

Endometriosis

What is endometriosis?

Endometriosis is an abnormal growth of the uterine lining tissue outside of the uterus. The uterus (womb) is the organ at the top of the vagina. Babies grow in the uterus, and menstrual blood comes from the uterus. The tissue that lines the inside of the uterus is called the endometrium. Some women have endometrial tissue outside of the uterus and the tissue grows in other places inside the body. This condition is called endometriosis.

The abnormal tissue most often grows around the ovaries, fallopian tubes, outside surface of the uterus, and lining of the pelvis. It may also grow on the bowel, bladder, rectum, and lining of the abdomen. Very rarely, it may grow in other places.

The misplaced tissue responds to the hormones of the menstrual cycle. It bleeds each month just like the lining of the uterus. However, when the tissue is not in the uterus, the blood has no way to leave the body. It can cause pain, cysts, and scar tissue. The scar tissue may cause organs, such as the ovaries or tubes, to stick together.

Endometriosis can make it hard to get pregnant.

What is the cause?

All women have some endometrial tissue from the uterus that backs up through the fallopian tubes and into the inside of the abdomen during a menstrual period. Usually the immune system destroys the misplaced endometrial tissue, but in some women this does not seem to happen.

The exact cause of endometriosis is not known. There are many theories, but none of them explains all of the cases. Some common theories are:

- You may have an immune system that cannot destroy all of the misplaced tissue.
- For reasons that are not completely understood, small areas of normal tissue from some parts of the body may change over time into areas of endometriosis.

Some women may inherit a tendency to have endometriosis.

What are the symptoms?

Some women have no symptoms. When you have symptoms, they may include:

- Pelvic or back pain that starts just before or during your menstrual period
- Very painful menstrual cramps
- Pain during sex (often in the pelvis)
- Abnormal or heavy menstrual flow
- Painful bowel movements, diarrhea, constipation, or other bowel problems during menstrual periods

- Painful urination or feeling the need to urinate often during menstrual periods
- Trouble getting pregnant

How is it diagnosed?

Your healthcare provider will ask about your symptoms and medical history and examine you. It may be helpful for you to keep a diary of your symptoms through several menstrual cycles. You will have a pelvic exam.

If your provider thinks you have endometriosis, you may need a procedure called a laparoscopy for diagnosis. For this procedure, you are given an anesthetic so you will not feel any pain. Then a small cut is made near your belly button. Your abdomen is filled with a gas. Your healthcare provider puts a thin tube with a lens and a light through the cut and into your abdomen to look inside your pelvis. With the scope your provider can see abnormal growths of endometriosis. Sometimes a small piece of tissue is removed to help make a diagnosis. This is called a biopsy.

Other tests may include:

- Blood tests
- Ultrasound scan, which uses sound waves to show pictures of the pelvic organs
- CT scan, which uses X-rays and a computer to show detailed pictures of the pelvic organs
- MRI, which uses a strong magnetic field and radio waves to show detailed pictures of the pelvic organs
- Hysterosalpingogram, which uses X-rays and a dye put into your vagina to show the uterus and fallopian tubes

How is it treated?

There are many ways to lessen the symptoms caused by endometriosis. The treatment depends on:

- How bad your symptoms are
- Where the abnormal tissue is and how much you have
- Your age
- Your plans for having children

Pain-relief medicine

If your only symptom is mild premenstrual pain, a mild pain-relief medicine, such as aspirin, acetaminophen, ibuprofen, or naproxen, may be all you need. Nonsteroidal anti-inflammatory medicines (NSAIDs), such as ibuprofen, naproxen, and aspirin, may cause stomach bleeding and other problems. These risks increase with age. Read the label and take as directed. Unless recommended by your healthcare provider, do not take for more than 10 days for any reason.

Hormone medicine

If symptoms are still a problem, your healthcare provider may suggest hormone medicine. Hormones will help shrink the endometriosis and may stop the buildup

of cysts, scar tissue, and swelling. Different forms of hormone medicine can be used. Medicines that have female hormones are:

- Birth control pills
- Monthly progesterone shots (Depo-Provera)
- An intrauterine device (IUD) that contains a progesterone hormone

The most effective hormone treatments use a hormone medicine called Lupron Depot that keeps the ovaries from making female hormones for about 6 months. This keeps the abnormal endometrial tissue from responding to your usual menstrual cycles (the common cause of endometriosis symptoms). This treatment can also shrink the areas of endometriosis and allow your body to heal as much as possible. While you are taking this medicine, you will probably have symptoms that are similar to menopause, such as hot flashes and vaginal dryness.

Surgery

You may need surgery to remove or burn off endometrial tissue. It may help to first take medicines to shrink the endometriosis tissue and then have surgery. Different surgical treatments can be used to treat endometriosis, such as:

- Laparoscopy with a laser or electrocautery (burning with an electric wire)
- Open surgery, which involves a larger cut in your belly

In the most severe cases, your healthcare provider may recommend more extensive surgery to remove the organs that have growths. The fallopian tubes, uterus, or the ovaries may be removed. If your uterus is removed (a hysterectomy), you will not be able to get pregnant. You may still have symptoms even after your uterus is removed. If your ovaries are not removed with your uterus, you are more likely to have symptoms.

Endometriosis can get worse as you get older until you reach menopause. It usually goes away after menopause. Symptoms can also get better with a pregnancy, but this improvement may not last. Current treatments offer some relief from symptoms but not a cure. Endometriosis may come back or get worse after hormone therapy or surgery.

Scars on the ovaries or tubes can make it hard for you to get pregnant. However, there are treatments and procedures that can help you get pregnant.

