

Endometriosis

What is endometriosis?

Endometriosis is a common condition, affecting at least 1 in 10 women at some point during their menstruating years. It's a condition that can affect women anytime from when menstruation starts through to menopause.



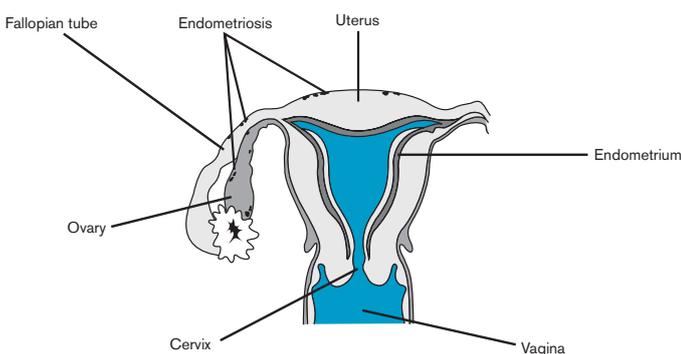
1 in 10 women will have some form of **endometriosis**.



3 in 10 women **facing fertility problems** may have **endometriosis**.

It involves the tissues that normally line the uterus (the endometrium) growing in abnormal places around the pelvis and, more rarely, other parts of the body.

Uterus and fallopian tubes



Endometriosis is not contagious. The exact cause of endometriosis is still unknown but many doctors and scientists believe that during menstruation, the tissue from the uterus which is shed flows back along the fallopian tubes and into the pelvis where it attaches and grows, instead of out through the vagina.

This event (known as retrograde or backward menstruation) happens in almost all women and in women without endometriosis; the tissue is absorbed and broken down. However, in women with endometriosis, the tissue sticks to places in the pelvis and starts to grow and multiply.

Once in place, the tissues undergo the same cyclic changes as they would in the uterus and bleed at the same time as menstruation.

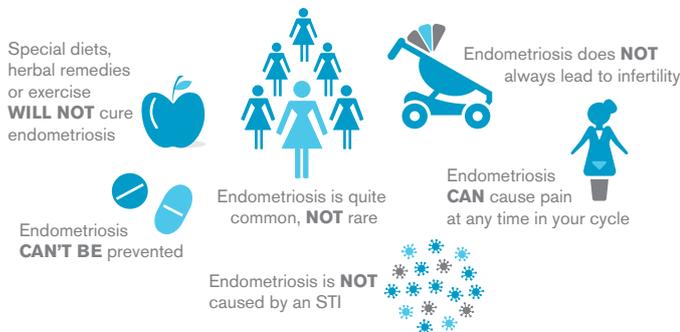
What are the symptoms of endometriosis?

The growths or deposits of endometrium tissue outside of the uterus can cause a number of symptoms including:

- pelvic pain
- period pain (dysmenorrhea)
- bowel pain (dyschezia)
- back pain
- pain associated with sexual intercourse (dyspareunia)
- pain related to filling the bladder or passing urine
- spotting before a period
- bloating
- tiredness or lethargy
- a change in bowel habits

Women can experience any of these types of pain at any time, not just during menstruation. It's also worth noting that women with endometriosis are often misdiagnosed as suffering from irritable bowel syndrome. Another interesting fact: many women with moderate or even severe endometriosis are completely symptom free. There is some evidence endometriosis is hereditary.

Dispelling common endometriosis myths



What's the impact of endometriosis on fertility?

Endometriosis is a common cause of infertility. That's because the more severe cases of the condition can distort the ovaries and fallopian tubes and can cause the body to upset sperm function. It is also known that the growths produce a series of chemical substances (including cytokines and interleukins) that are thought to contribute to infertility. Under the influence of these chemicals, ovulation and egg quality may be impaired, sperm may not function so well and embryos may find it harder to implant.

Basically, endometriosis doesn't make for a fertility-friendly environment.

Diagnosis and treatment for endometriosis

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

During a laparoscopy, a small telescope is passed through a small incision in the abdomen. Using this telescope, the doctor is able to see how severe and widespread the endometriosis is and he or she may also take a biopsy to confirm the diagnosis. Almost always, endometriosis can be completely removed during the laparoscopy procedure.

Surgery and, if needed, additional medical treatment can often help to reduce pain and make life more comfortable. Additionally, surgical removal can improve the chance of conception.

However, it has been found that women who have mild endometriosis often experience only a small improvement in their natural fertility following surgery whereas those who have a more severe case of the condition show a much greater improvement.

If surgery to remove endometriosis doesn't lead to pregnancy, women in this situation tend to decide to move straight onto assisted reproduction, usually through IVF.

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

**For further information, call
Felicity our Genea Fertility Advisor
on 1300 361 795**