



Endometriosis

What is endometriosis?

Endometriosis is a condition where some cells from the lining of the womb (endometrium) appear in other places outside the womb. This may be anywhere in the pelvis such as the ovaries, bladder or bowel.

How common is endometriosis?

Endometriosis is a very common gynaecological problem and occurs in women from all ethnic backgrounds. It occurs in women during the reproductive years.

Why does endometriosis happen?

The exact cause of endometriosis is not yet known but there seems to be a genetic link.

What are the symptoms of endometriosis?

The symptoms are very variable. Some women have few or no symptoms. Other women may experience pelvic pain, period pain, pain with intercourse or fertility problems.

Can endometriosis affect my fertility?

Yes, endometriosis can lead to problems conceiving through many different mechanisms e.g. causing problems with the egg, ovary or tubes.

Often treatment of endometriosis can improve your chances of getting pregnant. Pregnancy when achieved has a protective effect preventing or delaying the recurrence of endometriosis.

How is endometriosis diagnosed?

When endometriosis is suspected, often a laparoscopy is needed to make the diagnosis. This involves insertion of a telescope through the belly button (umbilicus) under a general anaesthetic to diagnose and treat the areas of endometriosis (keyhole surgery).

Other investigations may also be useful such as an ultrasound scan.

How is endometriosis treated?

Treatment of endometriosis will depend on many factors, including your age, symptoms and desire for fertility.

In women hoping to conceive, surgery is often needed. This is usually done through keyhole surgery (laparoscopy) and involves treating the areas of endometriosis with a high energy current (diathermy).

Surgery can also involve removing ovarian cysts that can result from endometriosis (endometriomas) or scar tissue (adhesions).

Surgery may also be needed to open the tubes if they have been blocked by endometriosis scar tissue.

In older women who have completed their families and who have had endometriosis for many years, treatment is often more permanent and may involve removing the ovaries, which are the source of oestrogen.

In the absence of oestrogen, endometriosis tends to shrink and disappear.

Sometimes surgery involves removing the uterus as well (hysterectomy). Again this type of surgery is often performed through the keyhole route.

Are there any medications to treat endometriosis?

Yes, sometimes surgery is not needed or indeed not necessary, particularly for long-term symptom relief e.g. chronic pain.

Some treatments aim to counteract the effect of oestrogen (which is responsible for the growth of endometriosis) such as giving hormonal treatments containing progesterone e.g. the contraceptive pill or the Mirena coil.

Other treatments aim at temporarily stopping oestrogen production altogether thus inducing a state of artificial temporary menopause e.g. GnRH analogue (zoladex or similar drugs) monthly injections.

Sometimes medications are used in addition to surgery.

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