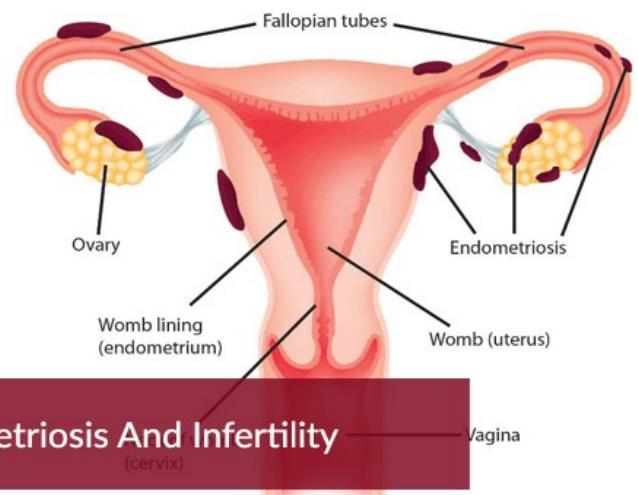


Endometriosis

Endometriosis happens when the lining of the uterus (womb) grows outside of the uterus and on other areas in your body where it doesn't belong. Endometriosis IS sometimes called "endo". It is especially common among women in their 30s and 40s and may make it harder to get pregnant. Most often, endometriosis is found on the ovaries, fallopian tubes, tissues that hold the uterus in place and outer surface of the uterus. Other sites for growths can include the vagina, cervix, vulva, bowel, bladder, or rectum. Rarely, endometriosis appears in other parts of the body, such as the lungs, brain, and skin.



Who is at risk?

Endometriosis can happen in any girl or woman who has menstrual periods, but it is more common in women in their 30s and 40s.

You might be more likely to get endometriosis if you have:

- Never had children
- Menstrual periods that last more than seven days
- Short menstrual cycles (27 days or fewer)
- A family member (mother, aunt, sister) with endometriosis
- A health problem that blocks the normal flow of menstrual blood from your body during your period

How common is Endo?



Symptoms of Endo

Symptoms of endometriosis can include:

- ◆ Pain is the most common symptom. Women with endometriosis may have many different kinds of pain. These include:
 - ⇒ Very painful menstrual cramps. The pain may get worse over time.
 - ⇒ Chronic pain in the lower back and pelvis
 - ⇒ Pain during or after sex. This is usually described as a "deep" pain and is different from pain felt at the entrance to the vagina when penetration begins.
 - ⇒ Intestinal pain
 - ⇒ Painful bowel movements or pain when urinating during menstrual periods. In rare cases, you may also find blood in your stool or urine.
- ◆ Bleeding or spotting between menstrual periods. This can be caused by something other than endometriosis. If it happens often, you should see your doctor.
- ◆ Infertility, or not being able to get pregnant.
- ◆ Stomach (digestive) problems. These include diarrhea, constipation, bloating, or nausea, especially during menstrual periods.

ENDOMETRIOSIS



Treatment Options:

There is no cure for endometriosis, but treatments are available for the symptoms and problems it causes. Talk to your doctor about your treatment.

Treatment Options	
Medical Management :	Surgical Management:
<p>Pain Medication</p> <p>Pain medicine. For mild symptoms, your doctor may suggest taking over-the-counter medicines for pain. These include ibuprofen (Advil and Motrin) or naproxen (Aleve).</p> <p>Complementary and alternative medicine (CAM) therapies. Some women report relief from pain with therapies such as acupuncture, chiropractic care, herbs like cinnamon twig or licorice root, or supplements, such as thiamine (vitamin B1), magnesium, or omega-3 fatty acids</p>	<p>Definitive Surgery</p> <p>Hysterectomy with or without removal of the ovaries is for women who do not desire fertility or for women for whom conservative surgery has failed</p>
<p>Hormonal Medication</p> <p>If you are not trying to get pregnant, hormonal birth control is generally the first step in treatment. This may include:</p> <ul style="list-style-type: none"> ● Extended-cycle (you have only a few periods a year) or continuous cycle (you have no periods) birth control. These types of hormonal birth control are available in the pill or the shot and help stop bleeding and reduce or eliminate pain. <p>Intrauterine device (IUD) to help reduce pain and bleeding. The hormonal IUD protects against pregnancy for up to 7 years. But the hormonal IUD may not help your pain and bleeding due to endometriosis for that long.</p> <p>Hormonal treatment works only as long as it is taken and is best for women who do not have severe pain or symptoms.</p> <p>If you are trying to get pregnant, your doctor may prescribe a gonadotropin-releasing hormone (GnRH) agonist. This medicine stops the body from making the hormones responsible for ovulation, the menstrual cycle, and the growth of endometriosis. This treatment causes a temporary menopause, but it also helps control the growth of endometriosis. Once you stop taking the medicine, your menstrual cycle returns, but you may have a better chance of getting pregnant.</p>	<p>Conservative Surgery</p> <p>Conservative surgery preserves the uterus, tubes and ovaries as much as possible and is focused on removing endometriosis and improving symptoms through endometerioid fulguration, endometrioid resection or resection of ovarian endometriomas.</p>
<p>Resources & Links:</p> <ul style="list-style-type: none"> ● https://www.womenshealth.gov/a-z-topics/endometriosis ● https://www.endofound.org/ ● https://endometriosisassn.org/ ● American Society for Reproductive Medicine 	