

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

ENDOMETRIOSIS**WHAT IS IT?**

Endometriosis is a benign (non-cancerous), chronic condition seen in people of childbearing age. It occurs when the endometrium (the tissue that lines the inside of the uterus) is found in areas outside of 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. Even though these implants are outside of the uterus, they still respond to hormonal triggers from 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 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 of 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 up to 11% (6.5 million) American females between the ages of 15 and 44 have endometriosis. Symptoms usually begin a few years after the start of menstruation.

WHAT ARE THE SYMPTOMS?

Pelvic pain is the most common symptom, although some individuals have no symptoms. The amount of pain is not necessarily associated with the degree of endometriosis. Some patients with multiple 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 individual is not menstruating.
- Pain during and/or after sex.
- Discomfort with urination, frequent urination, and/or urinary urgency, especially during menstruation.
- Painful bowel movements, rectal pain, diarrhea, constipation, bloating, and/or nausea during menstruation.
- Low back pain.

❖ Other symptoms may include:

- Occasional heavy periods or bleeding between periods.
- Infertility. 30-50% of patients with endometriosis experience difficulty getting pregnant. The longer the condition has been present, the greater the chance of infertility. In individuals 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. Imaging studies, such as ultrasounds, can also provide additional information that may support the diagnosis or suggest other causes.

The only definitive method for diagnosing endometriosis is surgery, which is typically performed by laparoscopy. This procedure involves making a small abdominal incision through which a thin tube and tiny video camera are passed to look for signs of endometriosis in the pelvic cavity. If symptoms are mild, surgical exploration is often not necessary.

HOW IS IT TREATED?

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

❖ Self-Care Measures

- Wear loose clothing during painful periods.
- Use heat (i.e. warm baths, hot water bottles, heating pads) to relieve pain.
- Engage in stress reduction, such as regular aerobic exercise, yoga, meditation, 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. Dosing should be scheduled (not taken as needed) and continued through the first 2-3 days of the menstrual cycle.
- NSAIDs may also be more effective when combined with other treatments, like hormonal birth control.

❖ Hormonal Treatments

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

- Birth control
 - Oral contraceptive pills can decrease pain by reducing heavy periods.
 - The Depo-Provera injection, Nexplanon implant, and progestin-releasing 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 dietary changes or alternative treatments, such as traditional Chinese medicine, acupuncture, herbs (ginger powder, cinnamon twig, licorice root), and supplements (vitamin E, vitamin B1, vitamin B6, fish oil). 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, www.mayoclinic.org, www.womenshealth.gov