

Endometriosis

What is endometriosis?

Endometriosis is a common and often painful condition that affects approximately 10 per cent of women. It occurs when the tissue that normally lines the uterus (the endometrium) is found outside the uterus. The misplaced tissue commonly grows on the fallopian tubes, the ovaries or the tissue lining the pelvis (the peritoneum).

What causes endometriosis?

The causes of endometriosis are not fully understood and there may be many reasons why it occurs. Retrograde menstruation (see below) is considered the main source of endometrial cells reaching the pelvis and pelvic organs. Genetics may also play a role in its cause, especially if other family members have the condition.

Retrograde menstruation (also known as *backward menstruation*) is when endometrial cells from the uterus, which usually shed during a period, flow back along the fallopian tubes into the pelvis. This occurs in almost all women and the cells are absorbed or broken down. However, in women with endometriosis, these cells:

- stick onto the tissues and organs in the pelvis
- start to grow and multiply
- undergo the same cyclic changes that the endometrial cells (lining) of the uterus do
- bleed at the same time the period occurs

Over time they form small patches or plaques, which increase in size and may develop into nodules. Because the blood is unable to escape, it becomes sticky, and the surrounding tissues and organs can stick to each other, which leads to scarring. On the ovary the patches or plaques can increase in size and burrow in to form cysts, known as endometriomas or chocolate cysts (due to their appearance).

What are the signs and symptoms?

Pain is the most common symptom experienced, however some women don't experience any symptoms.

Pain may be in any of the following forms:

- period pain – immediately before and during the period
- pain during or after sexual intercourse
- abdominal, back and/or pelvic pain
- pain with opening bowels, passing wind or urinating
- abdominal pain at the time of ovulation

Other symptoms may include:

- bowel or bladder symptoms, including bleeding, constipation and diarrhoea, increase in urinary frequency or change in your normal function
- tiredness
- mood changes
- bloating
- premenstrual symptoms

Menstrual cycles may be affected and women may experience:

- heavy bleeding, with or without clots
- irregular bleeding with or without a regular cycle
- premenstrual spotting

Infertility

Endometriosis is present in about 30 per cent of women who experience infertility. It may be that body chemicals are released from the endometriosis cells that:

- interfere with the ability to conceive, or
- affect the normal development of the embryo in its early stages

In moderate to severe cases, scarring may cause interference with the release of an egg (ovulation). The journey of an egg along the tube may also be affected because of damage or blockage caused by scarring.

How is endometriosis diagnosed?

The only sure way to diagnose endometriosis is by laparoscopy, an operation performed under general anaesthetic, where a small telescope is inserted into the abdomen through a cut in the belly button, to detect endometriosis cells.

How is endometriosis treated?

Treatment will depend on the severity of the condition, the symptoms occurring and whether pregnancy is desired. Treatments can include surgery, hormone therapy and natural therapies, as well as medication for pain relief. Endometriosis can be a chronic, recurring condition.

Who do I see for help?

When symptoms interfere with your daily living and quality of life, see your general practitioner who can refer you to a specialist gynaecologist, if necessary.

Where can I get more information?

www.jeanhailes.org.au

www.endometriosis.org.au

www.shfpa.org.au – Sexual Health & Family Planning Australia

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This fact sheet is designed to be informative and educational. It is not intended to provide specific medical advice or replace advice from your health practitioner.

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