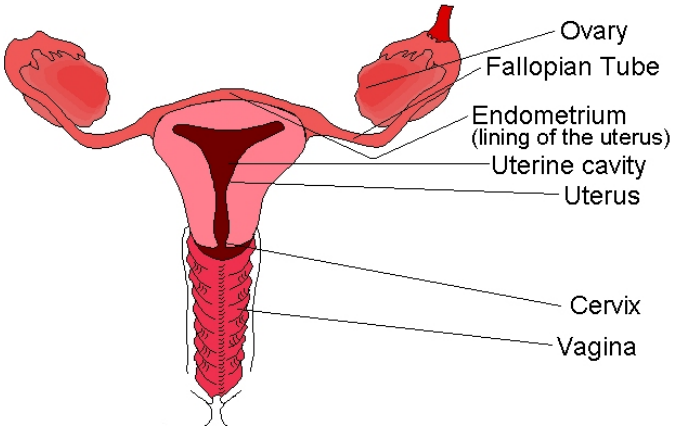
Endometriosis
Cramps, Pain and Infertility

Up to ten per cent of women in child bearing years have *endometriosis*. Endometriosis is a disease that occurs when the *endometrium* (lining of the uterus) is misplaced outside of its normal location. It may occur in many locations close to the *uterus* (womb), but commonly on the ovaries, fallopian tubes, *vagina* (birth canal) and bowel located close to the uterus. Because the uterus *sloughs* (expels) its lining every month (menses), there is bleeding where ever the endometrial tissue is located.



SYMPTOMS

Often there are no *symptoms* (problems); however because blood is irritating to tissues not normally exposed to it, when symptoms occur they vary with the location of the misplaced endometrium. Symptoms often include back and *abdominal* (belly) pain. Periods may be heavier and intercourse may be painful. Infertility may be present. You may have all of these symptoms at one time or another or you may have months with no symptoms at all. Although the symptoms occur mainly during menses, they can occur mid-cycle as well, and usually terminate with menopause.

DIAGNOSIS

You will have to be seen by your caregiver for a *diagnosis* (learning what is wrong). Your caregiver may recommend a blood test and urine test *(urinalysis*) to help rule out other conditions. Another common test is *ultrasound*, a painless procedure that uses sound waves to make a sonogram "picture" of abnormal tissue that could be endometriosis. If your bowel movements are painful around your periods, your caregiver may advise a *barium enema* (an x-ray of the lower bowel), to try to find the source of your pain. This is sometimes confirmed by *laparoscopy*. Laparoscopy is a procedure where your caregiver looks into your abdomen with a *laparoscope* (a small pencil sized telescope). Your caregiver may take a tiny piece of *tissue* (biopsy) from any abnormal tissue to confirm or document your problem. These tissues are sent to the lab and a pathologist looks at them under the microscope to give a microscopic diagnoses.

TREATMENT

Once the diagnosis is made, it can be treated by destruction of the misplaced endometrial tissue using heat (diathermy), laser, cutting *(excision*), or chemical means. It may also be treated with hormonal therapy. When using hormonal therapy menses are eliminated, therefore eliminating the monthly exposure to blood by the misplaced endometrial tissue. Only in severe cases is it necessary to perform a hysterectomy with removal of the tubes, uterus and ovaries.

HOME CARE INSTRUCTIONS

- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Avoid activities that produce pain, including a physical sexual relationship.
- **Do not take aspirin** as this may increase bleeding when not on hormonal therapy.
- See your caregiver for pain or problems not controlled with treatment.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your pain is severe and is not responding to pain medication.
- You develop severe nausea and vomiting or can't keep foods down.

- Your pain localizes to the right lower part of your abdomen (possible appendicitis).
- There is swelling or increasing pain in the abdomen.
- An unexplained oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests.
- You see blood in your stool.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/15/2001 Document Re-Released: 11/30/2009
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