



# Some Symptoms of Endometriosis

- Pain with periods or ovulation D
- Painful sex, especially with deep penetration D
- Pain with pooing D
- Constant pain
- Sharp pains during and after orgasm
- Painful bowel movements
- Rectal pain or bleeding
- Painful urination or blood in the urine
- Back or leg pain before and during menstruation
- Abdominal swelling and bloating
- Nausea, vomiting, diarrhoea especially if related with the cycle
- Cycles of constipation and diarrhoea
- Fatigue
- Heavy or irregular menstrual bleeding
- Infertility
- Shoulder pain during menstruation
- Haemoptysis or shortness of breath during menstruation

# Surgery for Endometriosis

- Laparoscopy is the gold standard for diagnosis although scans can be useful
- Usually diagnosis and treatment in the same procedure
- The degree of pain relief following surgery varies from woman to woman up to 80%
- Recurrence rate around 35-40%
- Now mostly laparoscopic, although an open op (laparotomy) may still be required for extensive disease or bowel resections
- Hysterectomy?



# Complimentary Therapies

- Given the chronic and stubborn nature of endometriosis, there may be times when it is beneficial to explore therapies beyond the medical mainstream. These therapies may include traditional pain killers, homeopathy, osteopathy, herbs, Ayurveda, Chinese medicine, amongst others. These therapies may work well alongside traditional medical management.
- Support Groups [endometriosis.org](http://endometriosis.org)  
[nzendo.co.nz](http://nzendo.co.nz)



# Abnormal Uterine Bleeding; Assess Risk of Hyperplasia / Cancer

The Risk is less than 2% if;

- <90kg
- <45 years
- Parous
- No Tamoxifen
- No PCO, no HNPCC or FH of Endometrial Cancer
- Not on unopposed ERT

Otherwise greater than 2%, maybe much more



# Abnormal Uterine Bleeding

## Who to manage in primary care

- Normal sized uterus on PV
- Hb above 80g/l (treat anaemia)
- Regular cycles
- Low risk of hyperplasia
- Refer treatment failures

# Abnormal Uterine Bleeding for Specialist Referral

- Irregular or prolonged periods
- Abnormal examination (abdo or pelvic)
- Hb < 80
- Fibroids > 3cm, uterus > 12/40
- Inadequate response to initial treatment
- Endometrium > 12mm on scan
- All women at 'high' risk of hyperplasia
- Abnormal pipelle