

## ENDOMETRIOSIS

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### ***What is endometriosis?***

Endometriosis is a condition in which the tissue that lines the uterus is also found outside the uterine cavity, which can cause pelvic pain and infertility.

<http://www.endometriosis.org.au/?gclid=ClOegbTS4bECFeJMpgodPhgADQ>

### ***Who gets endometriosis?***

Endometriosis affects girls as young as 9 years old and postmenopausal women, but most patients are diagnosed between ages 20 and 45. Most endometriosis patients are women who have heavy, long-lasting menstrual periods, whose cycles occur in fewer than 28 days, and who have never had children.

Werner p.618

### ***What are the signs and symptoms?***

Premenstrual spotting, a sensation of urinary urgency with painful urination, and diarrhea and rectal bleeding during menstruation may occur. Severe dysmenorrhea before, during, and after periods.

Werner p.621

### ***How do you know if you've got endometriosis?***

Endometriosis may have no symptoms. When it does, they generally include heavy, painful menstruation; pelvic and abdominal pain; difficulties with urination or defecation; painful intercourse; and other problems, depending on which tissues are affected. Symptoms are worst just before and during menstruation.

Werner p.618

### ***How is endometriosis treated?***

No permanent solution for this disorder has yet been developed.

This fact sheet is designed to provide you with information on endometriosis. It is not intended to replace the need for a consultation with your doctor. All clients are strongly advised to check with their doctor about any specific questions or concerns they may have. Every effort has been taken to ensure that the information in this pamphlet is correct at the time of printing.

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Non-steroidal anti-inflammatory drugs (NSAIDs) or other analgesics may be adequate for pain relief. Hormone therapy that disrupts the secretion of estrogen may be employed to limit growths. These may be used alone or as a preparation for surgery. Surgical intervention may include the use of lasers or electrocauterization to ablate (remove the top layer of tissue) or cut out visible growths and to reduce adhesions between pelvic organs.

Massage therapy along with other relaxation techniques is frequently recommended for women who must learn to cope with the long-term consequences of a disorder that has no permanent cure.

Werner p.620

### ***Are there any complications?***

Accumulations of deposits and fibrous connective tissue can cause a lot of damage in the pelvic cavity. Scar tissue deposits can create adhesions in or on the uterine tubes and ovaries, which cause infertility or ectopic pregnancy. The collecting of blood in these deposits routes blood away from where it can be useful, resulting in anemia. Uterine hyperplasia is a condition that occasionally accompanies endometriosis; the normal endometrial lining becomes pathologically thickened, leading to excessive bleeding and further difficulties with fertility.

Werner p.622

### ***How can I avoid getting endometriosis?***

As the etiology of endometriosis is not precisely understood there are no scientifically supported ways to avoid endometriosis but some lifestyle changes can assist in the management of systems, such as dietary changes to include more fatty acids and less saturated fats.

<http://www.endo-resolved.com/diet.html>