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**Division of Women, Children & Sexual Health Services****How can I help reduce Healthcare Associated Infections?**

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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# Endometriosis

**Patient Information Leaflet**

If you want to read this leaflet in another language  
please call Ward 16B on 01296 418110

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Safe & compassionate care,

every time

## What is endometriosis?

Endometriosis is the presence of tissue similar to the womb lining, occurring outside the womb (uterus). This endometrial-like tissue can implant in many places in the pelvis including the ovaries, bladder and bowel, on the ligaments attached to the back of the uterus and the space between the vagina and bowel. Endometriosis may also develop outside the pelvis in abdominal surgical scars, the lungs and kidneys, in fact in almost any other organ in the body.

## What is the risk of getting endometriosis?

Endometriosis is a common condition and occurs in about 5-10% of the female population. 1 in 6 women with pelvic pain and 20% of women with fertility problems will have endometriosis. Furthermore if your sister or mother has endometriosis then your risk of endometriosis increases.

## What are the symptoms of endometriosis?

Endometriosis may present with a number of different symptoms though some women may not have any symptoms at all. The following symptoms may be caused by endometriosis - painful periods, painful intercourse, chronic pelvic pain and ovulation pain. Pain may also be felt on opening the bowels or on passing urine and on occasions blood may be passed from these organs at menstruation. Some women may only experience non-specific symptoms such as bloating, nausea and vomiting. Endometriosis may also present as infertility (difficulty in getting pregnant).

## How does it produce symptoms?

Just as the endometrial tissue inside the uterus bleeds monthly, from menstrual periods, so do the endometrial implants from endometriosis. Endometriotic tissue bleeds, irritating the surrounding tissue and then heals over by scarring. The scar tissue may form into a tender nodule or, if the endometrial tissue is in the bowel or bladder, it may cause bleeding when passing urine or stools at the time of a period.

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

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## Conclusion

Endometriosis affects many women and usually presents with pain or reduction in fertility. It may significantly affect quality of life but the symptoms can be treated by either medication or surgery. Your doctor will discuss the best management option with you depending on your individual circumstances.

## Useful Contact Numbers

### Stoke Mandeville Hospital

Ward 16B

01296 418110

### Wycombe Hospital (WH)

01494 526161

## Please Note:

This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to the Gynaecology Nurses on Ward 16B 01296 418110.

Adhesions, (scar tissue) formed as a result of endometriosis, may cause fixation of the normal movement of some organs such as the bowel and this will usually result in pain.

## How is the diagnosis made?

Internal (vaginal) examination revealing a non mobile uterus, tender support ligaments of the uterus or enlarged painful ovaries suggest endometriosis. Visible endometriotic nodules can also sometimes be seen in the vagina or on the cervix (the neck of the uterus).

Ovaries that are enlarged by endometriotic deposits (called endometriomas) can usually be diagnosed by ultrasound or other imaging techniques. However visual inspection of the pelvis by a laparoscopy, (an operation at which a telescope is inserted into the tummy when you are asleep), is the best way to make a diagnosis of endometriosis.

## What does endometriosis look like?

At laparoscopy endometriosis may appear as dark brown or black powder burn patches on the peritoneum (the lining of the inside of the abdomen or tummy), and endometriotic cysts swell the ovaries. Biopsy of any of these lesions may help in establishing the diagnosis of endometriosis but may not necessarily be conclusive.

## How is endometriosis treated?

Endometriosis may be treated by medication or surgery. The aims of treatment are to try to suppress endometriosis associated pain, improve quality of life, or to help you try and get pregnant, when appropriate.

## Medical Therapy

Drug treatment may include analgesia (pain relief tablets) or hormone therapy.

Analgesia helps to control pain in endometriosis. These tablets should be taken as per the manufacturers instructions. Hormonal medication prevents monthly menstrual periods and can make endometriosis tissue become inactive. Hormones may be administered in the form of progesterone tablets or the oral contraceptive pill. Either of these is usually taken for 6—9 months without a break. This may mean that you do not have a monthly bleed which is not abnormal. Hormonal treatment for endometriosis can also be delivered by the Mirena® intrauterine coil.

Another type of hormone treatment prevents ovarian stimulation of endometriotic tissue. These drugs are called Gonadotrophin-Releasing Hormone Analogues (GnRHa). GnRHa is an injection administered on a monthly basis for 6 months. Longer use may result in thinning of the bones though this can be prevented by the additional administration of hormone replacement therapy (HRT).

HRT may also help to make some of the side effects of GnRHa treatment which are similar to the menopause less intrusive. These include hot flushes, night sweats, mood swings and headaches.

Up to 7 in 10 patients will have improvement of their endometriosis-associated pain. However the benefits from medical treatment may be short lived.

## Surgical Therapy

The aim of surgery is to remove or abolish/ablate as much or all of the visible / palpable endometriosis to improve pain or help fertility. Surgery offers more long term and effective treatment for endometriosis without the unpleasant side effect of medical therapy.

Conservative (uterine and ovarian sparing) surgery for endometriosis is ideally performed by laparoscopic (keyhole) surgery. Endometriotic deposits and scar tissue can be cut out or diathermised with cautery (heat) or laser, whilst endometriotic cysts of the ovaries can be drained and treated.

Surgery may also help women who have infertility by releasing scarring around the fallopian tubes or the ovaries. The procedure, risks and recovery from laparoscopic surgery are as outlined in the leaflet on laparoscopic surgery.

When endometriosis has totally infiltrated an ovary it may have to be removed though usually the ovary can be conserved. Nevertheless some women who have completed their families and have severe endometriosis are best treated by a hysterectomy and removal of both ovaries. Hysterectomy is usually combined with excision of all endometrial implants to improve the benefits of the surgery.

Endometriosis can be quite a difficult condition to treat. Even though medical or surgical treatment may initially cure your symptoms, it is not unusual for similar presenting symptoms to return after a while.

If this happens to you, you will probably need further treatment and should make an appointment to see your General Practitioner for another referral to your Gynaecologist.

## Treatment of Ovarian Endometriosis

When endometriosis affects the ovaries it may present as deposits on the surface or by ovarian cysts called endometriomas. Implants on the surface of the ovary can be burnt or cut off with diathermy or laser.

Endometriomas can be treated by aspiration drainage of the cyst alone, or by aspiration and diathermy or stripping/ excision of the cyst wall. Laparoscopic surgery is the ideal way of treating ovarian endometriosis.

Occasionally your doctor may advise that the whole ovary needs to be removed if it is very badly affected by endometriosis or that a hysterectomy and removal of both ovaries is the best option for managing your endometriosis.