was found during your operation and future treatment.

Need more information?

Norton Women’s Care offers these treatment options to get you back to enjoying life. Talk with your primary care physician or OB/GYN about your symptoms. To find a physician or for more information, call (502) 629-1234 or visit NortonWomensCare.com.

Missy Ulle, R.N., assists women who need help navigating the health care system. Her office is in Marshall Women’s Health & Education Center. For more information, call (502) 899-6310 or email missulafe@nortonhealthcare.org.

This fact sheet has been provided for informational purposes to better understand certain health topics. This information should not be taken as medical advice. Consult your physician for answers to questions about your health.

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