Endometriosis

What you need to know

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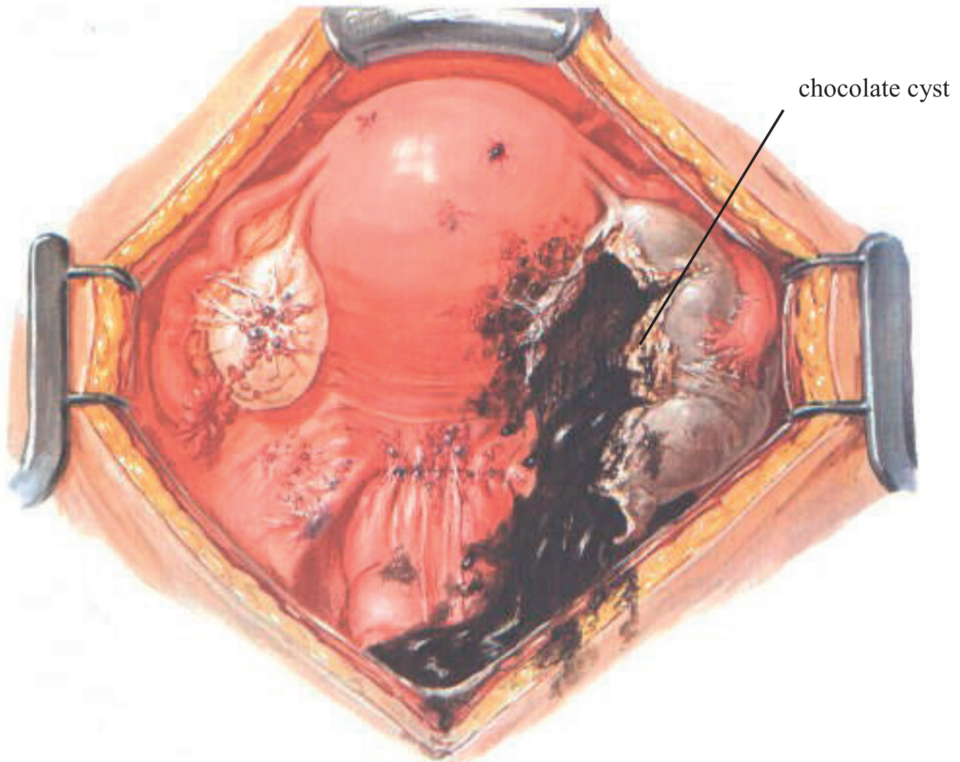
What is Endometriosis?

Endometriosis is a condition whereby the lining of the womb (endometrium) grows outside the womb into other organs e.g. the ovary, tubes, bowel and bladder etc.

The endometrium is usually shed every month during menstruation if the woman is not pregnant. The endometrium responds to hormones from the ovary i.e. oestrogen and progesterone, which regulate endometrial growth and shedding. In endometriosis these endometrial cells grow outside the uterus and respond to the same ovarian hormones that control normal endometrial growth. This leads to internal bleeding, chocolate cysts (haemorrhage into the ovary) and inflammation causing pain and eventually scar tissue (adhesions).



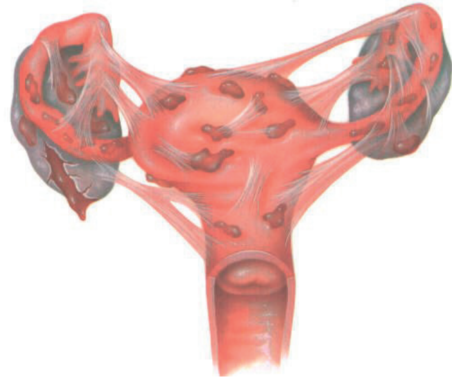
Endometriosis affects up to 10% of Australian women of reproductive age and may be found in up to 25-40% of women who complain of pelvic pain or infertility (difficulty falling pregnant)

What symptoms and problems does endometriosis cause?

Bleeding internally into the pelvis and abdominal cavity leads to inflammation and scar tissue formation. Women who suffer from endometriosis may complain of the following symptoms:

Pain

- Severe period pains (dysmenorrhoea).
  Although many women do complain of mild period pains, it is not normal to suffer from severe period pains which are incapacitating. Often severe dysmenorrhoea is related to endometriosis.
- Pelvic pain.
  Endometriosis not only leads to period pains, but may cause pain in the abdomen and pelvis during other times of the menstrual cycle.
- Pain during sex (dyspareunia).
  If endometriosis grows near the top of the vagina and around the neck of the womb (utero-sacral ligaments) this can cause extreme tenderness, especially when touched as occurs during sexual intercourse.



- Pain on opening your bowels (dyschezia).
  Endometriosis can affect the bowel (rectum) and the area between the rectum and posterior vagina (called, the Pouch of Douglas). This can lead to pain every time you open your bowels. This is especially exacerbated around the time of your periods.

Difficulty in falling pregnant (infertility).

Endometriosis can lead to difficulty in falling pregnant as the endometriosis may secrete poisons that inhibit the sperm and the egg. The scar tissue can also block the fallopian tubes and prevent fertilization.

