WHAT CAUSES ENDOMETRIOSIS?

The exact cause is unknown but possible causes may include:

- implantation of endometrial cells by the back flow of menstrual blood
- ✓ transportation to body areas by the blood stream and the lymphatic system
- ✓ change in immunity levels
- possible heredity factors
- ✓ autoimmune system problems.

Only a gynaecologist can make an accurate diagnosis. Laparoscopic surgery is used to investigate and confirm endometriosis. This may be done after some initial investigations by your doctor.

This may involve asking you a series of questions, including:

- ✓ Is your period heavy?
- How long does your period pain last?
- ✓ How severe is the pain?
- ✓ Where is the pain?
- ✓ Do painkillers relieve the pain?
- ✓ Does the pain stop you from doing your regular activities?
- ✓ Are there any other symptoms you feel are not normal?
- Is there a chance you may be pregnant?



WHAT IS **ENDOMETRIOSIS?**

One in 10 women have endometriosis. It is a disease where tissue, similar to that which normally lines the uterus, grows in other parts of the body.

The correct way to define endometriosis is that 'endometriosis occurs when endometrium-like tissue is found outside the uterus'(endometriosis.org).

This tissue, regardless of where it is found, follows the menstrual cycle and bleeds. When this bleeding occurs in other parts of the body it causes inflammation, which leads to scar tissue, custs and adhesions.

Scar tissue increases in size with subsequent menstrual cycles and can, in time, cover other organs and tissue with adhesions. This can then cause the immobilisation of organs, fusing of organs (e.g. the uterus to the bowel) and damage to the fallopian tubes.

It is not a sexually transmitted disease nor is it life threatening or contagious; however, for many women it can be extremely painful and prevent them from living normal, functional lives.

challenging and frustrating is that everyone's experience is different symptoms and pain levels vary greatly between women.

Endometriosis is also 'invisible' from the outside, can only be diagnosed through surgery and is often mistaken for other conditions that have similar symptoms. As a result, many women are left wondering what's going on and have a delayed diagnosis.

Where is it found?

Endometriosis is most often found on or in the

- ✓ ovaries
- ✓ ligaments
- / pouch of douglas
- ✓ bladder
- fallopian tubes
- operation scars

navel

✓ womb

✓ uterus

/ bowel.

Endometriosis can be found in other parts of the body.

Symptoms of endometriosis

A certain amount of discomfort with periods may be normal; however, pain that stops you from living everyday life is not normal. If you have any of the following symptoms, you may have endometriosis:

- heavy bleeding
- / pain during and after a bowel motion
- painful periods
- ✓ nausea and/or vomiting
- backache
- ✓ painful
- cramping ✓ lower abdominal

aching

intercourse

What makes endometriosis equal parts

Treatments

Treatments are aimed at relieving. reducing and eradicating symptoms to improve wellbeing and fall into three main categories:

Drug therapy: used to manage endometriosis symptoms and minimise pain. This may include hormone therapies.

Surgery: used to remove the tissue from uour bodu. This has a higher success than drug therapy and can usually be performed at the time of diagnosis. It is important the surgery is performed by a gynaecologist who is familiar with the latest treatment standards for endometriosis

Alternative treatment: these can include herbal remedies, dietary change, acupuncture, reducing stress and exercise to reduce the pain.

Endometriosis is not curable but IS treatable. But remember, sometimes endometriosis can recur after treatment.

IMPORTANT!

Did you know that adenomyosis (a disease where the endometrial tissue lining grows outwards into the muscular wall of the uterus) shares many of the same sumptoms as endometriosis?

Unfortunately, adenomyosis can be missed during a laparoscopy and may need an MRI to confirm diagnosis.

It may be the cause of your endometriosis symptoms when no endometriosis has been found by your gynaecologist.

Speak to your gynaecologist if you are concerned or think you may have adenomuosis.