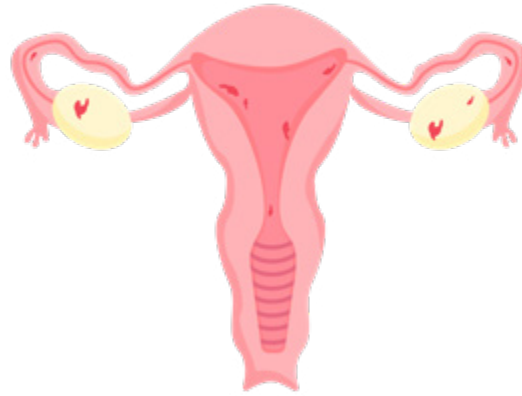


# Understanding Endometriosis



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## Endometriosis

Endometriosis is a common and often painful women's health condition in which the endometrial tissue that lines the uterus (womb) grows outside this layer and occasionally in other parts of the body. Whilst endometriosis most often affects the reproductive organs, it may also appear in the bowel and bladder, and on rare occasions, in muscles, joints, the lungs, and the brain.

Healthy endometrial tissue sheds during a menstrual cycle. However, if you have endometriosis, this tissue does not shed and instead builds up outside the uterus, causing scarring and painful cysts.

One in 10 Australian women suffer from endometriosis during their reproductive years (between the age of 12 and 55).

## Types of endometriosis

There are four types of endometriosis. These are:

### 1. Endometrial Implants

These are small one to two-millimetre patches of tissue growth.

### 2. Endometrial nodules

These vary in size but are commonly two to three millimetres. In rare cases, the tissue may grow to four centimetres.

### 3. Endometrioma

Also known as chocolate cysts due to the presence of old blood, these cysts in the ovary can grow as big as ten centimetres.

### 4. Adenomyosis

Endometrial tissue grows within the walls of the uterus. And can sometimes lead to a non-cancerous tumour.

## What causes endometriosis?

While the exact cause is unknown, a common theory is that the backward flow of menstrual bleeding through the fallopian tubes and into the pelvis, also known as retrograde menstruation, may be the reason.

But considering a small degree of retrograde flow occurs in nine out of ten women, doctors understand this cannot be the only cause.

There are a few other possible factors that may increase the risks, including

- If your mother or sister has it.
- Starting your period at a very early age (before the age of eleven).
- Delayed onset of menopause at an older age.
- Short menstrual cycles (less than 27 days).
- Frequently long and heavy periods that last more than seven days.
- Reproductive tract blockages or other ailments affect blood flow out of the body.

## What are the symptoms?

The symptoms vary from woman to woman, depending on the degree of endometriosis. Although pain is one of the most common symptoms, it is not the only indicator. Many women will not experience any pain and only find out they have endometriosis when trying to fall pregnant.

Some of the most common symptoms include:

- Fatigue
- Severe pain during your period
- Pain during and around ovulation
- Pain during or after sex
- Experiencing pain during bowel movements
- Feeling pain when urinating
- Pain in your pelvic region, lower back, or legs
- Having trouble controlling a full bladder
- Heavy or irregular menstrual bleeding

## How is endometriosis diagnosed?

Diagnosis is usually based on your symptoms and after a physical examination of the pelvic cavity. There are three ways in which we diagnose endometriosis.



### 1. Ultrasound

This may provide evidence of the presence of endometrial cysts, adhesions or nodules.



### 2. Laparoscopic surgery

The only definite way to diagnose endometriosis is by an internal examination of the abdomen and pelvic cavity via laparoscopic surgery. During this procedure, your doctor inserts a long, thin camera (laparoscope) into a small incision by the navel (belly button). Gas is pumped into the abdomen to separate the organs for better visualisation. The doctor then carefully assesses the internal area and organs of the pelvis to locate traces of endometriosis, which are then removed and sent to a pathologist to confirm the diagnosis.



### 3. Robotic surgery

As per laparoscopic surgery, this is a minimally invasive surgical diagnostic procedure used to examine the organs inside the abdomen. However, in this scenario, your doctor sits at a console next to you and operates the system to perform the procedure.

## Next Steps

More information  
Contact our advice team on  
02 4225 1999

Diagnosis and treatment  
Contact us to book an appointment  
with Dr Kothari  
02 4225 1999

## What are the treatment options for endometriosis?

There are three types of treatments available for endometriosis. Which one is most suited for you will depend on

- the location of the endometriosis,
- how much we find, and,
- if you are family planning.

The treatment options include

### Hormonal treatment

We use hormonal therapies to treat the pain associated with endometriosis. They do this by suppressing the growth of endometrial cells, which in turn, reduces pain. These treatments aim to stop the bleeding and, therefore, are unsuitable if you are trying to fall pregnant.

Hormonal therapy may involve treatment using:

- Contraceptive pills
- Progestogens
- Gestrinone or danazol
- Gonadotrophin-releasing hormone (GnRH)

### Surgical treatment

Surgical treatments such as laparoscopy (keyhole), laparotomy (open surgery) and robotic surgery can be used to remove endometriosis. Unlike drug treatments, surgical treatments can help maintain fertility and, in some cases, improve it.

In severe cases of long-term and painful endometriosis, a hysterectomy (removal of the uterus) may be suggested as a last resort.

Before moving ahead with treatment, Dr Kothari will first discuss what options are available for you, depending on your personal condition. He will advise on the possible side effects or complications that may arise and outline any advantages and disadvantages to all types of treatments. As there is currently no cure for endometriosis, it is important to find the most appropriate treatment to help relieve any pain or symptoms of this disease.

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