How can I take care of myself?

Keep a careful record of your symptoms. One way to do this is to assign a number to each of the symptoms you have and record the numbers on your calendar for 3 months. Record all symptoms and any time lost from work, school, or other activities. Report the symptoms to your healthcare provider and take your calendar with you to your appointment. If you have not yet been diagnosed with endometriosis, your provider may not suspect endometriosis without this information.

Things that might help your milder symptoms include:

- Take warm baths.
- Rest.

- Wear loose clothing.
- Put a covered hot water bottle or heating pad on your belly.
- Eat more fiber to help prevent constipation.
- Do relaxation exercises.
- Take pain medicine as recommended by your provider.

Some women report that massage therapy or acupuncture helps symptoms, but this has not been proven.

Follow your healthcare provider's instructions. Ask your provider:

- How and when you will hear your test results
- How long it will take to recover
- What activities you should avoid and when you can return to your normal activities
- How to take care of yourself at home
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

You can get more information from:

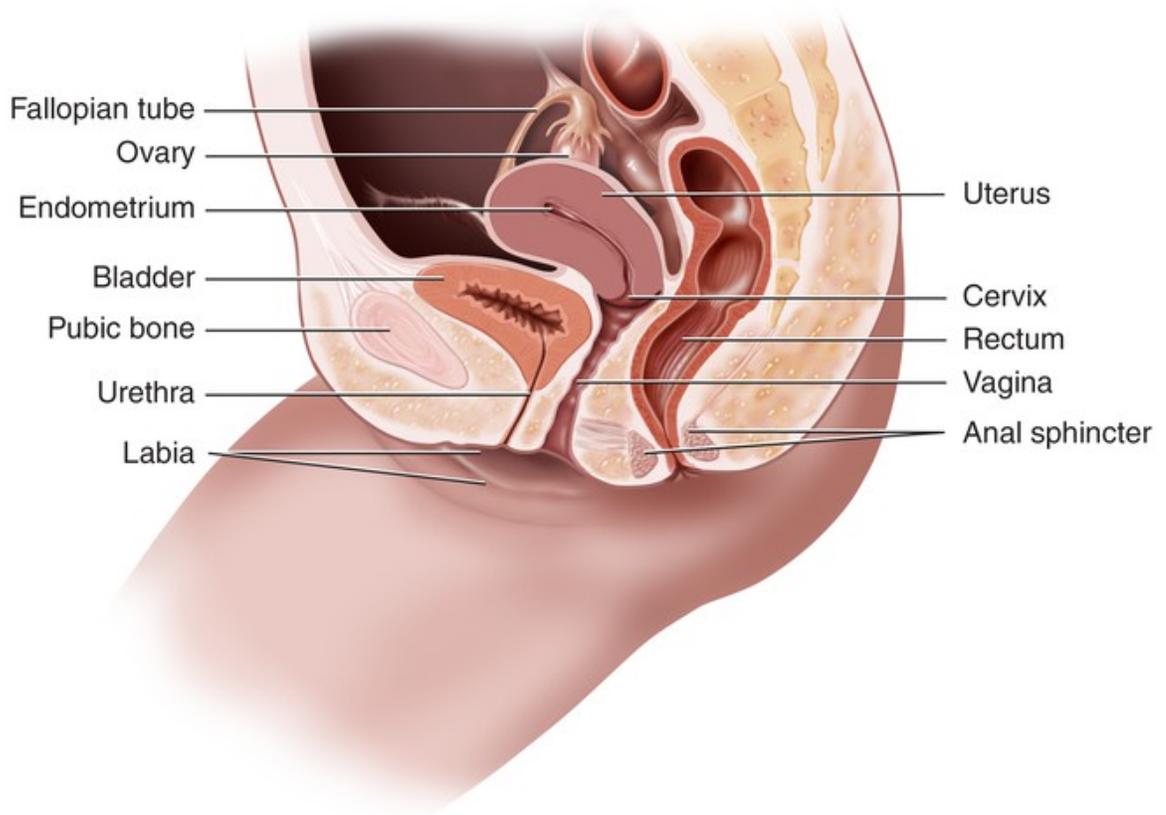
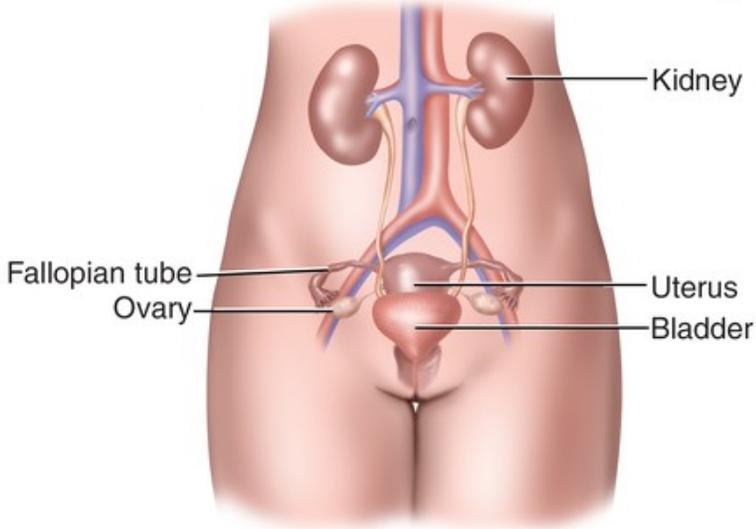
- Endometriosis Association International Headquarters
1-414-355-2200
<http://www.endometriosisassn.org>

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Female Pelvis

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