

Endometriosis

RFQs

- What are your periods like? (typically heavy and painful)
- How is sex? (Do you have any problems when you are having sex?) (typically deep dyspareunia)

Provide

- Common chronic disease resulting in significant morbidity from pain and infertility.
- Consider the diagnosis when women present with pelvic pain, dysmenorrhoea, dyspareunia, or cyclical gastrointestinal or bladder symptoms.
- Normal pelvic examination and normal ultrasound do not rule it out.
- Laparoscopy and histological confirmation is the gold standard investigation, BUT a trial of treatment is reasonable before referral UNLESS fertility is a concern.
- If pain is the major concern, offer CHC, progestogens and/or NSAIDs.
- Surgery can improve pain and fertility.
- Recurrence of symptoms off treatment is common – this is a chronic incurable disease!
- Post-hysterectomy, women with endometriosis who need HRT for their menopausal symptoms should be prescribed combined preparations or tibolone.

Non-cyclical chronic pelvic pain may also develop, associated with coitus, bowel or bladder dysfunction.

Safety net:

It's difficult to make a diagnosis of endometriosis. If your periods are really heavy, or really painful, you may decide that you would be happy for us to investigate you to make a diagnosis. Likewise: if sex is painful for you, and there is no sign of infection in your cervix, you may want us to investigate.

The main reason that it is important to make an early diagnosis is so that we can improve your chances of getting pregnant through specialist treatment.

Otherwise most forms of hormonal contraception will help with pain and women who want to conceive can take naproxen (and other NSAIDs) to help them with pain and heavy bleeding. The one definite way to make a certain diagnosis is by laparoscopy - we use a camera to look inside the tummy under a general anaesthetic. A special vaginal ultrasound can now strongly suggest endometriosis.