



## What is endometriosis?

Endometriosis is a common condition that affects one-in-seven women. It can occur at any time during a woman's lifetime, from when they start menstruating right up until menopause.



One-in-seven Australian women aged 44 - 49 have endometriosis.

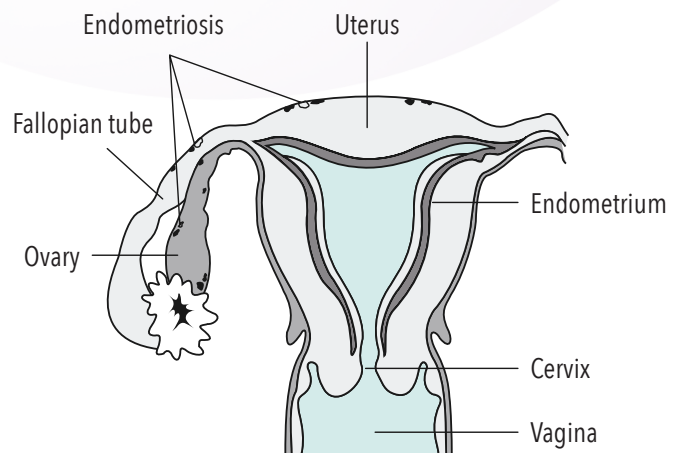
(Source: Australian Institute of Health and Welfare)



About one-in-three women who have endometriosis will have trouble conceiving.

(Source: healthdirect)

Endometriosis occurs when body tissue that is similar to that which lines the uterus, known as the endometrium, begins to grow abnormally in other parts of the pelvis and sometimes, more rarely, elsewhere in the body.



During menstruation, tissue from the uterus sometimes travels back along the fallopian tubes and into the pelvis instead of out through the vagina. This is known as retrograde or backward menstruation and happens to most women without any problems.

However, in women with endometriosis, this tissue sticks to places where it shouldn't be, then grows and multiplies. These deposits or growths of endometrium tissue respond to hormones released by the ovaries, causing bleeding during menstruation.

This can lead to a number of symptoms, including pain, inflammation, scarring and infertility. About 20-25 per cent of women with endometriosis will experience no symptoms at all.

It is not known why it affects some women and not others.

## What are the symptoms of endometriosis?

- Pelvic pain, especially during or before your period
- Painful periods (dysmenorrhea)
- Heavy or irregular periods, including clots
- Bowel pain (dyschezia), a change in bowel habits
- Back pain or pain in the legs
- Pain during or after sexual intercourse (dyspareunia)
- Pain in the bladder or when passing urine, more frequent urination
- Spotting before a period
- Bloating
- Tiredness or lethargy
- Difficulty conceiving.

Women with endometriosis can experience these symptoms at any time during their cycle, not just during menstruation.

Women with endometriosis are often misdiagnosed with other conditions, including irritable bowel syndrome.

There is evidence that endometriosis is hereditary. If you have a close relative with endometriosis, you are seven- to 10-times more likely to develop the condition.

## Common myths about endometriosis

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Special diets, herbal remedies or exercise WILL NOT cure endometriosis.

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Endometriosis does NOT always cause infertility.

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Endometriosis CAN cause pain at any time during your cycle.

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Endometriosis is quite common, NOT rare.

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An STI does NOT cause endometriosis.

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Endometriosis CAN'T BE prevented.

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## The impact of endometriosis on fertility

Endometriosis is a common cause of infertility for a range of reasons. More severe cases can distort the ovaries and fallopian tubes and can cause the body to upset sperm function.

The deposits or growths of endometrium tissue can also produce a series of chemical substances (including cytokines and interleukins) that are thought to contribute to infertility by impairing ovulation, egg quality and sperm function. Endometriosis may also make it more difficult for embryos to implant in the uterus wall.

## Diagnosis and treatment of endometriosis

While some women with endometriosis in their ovaries may be diagnosed via ultrasound, a definitive diagnosis of endometriosis can only be made with a laparoscopy or, less commonly, open surgery.

A telescope is passed through a small incision in the abdomen during a laparoscopy. A doctor then uses the telescope to see how severe and widespread the endometriosis is. A biopsy may also be performed to confirm the diagnosis.

Endometriosis can almost always be removed entirely during the laparoscopy procedure. At the same time, surgery and additional medical treatment, can often help to reduce pain and make life more comfortable for patients.

Additionally, surgical removal of deposits or growths caused by endometriosis can improve the chance of conception.

However, it has been found that women who have mild endometriosis often experience only a slight improvement in their natural fertility following surgery. In contrast, more severe cases show a much more significant improvement.

If surgery to remove endometriosis does not lead to pregnancy, women can choose to move on to assisted reproduction, usually IVF.

Whether surgery or IVF is the best first line of treatment for endometriosis, particularly in mild cases, remains the subject of some debate and should be discussed with your Fertility Specialist.