

Endometriosis

Endometriosis is a common and puzzling condition. It may affect up to one in three women at some point in their lives, but for many women it causes no problems and may be discovered accidentally during operations for other reasons.

What is endometriosis?

Endometriosis is a condition where the tissue which lines the uterus (the endometrium) is found in locations outside the uterus, such as on the ovaries, bowel, pelvic ligaments and bladder.

Each month a woman's endometrium breaks down, causing bleeding. Usually both the endometrium and blood are shed through the vagina (known as 'a period'). If this tissue is located outside the uterus however, inflammation and scarring can occur (this is then called endometriosis).

Endometriosis can be very minor, or severe enough to cause problems such as strong period pain, pain with sex, unexplained abdominal and pelvic pain, or difficulty becoming pregnant.

What are the symptoms?

Some women with endometriosis experience many symptoms, while others have none. Pain may be felt:

- Before or during periods
- During or after sex
- With bowel movements
- When urinating
- In the lower back

Why does it happen?

Researchers have studied this problem for many years, and there are still no answers as to why endometriosis happens to some women. One common theory generally accepted by doctors is that the normal flow of blood and endometrial tissue from the cervix during a period can sometimes go the other way (ie towards the Fallopian tubes). This probably happens in a large number of women, and for most of them the tissue never becomes a problem. According to this theory, for some women the tissue actually implants and starts to grow in an abnormal position, causing endometriosis.

While there is certainly a family tendency for endometriosis, just because someone in your family has it doesn't mean it will be a problem for you.

How do I know if I have it?

Doctors will consider endometriosis if a woman complains of any of the symptoms mentioned above. However, lots of women will have period pain that isn't caused by endometriosis.

Your doctor will probably want to examine you to see if there is any swelling or tenderness in your pelvic organs. This can be combined with an ultrasound to look for unusual cysts (endometriomas). Endometriosis can also look like black spots or adhesions.

Making a firm diagnosis of endometriosis requires a procedure called a LAPAROSCOPY. This is where a telescope is inserted into the abdomen through a small cut below the navel, allowing the doctor to directly look for endometriosis and scarring around the Fallopian tubes and ovaries. Like most operations, a laparoscopy has some potential risks and requires a general anaesthetic.

How is it treated?

Treatment for endometriosis usually depends on the problems that the woman is having.

Period pain

Typically, period pain due to endometriosis changes over time, and may begin a couple of days before the period actually starts. Regardless of whether pain is caused by endometriosis or just the standard period cramps experienced by most women, it will often respond to simple treatments such as anti-inflammatory medications (Ponstan, Naprogesic etc), or to using a

hormonal contraceptive (eg the Pill, Implanon, Depo Provera). Hormonal contraceptives 'shut down' the production of the body's own hormones in the ovaries and reduce period pain in nearly all women. For this reason, some women are advised to take the Pill continuously, without a break (this should first be discussed with a doctor). If there is some endometriosis, hormonal contraceptives can also make it less active.

If your uterus and ovaries are normal on examination, and if an ultrasound is also normal, your doctor will suggest simple treatments for period pain, as severe endometriosis is unlikely (for very young women who have had bad period pain right from the start, a pelvic examination and ultrasound are not needed before using hormonal contraception to control period pain).

Fertility problems

Fertility problems are common among women with endometriosis. Sometimes the Fallopian tubes that transport eggs and sperm are blocked or closed over by the scars from endometriosis. Surgery to clear the blockages may help, but also removing endometriosis even where it isn't causing blockage will improve the chances of pregnancy. This appears to be due to patches of endometriosis releasing inflammatory chemicals that can interfere with fertilisation of the egg.

Women with endometriosis who are planning a pregnancy are encouraged to talk to a doctor beforehand. Because most of the hormonal treatments for endometriosis act as contraceptives, they cannot be used when a woman is trying to get pregnant, so pain is usually more significant around this time. However, endometriosis is usually less of a problem for women once they are pregnant as their endometrial breakdown, and period, ceases.

IVF may assist some couples who are having difficulty conceiving, but don't forget it is quite normal to take some time to fall pregnant, and a couple usually needs to try to conceive for 12 months before it is considered to be a concern.

Pelvic pain and pain with sex

Women with endometriosis often experience abdominal or deep pelvic pain. These problems are treated in similar ways to the above, but where fertility is not an issue or the pain has not responded to other measures, more radical surgery is an option. Sometimes the removal of the uterus and ovaries in older women will relieve pain that has been present and severe for years, but this is only done as a last resort.

For more information on endometriosis go to www.endometriosis.org. Support groups are also available.

Practising safe sex reduces the risk of contracting HIV and other sexually transmissible infections (STIs).



70 Roe Street, PO Box 141, Northbridge, WA, 6865
ph: (08) 9227 6177 fax: (08) 9227 6871
www.fpwa.org.au
info@fpwa.org.au

Sexual Health Helpline (08) 92276178 or 1800 198 205 (Country Callers)
sexhelp@fpwa.org.au

Quarry Health Centre for under 25s
7 Quarry Street, PO Box 378, Fremantle, WA, 6959
ph: (08) 9430 4544 fax: (08) 9430 4544
quarry@fpwa.org.au