



GYNAECOLOGY AND FERTILITY CENTRE

PATIENT INFORMATION

Endometriosis

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Endometriosis

One in ten women in the UK is affected by endometriosis, which is when the type of tissue that normally grows inside the womb also grows outside on other organs in the body. It is more common in women in their 30s and 40s, with symptoms usually improving during and after the menopause.

In most cases, endometriosis affects the:

- Fallopian tubes
- Ovaries
- Outside surface of the womb
- Inside of the pelvic cavity

It can also affect the:

- Vagina
- Cervix
- Vulva
- Bowel
- Bladder
- Rectum

In very rare cases, it can also affect other parts of the body including the lungs, skin and brain.

What are the symptoms?

These include:

- Very painful periods, often becoming worse as time goes on
- Lower back and pelvic pain
- Pain during/after sex
- Stomach pain, including pain when having bowel movements or urinating during periods. Diarrhoea, bloating, constipation, or nausea during periods are also possible
- Spotting/bleeding between periods
- Fatigue
- Fertility problems

How is it diagnosed?

Endometriosis is diagnosed in a number of ways:

- A pelvic examination: this is when the doctor will feel for larger affected areas, including cysts
- Ultrasound: this can show if the endometriosis has affected your ovaries, causing cysts
- Laparoscopy: this is the most effective way to check the extent of endometriosis inside the abdomen. It involves having a light anaesthetic and then a thin tube with a camera is inserted through a tiny hole in the abdomen to examine the area and, in many cases, to treat it at the same time

How is it treated?

Although it is not yet possible to cure the condition, medication that contains hormones can be used to control endometriosis. Sometimes surgery is used to remove some of the tissue and improve fertility.

- Painkillers: over-the-counter pain relief or stronger painkillers may be prescribed
- Hormone medication: this can include the contraceptive pill and other hormonal medication
- Surgery using laparoscopy or laparotomy: laparoscopy, a type of keyhole surgery, which is normally combined with laser surgery to precisely target and remove damaged areas or small growths in the pelvis or abdomen. However, if endometriosis is very extensive or large cysts need to be removed, a laparotomy may be needed. This involves a larger cut (incision) in the abdomen. We do not perform these procedures but will refer you to a specialist.

Endometriosis and infertility

Many women with endometriosis can have difficulty becoming pregnant. This is because it can damage the ovaries or fallopian tubes, preventing fertilisation. As explained above, it can be treated with medication or by keyhole surgery to remove damaged areas. Alternatively, in vitro fertilisation (IVF) treatment may be offered.

Endometriosis is unlikely to cause problems once you are pregnant. In fact, being pregnant can sometimes reduce your symptoms (although they may come back once your periods return).

Further information

Endometriosis UK aims to provide vital support services, reliable information and a community for those affected by the condition. You can find them at:

50 Westminster Palace Gardens
Artillery Row
London
SW1P 1RR

Tel: 020 7222 2781
Fax: 020 7222 2786
www.endometriosis-uk.org

The medical information in this leaflet is provided as an educational resource only. It is not intended to replace the advice of your GP or medical team and should not be used or relied upon for any diagnostic or treatment purposes. The information has been prepared by Dr Carole Gilling-Smith, Consultant Gynaecologist and Medical Director of the Agora Gynaecology and Fertility Centre. It was last updated in August 2014.