



## **Endometriosis**

**What is endometriosis?** Endometriosis is a condition in which the type of tissue that forms the lining of the uterus (the endometrium) is found outside the uterus.

**How common is endometriosis?** Endometriosis occurs in about 1 in 10 women of reproductive age. It is most often diagnosed in women in their 30s and 40s.

**Where does endometriosis occur?** Areas of endometrial tissue (often called implants) most often occur in the following places:

- Peritoneum (lining of the pelvis or abdomen)
- Ovaries
- Fallopian tubes
- Outer surfaces of the uterus, bladder, ureters, intestines, and rectum
- Cul-de-sac (the space behind the uterus)

**How does endometriosis cause problems?** Endometriosis implants respond to changes in estrogen, a female hormone. The implants may grow and bleed like the uterine lining does during the menstrual cycle. Surrounding tissue can become irritated, inflamed, and swollen. The breakdown and bleeding of this tissue each month also can cause scar tissue, called adhesions, to form. Sometimes adhesions can cause organs to stick together. The bleeding, inflammation, and scarring can cause pain, especially before and during menstruation.

**What is the link between infertility and endometriosis?** Almost 40% of women with infertility have endometriosis. Inflammation from endometriosis may damage the sperm or egg or interfere with their movement through the fallopian tubes and uterus. In severe cases of endometriosis, the fallopian tubes may be blocked by adhesions or scar tissue.

**What are the symptoms of endometriosis?** The most common symptom of endometriosis is chronic (long-term) pelvic pain, especially just before and during the menstrual period, although it can happen anytime during a women's menstrual cycle. Pain also may occur during sexual intercourse. If endometriosis is present on the bowel, pain during bowel movements can occur. If it affects the bladder, pain may be felt during urination. Heavy menstrual bleeding is another symptom of endometriosis. Some women with endometriosis have no symptoms.

**How is endometriosis diagnosed?** Initially a pelvic exam, pap smear, cultures for infections and an ultrasound are done. However, the only way to tell for sure that you have endometriosis is through a surgical procedure called laparoscopy. Sometimes a small amount of tissue can be removed during the procedure as a biopsy. However, currently we can also diagnose Endometriosis by ruling out other causes of pain and making a clinical diagnosis, so surgery is not always required.

**How is endometriosis treated?** Treatment for endometriosis depends on the extent of the disease, your symptoms, and whether you want to have children. Endometriosis may be treated with medication, surgery, or both. When pain is the primary problem, medication usually is tried first.

**What medications are used to treat endometriosis?** Medications that are used to treat endometriosis include pain relievers, such as nonsteroidal anti-inflammatory drugs (NSAIDs), and hormonal medications, including birth control pills, progestin-only medications, and gonadotropin-releasing hormone agonists or antagonists. Hormonal medications help slow the growth of the endometrial tissue and may keep new adhesions from forming. These drugs typically do not get rid of endometriosis tissue that is already there, but can be very effective in controlling symptoms.

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- Birth control pills can be taken cyclically or continuously (which can make the periods lighten or stop and is helpful in controlling period related pain). They can regulate hormones and reduce endometriosis pain. Stopping your period, or reducing the number of periods you have in a year, suppresses and slows the progression endometriosis. The pill also provides contraception if that is required.
- Progestins meds are synthetic forms of the hormone progesterone and can reduce endometriosis pain, and suppress the growth of endometrial tissue. There are oral forms that are taken daily or long-acting forms given through injection, implant or IUD (intrauterine device).
- Gonadotropin-releasing hormone agonists and antagonists: Orilissa (Elagolix) pills or Lupron (Leuprolide acetate) injections reduce the female hormones (estrogen and progesterone) which endometriosis depends on. They reduce or eradicate endometrial implants by suppressing ovulation and the production of estrogen and progesterone by the ovaries. The low levels of estrogen in the body mean the endometrial implants are no longer stimulated to grow, and they break down each month so they gradually shrink or 'dry up'. This creates a temporary menopause. These medications are usually used for moderate to severe endometriosis.

How can surgery treat endometriosis? Surgery can be done to relieve pain and improve fertility. During surgery, endometriosis implants and adhesions can be removed or cauterized away.

Does surgery cure endometriosis? After surgery, most women have relief from pain. But there is a chance the pain will come back. About 40–80% of women have pain again within 2 years of surgery. This may be due to endometriosis that was not visible or could not be removed at the time of surgery. The more severe the disease, the more likely it is to return. Taking medication after having surgery may help extend the pain-free period.

What if you still have severe pain that does not go away even after I have had treatment? If pain is severe and does not go away after treatment, a hysterectomy may be a “last resort” option. Endometriosis is less likely to lead to future pain if your ovaries are removed at the time of hysterectomy.