

What are the Treatments?

There is no absolute cure for endometriosis, but there is a range of treatments that can ease the symptoms. Treatment options depend on the desired outcome for the woman, whether the priority is pain reduction, improved quality of life or pregnancy.

Painkillers and anti-inflammatory drugs are usually prescribed for the pain associated with endometriosis. Hormone therapies and surgery are used to treat endometriosis deposits and to help preserve or improve fertility. Fertility drugs are used in women wishing to conceive.

Surgery, normally via laparoscopy, is used to excise endometriosis deposits, eliminate endometriomas and to divide adhesions. If a woman has extensive disease, bowel and bladder specialist surgeons may be called upon to assist in removing the disease from the affected organs. Surgical treatment that removes all of the endometriosis present is considered effective at reducing pain in women.

In some cases a hysterectomy and removal of the ovaries is considered as a radical treatment usually when there are associated symptoms such as adenomyosis (endometrial tissue growing in the uterine wall) or heavy menstrual bleeding and when a woman has completed her child bearing. A hysterectomy alone does not resolve the symptoms of endometriosis; all endometriosis deposits must be removed at the time of the hysterectomy in order to eliminate the disease.

Additionally women are treated by pain management specialists and by physiotherapists specialising in pelvic therapy.

Managing Endometriosis

Endometriosis is a long-term condition. If you have been diagnosed with endometriosis, you may find that you need extra support from family and friends. It is also very important to establish a good relationship with your GP and gynaecologist, so as to get the best information about the disease and your course of treatment.

As with any long-term disease, looking after your general health will give your body the best chance and will help you to keep a positive attitude.



Complementary Therapies

Some popular therapies which women have found helpful include Traditional Chinese Medicine (TCM) - acupuncture and herbs, Reiki, Reflexology, Abdominal Massage and Pelvic Floor Physiotherapy. Many women have also found great benefit through improved nutrition.

The Endometriosis Association of Ireland

The Endometriosis Association of Ireland was formed in 1987, to provide information and support for women with endometriosis. The association is run on a voluntary basis, mostly by women who have endometriosis themselves.

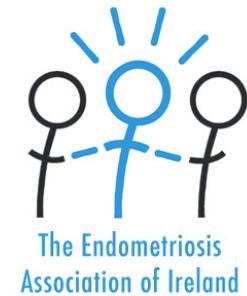
To find out more about joining the association, or if you have any questions, please fill in the enquiry form and send it to the address given, or email us. Membership for the year is €30 or €15 concessionary rate for students, low-waged or unwaged.

As a member you will be able to join our on-line forum where you can learn about other members' experiences and exchange ideas and support. You can attend our support meetings, annual Information Day and you will receive our newsletter. The association is funded by memberships and donations. The membership fee covers basic costs for running the association, including telephone costs and postage.

The Endometriosis Association of Ireland
The Carmichael Centre for Voluntary Groups,
4 North Brunswick Street, Dublin 7

Tel: 01 873 5702 (messages) 086 3203855
E-mail: info@endo.ie Web: www.endometriosis.ie

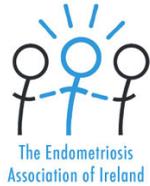
Write to us, email us or join in our endometriosis community online:



endometriosis



The Endometriosis Association of Ireland is a registered charity. Charity No. 8693, Registered in Ireland No. 148289



Endometriosis Association of Ireland Postal Enquiry Form

Send to EAI, The Carmichael Centre for Voluntary Groups, 4 North Brunswick Street, Dublin 7

MY QUERY:

My name: _____

How would you like us to contact you? Please choose one or more options from the following:

By telephone, my number is: _____

By email, my email address is: _____

By post, my address is: _____

Signed: _____

Date: _____

What is Endometriosis?

Endometriosis is estimated to affect between 2 and 10% of all women within the general population. Up to 50% of women with infertility have endometriosis. Symptoms can begin prior to a girl's first period, and for most women symptoms persist throughout their menstrual life. In a number of cases symptoms persist following the menopause.

The name endometriosis comes from the word endometrium; this is the tissue lining the uterus (womb). As part of the menstrual cycle, the endometrium builds up in response to hormonal stimulation, to prepare the uterus for possible implantation and pregnancy. If pregnancy does not occur, this lining is shed as a menstrual period.

Endometriosis is defined as the presence of endometrial-like tissue outside of the uterus. These deposits are found mainly in the pelvis, however they can be found in other sites in the body. The endometriosis deposits cause an inflammatory reaction, that leads to pain and adhesion formation. It is believed that the endometriosis deposits react to the same hormonal stimulation as normal endometrium. This can lead to symptoms, which may be worse at certain times of the cycle, in particular just prior to and during the menstrual period.

Women with endometriosis commonly experience pelvic pain and problems with their intestines and bladder. Endometriosis is one of the leading causes of infertility.

What are the symptoms?

The most common symptom of endometriosis is pain before and during periods. This pain may be far worse than a 'normal' period cramp and can last for days. It is important to realise that to experience extreme pain with menstruation is not 'normal'.

Other symptoms can include pain during or after sex, painful bowel motions, painful urination, cyclical rectal bleeding, cyclical haematuria (red blood cells in urine) or cyclical shoulder pain.

Other symptoms reported by women include pain during ovulation (about half-way through the menstrual cycle), and heavy bleeding or clotting, fatigue, flu-like symptoms and/or fever during menstruation. Migraines, continuous pelvic pain, weight fluctuations, insomnia, lower back pain, nausea and diarrhoea, constipation or other intestinal upsets with periods have also been reported.

Some women who have the disease experience no symptoms. Some women with endometriosis may experience subfertility, however it is estimated that 60-70% of women with endometriosis are fertile and will conceive naturally.

What causes endometriosis?

The simple answer is that nobody knows for sure what causes endometriosis, or why some women develop endometriosis and others do not. There does seem to be a link between endometriosis and the immune system but this has not yet been proven. There is also some evidence for a genetic link.

How is it diagnosed?

The symptoms outlined above can suggest to a doctor that a woman may have endometriosis, but many of the symptoms can be caused by other conditions also. Endometrioma (endometriosis cyst on the ovary) may show up on an ultra-sound or MRI scan, but the only definite way to diagnose the condition is by laparoscopy.

Laparoscopy is a keyhole surgery procedure, which allows a gynaecologist to look directly inside the abdomen through a small tube. A laparoscopy is carried out under general anaesthetic and this is often carried out as a day procedure.

