

Endometriosis

Text A

Endometriosis is a long-term chronic condition where the womb lining (endometrium) grows in other places outside the womb. The endometrial tissue may also grow in places such as the ovaries and fallopian tubes, the vagina, cervix, bowel or bladder, and in rare cases, in other areas of the body, such as the lungs.

The endometrial cells may grow and form patches or nodules and these cells follow the same menstruation cycle outside the uterus as inside the uterus. They may also bleed at the same time as the woman's period in response to the hormones released during that time. This may lead to inflammation and scarring.

Superficial endometriosis refers to the type of endometriosis where the disease appears on the lining of the pelvis or abdomen and do not invade deeply into the tissues.

Deep-infiltrating endometriosis refers to the condition when endometriosis lesions invade more than 5mm into the tissues, leading to scarring and nodules. These may grow into neighbouring organs such as the bladder, bowel and ovary.

Ovarian disease may occur and are sometimes referred to as a separate form of the disease. This happens when lesions burrow on or under the ovaries and lead to the development of endometriomas (also known as 'chocolate cysts' because of their colour).

Other rarer forms of endometriosis happen when endometrial cells grow inside the muscle of the uterus (in a condition called 'adenomyosis'), outside the pelvis, into the upper abdomen, in the liver, nose or eye, or in the abdominal wall.

Most women are diagnosed between the ages of 25 to 40. It is not common among women who have gone through menopause.

Text B

Causes of endometriosis

- The exact cause of endometriosis is still unknown but a few theories have been suggested for the condition:
 - retrograde menstruation is the most common theory. This happens when the endometrium flows backwards into the fallopian tubes and the tummy (instead of leaving the body during menstruation)
 - genetics have also been identified as a possible cause of the condition
 - environmental causes have been thought to cause the endometriosis as certain toxins such as dioxins can affect the immune system and reproductive system

Variations in symptoms of endometriosis

- can vary greatly from woman to woman
- some women may not have any symptoms
- others may have severe pain with many symptoms
- types of symptoms and their severity are likely influenced by the location of the endometrial tissue rather than the amount of endometrial cells which have grown. A small amount of endometrial

tissue may sometimes be more painful than a large amount

General symptoms of endometriosis

- painful or heavy periods
- pain in the pelvis, lower back or tummy
- bleeding in between each menstruation cycle
- difficulty conceiving
- continued fatigue
- discomfort when going to the toilet

Text C

Endometriosis is difficult to diagnose due to:

- variation in symptoms
- similarity of symptoms with many other conditions

Clinical assessment

- Internal pelvic examinations
- Ultrasound scan to locate cysts in the ovaries that may have been caused by the condition
- Laparoscopy – an operation that can confirm the condition

Treatment options

- there is no known cure for endometriosis
- treatment aims
 - relieve pain
 - slow endometrial tissue growth
 - improve fertility
 - prevent a recurrence
- treatment of physical symptoms
 - prescribing painkillers (non-steroidal anti-inflammatories such as ibuprofen and naproxen)
 - prescribing hormone medication
 - surgery (laparoscopy, laparotomy or hysterectomy)

Factors to consider when deciding treatment options

- age – if a patient is nearing menopause, the symptoms may get better without treatment
- severity of symptoms – treatment may not be necessary if symptoms are mild or the patient does not have fertility problems
- pregnancy plans – if endometriosis is interfering with fertility, then treatment can be considered although it does not guarantee that the patient will be able to conceive, plus some treatments may cause infertility
- personal feelings about surgery
- prior treatment for the condition

Text D

Self-help strategies to manage endometriosis pain include:

- applying heat to the lower abdomen to relieve a period pain such as taking a warm bath or placing a hot water bottle on the lower abdomen to relax muscle cramps
- doing a pelvic massage of the pelvic and surrounding areas can help to reduce menstrual pain and make a difference
- making changes to the diet by avoiding processed food, sugar, dairy and gluten. Generally eating healthy by avoiding red meat and consuming more vegetables and fruit can improve overall health and help a woman cope better
- doing light exercises to release endorphins. Exercise also assists in lowering oestrogen levels
- getting enough rest every day but especially during menstruation. It is suggested to relieve the pressure in the back by lying on the side with knees pulled up to the chest
- taking omega-3 fatty acids from natural food sources (such as fatty fish) or from supplements) to help reduce inflammation
- taking herbal supplements may assist with symptoms, although a doctor's advice is needed before starting on this
- getting support from help groups or other people help cope with the condition. It is useful to know that there are other who suffer from the condition as well and there are people who can give advice based on their experience

END OF PART A

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