

Endometriosis - treatment options

The tissue that lines the interior of the uterus is called the endometrium. Endometriosis is the growth of endometrial tissue (from the lining of the uterus) in places outside of the uterus, such as the ovaries, fallopian tubes and bowel.

Endometriosis can cause numerous symptoms, including painful periods and pain with sex, fertility problems, pelvic and ovulation pain, pain in the lower back and thighs, and bowel and bladder symptoms.

Treatment options include surgery, hormone treatment and complementary therapies.

Diagnosis can be difficult

Diagnosing endometriosis can be difficult, especially in the early stages of disease. The only way to diagnose the disease is to look inside the pelvic cavity, using a special instrument called a laparoscope. Diagnosis may be delayed if the woman assumes her degree of pain is normal and so doesn't see her doctor. A diagnosis may also be delayed if the doctor is not familiar with the range of symptoms associated with endometriosis. If you have bad period pain, you should see your doctor.

Treatment options

The treatment options for endometriosis include:

- Observation with no medical intervention
- Hormone treatment
- Surgery
- Combined treatment
- Complementary therapies.

Observation with no medical intervention

In mild cases of endometriosis, it may be possible to simply monitor the condition with regular visits to your doctor or gynaecologist. Antiprostaglandin medications (non-steroidal anti-inflammatory drugs such as ibuprofen and mefenamic acid) can help to control any associated pain.

If symptoms progress, talk over the medical options with your health care provider before making a final decision. Remember that a mild condition can become moderate to severe. Removal of adhesions through surgery is the most effective treatment to lessen the chances of recurrence.

Hormone treatment

Each month, a woman's uterine lining is prompted by the hormone oestrogen to thicken in preparation for possible pregnancy. During menstruation, the hormone progesterone causes the plump uterine lining to shed. The misplaced endometrial cells in other areas of the body also respond to oestrogen and progesterone. Hormone therapy can sometimes be an effective way to manage the symptoms of endometriosis.

Options for hormone therapy include:

- **Gestrinone** – is a synthetic hormone that causes the endometriosis to become inactive and waste away. Side effects of gestrinone include weight gain, acne, depression, mood swings, hot flushes and loss of libido (sex drive).
- **Dydrogesterone** – a synthesised version of the hormone progesterone, which helps to dry up the stray endometrial cells. Ovulation may still occur. Side effects of dydrogesterone can include depression, tender breasts, weight gain, fatigue, nausea, headaches and dizziness.
- **Medroxyprogesterone acetate** – another synthesised version of the hormone progesterone. Most women taking medroxyprogesterone acetate will stop ovulating and menstruating. Other side effects include weight gain, bloating, irregular vaginal bleeding, depression, sweating, headaches, acne, nausea, fatigue and tender breasts.
- **GnRH agonists** – gonadotrophin-releasing hormones help to govern the menstrual cycle. GnRH agonists are drugs that stop the ovaries from producing as much oestrogen by reducing the hormones produced by the pituitary gland (follicle stimulating hormone and luteinising hormone). Without oestrogen, the misplaced endometrial cells are unable to grow. Side effects of GnRH agonists include menopausal symptoms such as thinning of the bones, hot flushes, dry vagina, headaches, depression, loss of libido and night sweats. These symptoms can be relieved, while still maintaining the benefit of the treatment, by adding back oestrogen and progesterone.
- **The oral contraceptive pill** – the pill is frequently used to achieve long-term suppression of endometriosis. It can be used to stop the disease progressing in women with mild disease or to stop the disease from recurring following surgical or hormonal treatment.
- **Danazol** – this mild form of the male hormone testosterone reduces the amount of oestrogen produced by the ovaries to around the same level as occurs during menopause. Without oestrogen, the stray endometrial cells can't grow and, therefore, shrink and disappear during the treatment. Danazol is now rarely used to treat endometriosis due to its serious side effects, which can include weight gain, bloating, fluid retention, acne, smaller breasts, increase in muscle mass, increased facial and body hair, muscle cramps, mood swings, voice deepening and clitoral enlargement. Danazol can also cause gastrointestinal upsets, depression and liver disease.

These treatments can have side effects, so make sure you are well informed about them before you and your doctor decide on your treatment.

Surgery

The different types of surgery include:

- **Laparoscopic surgery** – a slender tube is inserted into the abdominal cavity via a small incision (also known as 'keyhole' surgery). Endometrial implants, cysts and adhesions are then removed by cutting out (excision), burning (cauterisation) or vapourising (ablation) them. Cutting out is the most effective of these methods. You should seek an expert in advanced laparoscopic surgery to conduct your procedure. Some doctors can perform surgery, including the removal of the ovaries or removal of endometriosis from the bowel, laparoscopically.
- **Laparotomy (open surgery)** – a surgical incision into the abdominal cavity to cut out or burn tissue or remove cysts (with the advent of laparoscopic surgery, this procedure is now rarely necessary).
- **Bowel resection** – may be necessary if the bowel has developed endometriosis adhesions.
- **Hysterectomy** – the uterus is removed, along with endometrial implants, cysts and adhesions. In some cases, the fallopian tubes and ovaries will also be removed. Unfortunately, hysterectomy does not always cure endometriosis.

Combined treatment

In some cases, a woman will benefit from undergoing hormone therapy as well as surgery. Hormone therapy may be offered before or after the surgery, depending on the circumstances.

Complementary therapies

Some women find complementary therapies to be helpful. Always tell your doctor about the kinds of complementary therapies you are using or considering. Options include:

- Acupuncture
- Chinese medicine
- Herbal therapy

- Homeopathy.

Pregnancy is not a cure

Some people believe that endometriosis can be cured by pregnancy. This isn't the case. The symptoms may improve for some women, but worsen in others. For those women who experience an end to all symptoms during pregnancy, the relief may only be short lived. Unfortunately, for some women, the endometriosis will recur.

Where to get help

- Your doctor
- Endometriosis Care Centre of Australia Tel. (03) 9415 6855

Things to remember

- Endometriosis is the growth of endometrial tissue outside the uterus.
- Surgery is the most effective treatment. Symptoms can sometimes be managed with hormone therapy, although unwanted side effects are possible.
- Contrary to popular belief, pregnancy is not a cure for endometriosis.

This page has been produced in consultation with, and approved by:

Endometriosis Care Centre of Australia (ECCA)

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