Endometriosis

What is endometriosis?
Endometriosis is a progressive, chronic condition in which cells similar to those that line the uterus grow in other parts of the body. Studies suggest that endometriosis affects 1 in 10 women of reproductive age, with an estimated 176 million women worldwide having the condition.

What happens?
The endometrial tissue cells may:
• stick to organs in the pelvis
• start to grow and form plaques or patches on the outside of pelvic tissues, particularly the peritoneum (inside of the abdomen and pelvis) and nodules that invade organs such as ovaries and ligaments
• have the same cyclical/menstrual changes inside and outside the uterus
• bleed at the same time as your menstrual period.

What are the signs and symptoms?
The symptoms vary from woman to woman. Some have many symptoms where severe pain occurs, others have no symptoms.

Pain
Pain is one of the biggest symptoms. This can be pain immediately before and during your period and/or during or after sex. Pain can be felt in the tummy, back, pelvis, with a bowel movement, passing wind or urine, or when you ovulate.

Heavy bleeding
Heavy bleeding can occur with or without clots. Bleeding may be irregular, continue for a long time or you may have spotting before your menstrual period.

Bladder and bowel problems
Bladder and bowel problems may occur, eg, constipation or diarrhoea, feeling the need to urinate more frequently at different times in your menstrual period, and bloating.
What can you do?
If you think you have endometriosis, see your
doctor who can refer you to a gynaecologist.
Don’t delay, as early diagnosis and treatment
may reduce the severity of the disease. Many
women do not get a correct diagnosis for up
to 7-10 years, often because the symptoms can
be different between women and can change
over time.
A laparoscopy is the only way to diagnose
endometriosis. A thin tube (telescope) with a
light (laparoscope) is inserted into the abdomen
through a small cut in the belly button to
allow the gynaecologist to see if there is any
endometrial tissue within the pelvis. Some of
the tissue is removed and examined to confirm
a diagnosis of endometriosis.
The right treatment will depend on your
symptoms, the severity of the condition and
whether you are trying to become pregnant
or maintain your ability to have children.

Managing and treating
endometriosis
• There is no direct evidence that lifestyle
affects endometriosis; however, it is
important to remain as healthy as possible
• Gentle activity can help to ease pain; aim for
30 minutes of physical activity on most days
of the week
• Having enough quality sleep every night will
help your immune system function at its best
• Find ways to manage stress; try gentle
yoga techniques, relaxation exercises or
mindfulness
• Managing the pain may involve medication
such as anti-inflammatory drugs or pain
medication
• Hormone therapy such as the contraceptive
pill or progestins may help to reduce
pain and the severity of endometriosis by
suppressing the growth of endometrial cells
and stopping any bleeding, including your
period
• Surgery aims to diagnose and remove as
many patches of endometriosis, cysts,
nodules, endometriomas (chocolate cysts)
and adhesions as possible, to repair any
damage caused and improve fertility
• When recurrent endometriosis is at its worst,
it may lead to chronic pelvic pain, impairing
the quality of life. Removal of the uterus,
both ovaries and tubes (hysterectomy and
bilateral salpingooophrectomy) is performed.
If there is endometriosis in the bladder or
bowel, the areas of endometriosis will be
removed.

Severe period pain is not normal. If the
pain is so severe that you are missing
school, work and other activities, please
get help.

For more information go to
jeanhailes.org.au/health-a-z/
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This fact sheet is designed to be informative and educational. It is not intended to
provide specific medical advice or replace advice from your medical practitioner.
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