

## UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

**ENDOMETRIOSIS****WHAT IS IT?**

Endometriosis is a benign (non-cancerous), chronic condition seen in women of childbearing age. It occurs when the endometrium (the tissue that lines the inside of the uterus) is found in places outside the uterus. These endometrial implants are most commonly located on the ovaries, the outer surface of the uterus, the fallopian tubes, the bowel, and the lining of the pelvic cavity. This “misplaced” tissue responds to the hormonal triggers of the menstrual cycle; however, instead of being shed during menstruation, the tissue remains trapped, causing swelling and tenderness around the implant. Over time, scar tissue may also develop.

**WHAT CAUSES IT?**

The exact cause is unknown. The predominant theories explaining the presence of endometrial tissue outside of the uterus include:

- Backflow of endometrial tissue during menstruation into the fallopian tubes and the abdominal cavity.
- Direct spread of endometrial cells outside the pelvis by blood vessels and/or the lymphatic circulation.
- Presence of cells within the pelvic cavity capable of differentiating into endometrial tissue.

Other factors that may play a role include:

- An altered immune system that is not capable of destroying misplaced endometrial tissue.
- A genetic predisposition to developing endometriosis.

**HOW COMMON IS IT?**

It is estimated that 7-10% of women of childbearing age in the US have endometriosis. The average age of onset is 27 years, but it can occur at any point between puberty and menopause.

**WHAT ARE THE SYMPTOMS?**

Some women have no symptoms; however, pelvic pain is the most common symptom. The amount of pain is not necessarily associated with the degree of endometriosis. Some women with multiple endometrial implants have very little pain, while those with less severe disease experience great discomfort.

**Pain symptoms** may include:

- Painful periods. On rare occasions, the endometrial implants can become infected, causing pain even when the woman is not menstruating.
- Pain during and after sex.
- Discomfort with urination, increased urinary frequency, and/or urinary urgency, especially during menstruation
- Painful bowel movements, diarrhea, constipation, and/or nausea during menstruation.
- Low back pain.

**Other symptoms** may include:

- Occasional heavy periods or bleeding between periods.
- Infertility. 30-40% of women with endometriosis experience difficulty getting pregnant. The longer a woman has the condition, the greater the chance of becoming infertile. In women who become pregnant, endometriosis does not harm the pregnancy.

## **HOW IS IT DIAGNOSED?**

A preliminary diagnosis of endometriosis is often made based on the patient's symptoms and gynecological exam. Keeping a calendar of your symptoms to share with your medical provider can be very helpful.

The only definitive method for diagnosis is to have surgery. This involves making a small abdominal incision through which a thin tube and tiny video camera are passed to look for signs of endometriosis within the pelvic cavity. If symptoms are mild, this type of procedure is often not necessary.

## **IS TREATMENT AVAILABLE?**

There is no cure for endometriosis, but effective treatment options to control symptoms are available. The primary goal of treatment is to relieve pain. It is not clear whether treatment will affect fertility.

### **■ Self-Care Measures**

- Wear loose clothing during painful periods.
- Use heat (eg. warm baths, hot water bottles, heating pads) to relieve pain.
- Increase fiber in your diet.
- Engage in stress reduction, such as regular aerobic exercise, yoga, etc.

### **■ Pain Medications**

Nonsteroidal anti-inflammatory drugs (NSAIDs), are effective in decreasing pain. They work by stopping the release of prostaglandins, which are chemicals that cause the muscles of the uterus to cramp.

- Examples include ibuprofen (Advil, Motrin) and naproxen (Aleve, Anaprox, Naprosyn). These medications should be taken with food to avoid an upset stomach. Consult your medical provider first if you have a history of stomach ulcers or kidney problems.
- NSAIDs may be more effective if begun 1-2 days prior to the expected onset of menstrual cramping.
- NSAIDs may also be more effective when combined with another treatment, like birth control.

### **■ Hormonal Treatments**

For women who do not desire pregnancy in the near future, hormonal suppression of implants may be recommended.

- Birth control
  - The pill can decrease pain by reducing heavy periods.
  - The Depo-Provera injection, Implanon/Nexplanon implants, and progestin intrauterine devices (IUDs) are also effective in reducing pain.
- Other hormonal treatments work by causing a temporary menopause, which reduces the size of endometrial implants. This option may be considered in women with moderate to severe pain.

### **■ Alternative & Complementary Treatments**

Some women improve with nutritional changes or alternative treatments, such as traditional Chinese medicine or acupuncture. Research in this area is limited.

### **■ Surgery**

Surgical removal of implants and scar tissue may be considered in select cases to facilitate pregnancy or to alleviate severe pain.

**RECOMMENDED WEBSITES:** [familydoctor.org](http://familydoctor.org), [www.mayoclinic.com](http://www.mayoclinic.com), [womenshealth.gov](http://womenshealth.gov)