Cyst in the ovary.

If endometriosis grows in the ovary and leads to bleeding, this may accumulate leading to the formation of chocolate cysts.

Irregular vaginal bleeding.

Often endometriosis affects the ovaries and interrupts the secretion of hormones from the ovaries, interrupting the normal menstrual cycle, leading to irregular vaginal bleeding.

How is endometriosis diagnosed?

Symptoms

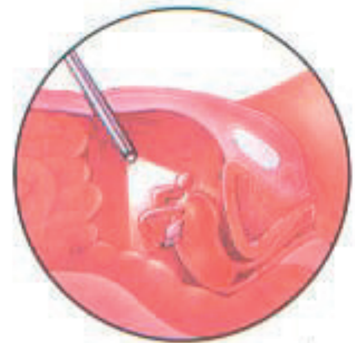
Often I will suspect you have endometriosis from your clinical history of pelvic pain, painful periods etc.

Ultrasound

An ultrasound can diagnose endometriomas(cysts of the ovary), but often you may need a highly specialised ultrasound called sonovaginogram (SVG) which may diagnose deep infiltrating endometriosis (DIE). SVGs are perforemd by highly specialised gynaecological ultrasound experts. I may request this if I am suspicious you have severe endometriosis around the bowel area.

Blodd test

A blood test can also be done to test for severe endometriosis (CA 125), however it is not always positive in all women with endometriosis.



A laparoscope inserted through the abdomen

Laparoscopy

Ultimately the only way to positively diagnose or rule out endometriosis is to have a small operation called a **laparoscopy**. This is an operation where, under a general anaesthetic whereby I will insert a telescope through your belly button to directly visualize your internal organs.

How is endometriosis treated?

It is important to realize that endometriosis is a chronic condition that tends to recur and relapse. It is unpredictable however to determine in which patients endometriosis will recur and progress rapidly and which women endometriosis will progress extremely slowly. There are many factors that will determine how your endometriosis will be treated and these factors include:

(1) Age.
(2) Whether you plan to have children in the near or distant future.
(3) The severity of your symptoms
(4) The extent of the endometriosis as seen at laparoscopy
(5) Your preference.

Medical treatment

Drugs and medications can be used to treat endometriosis and the symptoms. These can be divided into 2 groups:

(1) Symptomatic treatment using pain killers and anti-inflammation tablets e.g. Naprogesic, Nurofen and Ponstan etc. Often most women have tried these medications, prior to consulting a doctor.

(2) Hormonal treatment suppresses the endometriosis growth and can reduce the size of them.

It is important to remember that medical therapy is usually effective for the duration of administration of the drug, however once the medication is stopped, the endometriosis may recur.

Types of hormonal therapy to treat endometriosis

(1) Progestogens.
These are medications, which can stop ovulation and reduce menstruation and cause the endometriosis to shrink and disappear as a result. Examples include, Primolut, Provera or Depo-Provera (the contraceptive injection every 3 months)

(2) The combined oral contraceptive pill.
The oral contraceptive pill contains both oestrogen and progestogens and can also be used to treat endometriosis. To be effective it should be given for continuously for 2-3 months, therefore the woman should get a period every 2-3 months rather than every month. Because the woman has less menstrual bleeding, there will also be less internal bleeding. This is often useful for women who also require contraception.

(3) Danazol.
This is a synthetic male hormone tablet taken everyday, which has a direct suppressive effect on endometriosis. Danazol does have side effects of male hormone excess e.g. acne, oily skin, weight gain and excessive hair growth in severe cases..

(4) GnRH agonist.
These are medications that directly suppress the ovary and cause an artificial menopause. They can be given by monthly injections (Zoladex) or as a nasal spray (Synarel). As they cause an artificial menopause, often they are associated with menopausal side effects e.g. hot flushes, headaches, lethargy and dry vagina. These medications can only be used for 6 months, otherwise other side effects may also develop e.g. osteoporosis (thinning of the bones). Hormone replacement therapy tablets e.g. Kliogest, can be given

with GnRH agonists to reduce the menopausal side effects (addback therapy). Under these circumstances, GnRHa can be taken for longer periods.

(6) Mirena IUCD

This is an intrauterine contraceptive device that secretes a progestogen. Mirena IUCD can treat endometriosis symptoms effectively and the device can remain in the womb for 5 years.

Surgical treatment of endometriosis

Surgical treatment of endometriosis can be divided up into:

(A) Conservative surgery, whereby the uterus and ovaries are retained to preserve future fertility.

