

ENDOMETRIOSIS

FACT SHEET

What is endometriosis?

Endometriosis is a condition that occurs when cells similar to those that line the uterus (womb) are found in other parts of the body. It most commonly occurs in the pelvis and can affect the reproductive organs.

The endometrial cells found outside the uterus grow to form lesions or patches that bleed and leak fluid in response to hormones at the time of the period. This leads to inflammation and scarring.

What causes endometriosis?

It is not known what causes endometriosis in each individual person, but there are certain factors that have a role in this. Family history is important, if you have a close family member with endometriosis you are 7-10 times more likely to also have endometriosis.

Retrograde menstruation may also be a factor, this is where blood flows backwards in to the fallopian tubes during a period. In most people the blood, which contains endometrial cells, is absorbed or broken down by the body and causes no symptoms. However, in people with endometriosis, this endometrial tissue starts to grow inside the pelvis.

There may be also be a variety of environmental and immune factors that cause endometriosis.

Other possible factors related to your period that may have a role in causing endometriosis are:

- heavy bleeding during periods
- periods lasting longer than five days
- first period before 11 years of age
- regularly having fewer than 27 days between periods.

What are the symptoms?

Pelvic pain is one of the biggest symptoms. This can be pain immediately before and during the period and/or during or after sex. Initially the pain occurs only around the time of the period, but over time the body becomes sensitised to pain and the pain can occur throughout the cycle and even if the periods are suppressed. Heavy bleeding can occur with or without clots. Bleeding may be irregular, continue for a long time or you may have spotting before your menstrual period. Bladder and bowel problems may occur such as constipation or diarrhoea, pain when the bowels are opened, feeling the need to urinate more frequently and bloating.

How can I find out if I have endometriosis?

Endometriosis can be difficult to diagnose, the average time from first onset of symptoms to diagnosis is 7-12 years. About a third of people with endometriosis discover they have it because they have not been able to become pregnant, or because endometriosis is found during an operation for another reason. This is because the best way to confirm endometriosis is with a laparoscopy, which can be difficult to access. It is possible to diagnose endometriosis based on symptoms and family history, along with examination and ultrasound to rule out other causes of pain and bleeding. Symptoms can be present from the time of first menstruation or occur a few years later. Typically symptoms become more severe over time. Pain and bleeding that causes people to miss school or work is not normal and should always be assessed by a doctor experienced in sexual health.

What is a laparoscopy?

A laparoscopy (also known as keyhole surgery) is a small operation performed under general anaesthetic. A thin tube (telescope) with a light (laparoscope) is inserted into the abdomen through a small cut. The tube has a camera which allows the doctor to see endometrial tissue inside the pelvis and abdomen. A sample of this tissue can be removed for diagnosis. Often all the endometrial tissue will be removed as part of the treatment for endometriosis.

What are the treatment options for endometriosis?

The treatment for endometriosis varies from person to person and often depends on how long someone has had symptoms and how severe they are. Some period pain can be treated with non-steroidal anti-inflammatory drugs (NSAIDs) and heat packs.

Endometriosis can often be managed with hormonal contraception such as the combined oral contraceptive pill or hormone releasing intra-uterine device (IUD). The earlier treatment is started the more effective it is likely to be.

Sometimes laparoscopic removal of endometriosis is needed but it's important to be aware that the endometriosis can come back and ongoing menstrual suppression is recommended. It's also important that you should not have too many surgeries in your life as this can contribute to scarring and ongoing pain.

If the hormonal treatment doesn't work or if you have developed chronic pelvic pain then more treatments may be required. This usually needs a multidisciplinary team of health professionals experienced in treating endometriosis, including doctors, psychologists, physiotherapists and pain specialists.

Further information

You can find more information on endometriosis on the following websites. If you think you may have endometriosis you can also contact the SHINE SA Sexual Healthline or make an appointment with a SHINE SA doctor.

Jean Hailes

www.jeanhailes.org.au

Endometriosis Australia

www.endometriosisaustralia.org

SHINE SA Sexual Healthline

Tel: 1300 883 793 Country callers (toll free): 1800 188 171

Talk to a sexual health nurse about any sexual health issue.

Available 9am – 12.30pm, Monday – Friday.

CONTACT
SHINE SA

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Clinic & Counselling Appointments and General Enquiries

Tel 1300 794 584

Clinic locations and times are available at www.shinesa.org.au

Sexual Healthline

Tel 1300 883 793 Country callers (toll free) 1800 188 171

Talk to a sexual health nurse about any sexual health issue.

Available 9am – 12.30pm, Monday – Friday

National Relay Service

www.relayservice.gov.au

133 677 (TTY/Voice) 1300 555 727 (Speak & Listen) 0423 677 767 (SMS Relay)