

*This information package is not a substitute for a medical opinion. It is designed as an educational reference to allow you to make more informed decisions in consultation with your doctor. Much of what is conveyed during a consultation can be forgotten, this package is here to help remind you of various points that may have been discussed in your consultation and the suggestion of your tailor-made care plan.*

### What is endometriosis?

Endometriosis is a common condition that affects about one in 10 women. It is a condition where tissue, which normally lines the uterus, is found in abnormal sites around the body. Most often though, endometriosis it is found in the pelvis. These deposits can cause a number of symptoms such as pelvic pain and infertility. It is possible that you can have endometriosis and not have either of these problems. The degree of symptoms does not always indicate of the damage the disease is causing.

### How is the diagnosis made?

The only way that the diagnosis of endometriosis can be made is to undergo a laparoscopy and have a biopsy (tissue sample) taken. A laparoscopy is a surgical procedure, performed under a general anesthetic where a thin telescope is placed into the umbilicus (belly button). This allows your doctor to see inside your abdomen and assess the organs of the pelvis and abdomen. A laparoscopy can magnify the tissues and even small amounts of disease can be seen. Tissue that is thought to contain endometriosis is removed at the time of the laparoscopy and sent to the pathologist to be viewed under a microscope to confirm the diagnosis. For further information on laparoscopy please see the information sheet entitled Laparoscopy available at this website.

Sometimes the diagnosis is suggested without having a laparoscopy. This may be due to the fact that your doctor can feel tissues in your pelvis that are affected by endometriosis, can see an endometriosis cyst affecting your ovary or other pelvic organ or very occasionally see the endometriosis if it has grown through the vagina. Remember that the only way to be 100% certain of the diagnosis is to have a laparoscopy and/or biopsy.

### What is the treatment for endometriosis?

There are three kinds of treatments for endometriosis:

1. Medical treatments (medications)
2. Surgical treatments (involving an operation)
3. Allied treatments (physiotherapy, psychology, alternate medicine, etc)

You should discuss the differences in the treatments with your doctor before starting a treatment. There are advantages and disadvantages to all the types of treatments and you may need to have several treatments of different types before finding the right combination for you.

### What is the best treatment for endometriosis?

There is no 'best treatment', since treatments will work differently for individual women with endometriosis. You should be aware of the different kinds of treatments, and their possible effects and side effects or complications. A combination of treatments can be used to assist relieve the symptoms associated with endometriosis.

There is no cure.

# ENDOMETRIOSIS

## Frequently Asked Questions



### What causes endometriosis?

The answer is not clear. It is likely that there is no one cause, but a number of factors that may include genetics (i.e. inherited from either mother or father), environmental effects (chemicals, toxins, or viruses), the type of endometrium that you have and the flow of blood and the endometrium during a period.



### Can it be cured?

Talking about a 'cure' requires knowledge of what causes the disease and ensuring that these causes do not return. This is not possible currently and the aim of treatment should be to maximise fertility and improve quality of life through reduced pain symptoms. Eradication of all areas of disease can only be confirmed by laparoscopy and is not essential. It is best to talk about a symptom free interval when considering outcomes for endometriosis treatments.



### Can I become pregnant if I have endometriosis?

Yes. If you have trouble becoming pregnant and have known or suspected endometriosis then your doctor will often suggest either conservative management (i.e. continue trying without intervention) or surgery. Research suggests that removing endometriosis surgically improves the chances of becoming pregnant without any additional treatments (such as IVF). No medication used for the treatment of endometriosis will help you become pregnant, and these medical treatments should not be used as they may prevent you from becoming pregnant.

Your doctor may suggest that you see a fertility specialist to discuss IVF or other treatments to become pregnant.



### Does the amount of disease impact on the symptoms?

No. There is no connection between the amount of disease and the severity (or even presence) of symptoms. This means that you can have a small amount of disease and very significant symptoms or a very large amount of disease and no symptoms.



### Will a hysterectomy (removal of uterus) cure endometriosis?

No. Significant surgery such as hysterectomy may be considered in women who have no desire for children in the future and as a symptom control measure.

Having a hysterectomy does not guarantee reduction or eradication of pain and your doctor may try alternate surgery (such as removal of the endometriosis alone) before considering a hysterectomy.