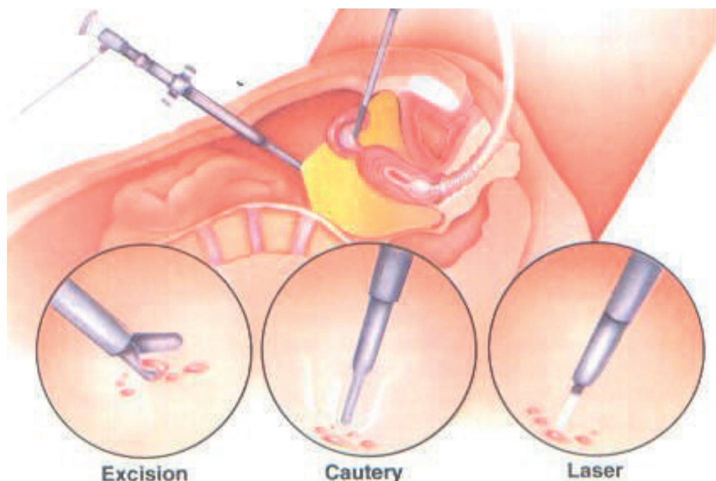
(B) Radical surgery, whereby the uterus, ovaries and all endometriosis are removed.

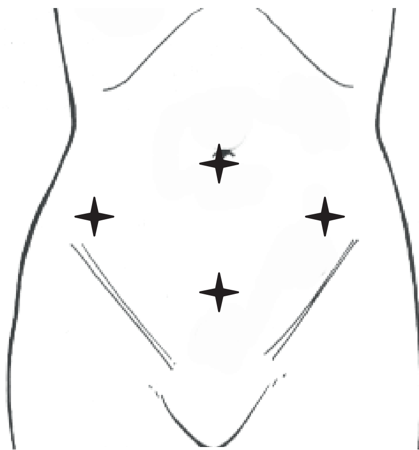
Conservative surgery

Laparoscopy

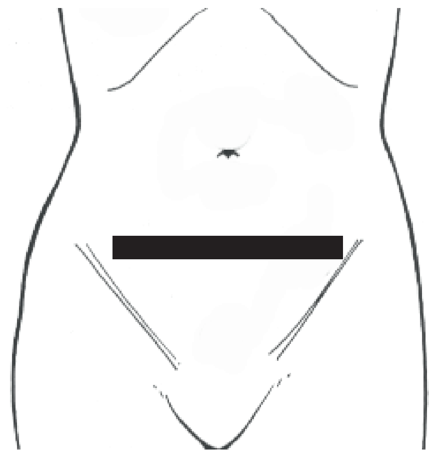
Often at the time of initial laparoscopy, if minor endometriosis is found this can be treated at the same time. The endometriosis can be burnt (diathermied), lasered off or more recently excised using key-hole surgery techniques. Excision of endometriosis is preferred as the specimen can then be confirmed under the microscope and this technique can also can be used to treat endometriosis around vital structures e.g. blood vessels, bladder and ureters (the tube that connects your kidney to your bladder). It is however technically more difficult to excise endometriosis compared to the burning techniques.

If there is severe endometriosis present, often this will require special preoperative preparation prior to surgically treating the endometriosis e.g. a bowel preparation to clear the bowels if there is bowel involvement of





key-hole surgery scars



Laparotomy scar

endometriosis. In the past this type of endometriosis surgery was treated via laparotomy (a big tummy incision). These days most types of surgery for severe endometriosis can be performed using key-hole surgery by experienced endoscopic surgeons. Key-hole surgery can be used successfully to excise endometriosis involving the bowel, bladder as well as remove large ovarian cysts (endometriomas).

The obvious advantages of key-hole surgery for treating endometriosis are:

(1) Improved visualization of endometriosis as key-hole surgery involves looking at a video screen to perform the surgery and this magnifies the view of the pelvis.
(2) Less post-operative pain and quicker patient recovery because there is no big tummy cut.
(3) Less risk of post-operative scar tissue formation (adhesions).

It has been shown from studies that surgical treatment of endometriosis is more successful in improving your chances of falling pregnant as well as more likely to successfully treat your symptoms with lower risks of recurrence compared to medical therapies. In certain conditions e.g. endometriomas and severe endometriosis involving the bowel, only surgery can effectively treat this condition. Often after surgery however, medical treatment can be used to compliment the surgery and suppress microscopic endometriotic deposits. I wll discuss with you if you are suitable for key hole surgery.

Radical surgery.

If you have completed your child bearing and suffer from incapacitating symptoms secondary to endometriosis, the final solution that will cure the endometriosis is total removal of the uterus and ovaries and all endometriosis deposits. The uterus contains the endometrial cells, which are the source of the endometriosis and the ovaries are the source of growth factors which stimulate endometriosis. Hence by removing them, will usually cure endometriosis. It is important at the time of performing this type of surgery, that all residual endometriosis deposits are also removed because occasionally this may be reactivated with the use of hormone replacement therapy. Traditionally hysterectomy for severe endometriosis involved a laparotomy (big tummy cut incision). This type of surgery can now be performed using key-hole surgery as well by experienced endoscopic surgeons. I will discuss with you if you are suitable for this type of surgery.

What treatment is best for my endometriosis?

Each person should be individualised in the treatment they receive depending on their individual factors. In mild endometriosis, the initial laparoscopy is followed by medical treatment. In severe endometriosis surgery followed by medical treatment is more successful and has less recurrence rates compared to medical treatment alone. Most surgery for endometriosis can be performed through key hole surgery. I will discuss these treatments options with you.

If you have any further questions, please do not hesitate to ask me.

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