
ENDOMETRIOSIS

Endometriosis is a disorder of the female reproductive system, where endometrial tissue (the normal lining of the uterus) is found in areas other than the uterus. The most common sites are in the pelvis the ovaries or tissues near the uterus and fallopian tubes, including the bladder, ligaments and bowel.

HOW DOES ENDOMETRIOSIS OCCUR?

The exact causes of endometriosis are still not fully understood. One theory is that endometriosis occurs as a result of normal tissue from the uterus escaping into the fallopian tube and out into the pelvic area at the time of menstruation ("retrograde menstruation"). These tissue fragments are then thought to implant and grow onto the surrounding pelvic tissue and, sometimes, organs. There are other theories.

Because these fragments are made of the same tissue as the lining of the uterus, they too respond to the hormonal changes that occur during the menstrual cycle and, therefore, "bleed". Whereas menstrual blood can escape from the body, this has no exit and, as a result, the areas surrounding the implants of tissue become irritated or inflamed. Some of the blood and tissue may form into cysts (fluid filled bags) sometimes known as "chocolate" cysts or endometriomas, due to the colour similarity. The continual release of blood contributes to the formation of scar tissue. If the endometriosis is severe, bands of this scarred tissue ("adhesions") may develop.

EFFECTS OF ENDOMETRIOSIS ON FERTILITY

Endometriosis and infertility are related. Although some women with endometriosis remain fertile, endometriosis is regarded as one of the more common causes of infertility in women over 25 years. It has been further estimated that between a third and a half of all women with infertility problems have some degree of endometriosis.

Why it causes infertility is unclear. For women with severe endometriosis, the reason seems to be mechanical in that their fallopian tubes may be damaged so that it is impossible for the sperm to reach the egg. Other women may have impaired ovulation or problems with fertilization or eggs or implantation of embryos as a result of endometriosis. Infertility can be associated with very mild endometriosis

SYMPTOMS OF ENDOMETRIOSIS

Pain is the major symptom, though its intensity may vary.

It may be experienced as a sharp stabbing pain, a constant or intermittent dull ache, or as a severe cramping pain.

This pain may be felt:

- with periods (mild, moderate or severe pain);
- during ovulation (mild, moderate or severe pain midway between periods);
- in the bowel during menstruation, or with bowel movements or when passing wind;
- during or after sexual intercourse.

Other symptoms may include:

- infertility;
- diarrhoea or constipation;
- heavy or irregular bleeding (sometimes involving the loss of large clots of blood or tissue); and
- pre-menstrual tension.

The severity of symptoms has little to do with the extent of endometriosis. Some women may have severe pain from just a slight build-up of tissue, whereas other women may have only the mildest symptoms despite an extensive build-up of tissue.

DIAGNOSIS

The presence of endometriosis may be suspected at the initial consultation and examination. The presence of endometriomas in the ovary on pelvic ultrasound is highly suggestive, however, a definitive diagnosis can only be made when the endometriosis is actually seen, and biopsied at laparoscopy.

Our success is your baby

Suite 2603, Level 26, Westfield Tower 1, 520 Oxford Street Bondi Junction NSW 2022

PO Box 345 Bondi Junction NSW 1355 ● Tel:(02) 9389 1177 Fax:(02) 9387 8580

admin@fertilityeast.com.au www.fertilityeast.com.au

ENDOMETRIOSIS (continued)

TREATMENT

Options for treatment may include no treatment at all (if the symptoms are tolerable), drug therapy or surgery.

1. Drug Therapy

Drug therapy is used to suppress ovulation and, therefore, menstruation. These medications cannot cure endometriosis but may slow its progress. Some of the drugs used include the oral contraceptive pill, progestones (which cause a pseudo-pregnancy) and Synarel (which causes a pseudo-menopause) or rarely Danazol. These drugs are not always effective.

These medications are usually taken for 6-12 months, depending on the severity of the condition. The aim of drug treatment is to reduce or stop the growth of endometrium and so stop or severely reduce menstruation.

Possible side effects include weight gain of 1-4kgs, some decrease in breast size, a tendency towards acne, occasional increase in body hair, oily skin and symptoms of the menopause such as hot flushes, nausea and change in sex-drive. Symptoms should be reversible after the medication is discontinued. Long-term use of GnRH agonists (Synarel) may result in loss of bone mineral and bone density studies are recommended if the course of treatment is longer than six months. Normal ovulation and ovarian functions should return to normal following cessation of medication.

This treatment gives some women immediate and substantial relief from symptoms. Not every woman suffers from these side effects but for others the side effects can be worse than the original symptoms.

2. Surgery

Where more severe forms of endometriosis exist, surgery is normally indicated to deal with pain but will seldom lead to restoration of fertility.

Surgical procedures may range from simple cauterization of endometriosis spots to extensive removal of tissue and microsurgery.

3. IVF

The presence of endometriosis does not affect the outcome of IVF making this very successful treatment option.

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