



FERTILITY FACT SHEET

San Ramon / Orinda / San Jose

Endometriosis

Endometriosis is a common, benign disease. Endometriosis is defined as cells that normally grow inside the uterus (womb), found outside of the uterus. These small pieces of misplaced tissue are sometimes called endometrial lesions or implants. The cause(s) of Endometriosis, which occurs typically in menstruating women, is unclear. Endometriosis may be found in up to 5-10% of all women during their reproductive life.

The misplaced endometrial tissue still responds to a woman's monthly cycle – the tissue builds up, breaks down, and bleeds under the control of the ovarian hormones. But unlike the tissue and fluids within the uterus, which are expelled during menstruation, the tissue from Endometriosis has no place to go. The result can be inflammation and scar tissue formation around the locations of the endometrial implants.

Symptoms of Endometriosis

The symptoms of Endometriosis most commonly include pain, infertility, and abnormal menstrual bleeding. The pain, which might occur at different points in the menstrual cycle, can vary in intensity and duration. Some women, even with severe Endometriosis, may not experience any pain or discomfort.

The accurate diagnosis of Endometriosis is important regardless of pain severity. Even mild cases of Endometriosis may affect fertility due to scarring, altering the pelvic environment with an increased number of white blood cells or inflammatory chemicals and possibly alter the local pelvic immune system.

While pelvic or ultrasound exams may suggest Endometriosis, the only way to definitively diagnosis the disease is with direct inspection via Laparoscopy. A Laparoscope is a long, thin, lighted, flexible, telescope-like instrument, inserted through a small surgical incision just below the navel. The surgeon can then view and treat, if necessary, Endometriosis or other pelvic conditions.

How Endometriosis May Effect Fertility

Endometriosis has been found to be present in up to 20-40% of infertile women. Infertility associated with endometriosis has been attributed to:

1. Distorted anatomy of the tubes and ovaries
2. Interference with oocyte (egg) development or release
3. Altered Fertilization and/or early embryo development
4. Altered or reduced receptivity of the Endometrium

There remains considerable debate in the Medical Community on how and if mild cases of Endometriosis, especially those cases without tubal or ovarian involvement, effects Fertility.

Treatment of Endometriosis

Treatment may include hormone therapy, surgery, or both. For mild or moderate Endometriosis pain, nonprescription pain relievers (aspirin, acetaminophen, or ibuprofen) may be helpful. If these don't provide relief or if pain is severe, a prescription pain medication may be needed. Some women have found additional relief using acupuncture, biofeedback, meditation, and exercise.

Hormone therapy includes the use of oral contraceptives (estrogen, progestins, or both), danazol, or GnRH agonists. These medications work by stopping ovulation temporarily. This can help shrink the endometrial lesions and stop the development of new implants. But hormone therapy does not cure Endometriosis – the disease recurs in most women when hormone therapy stops.

Surgical treatment removes endometrial implants and scar tissue by cutting away, cauterizing (burning), or vaporizing with a laser. Surgical treatment can usually be done during the laparoscopic inspection. If endometriosis is severe or if the implants cannot be reached easily with the Laparoscope, more extensive surgery – Laparotomy – may be beneficial. Laparotomy requires a larger incision of about four to five inches.

Hormone therapy and/or surgery to remove endometrial implants may help to relieve symptoms temporarily and may make it possible to conceive. Some women with severe Endometriosis may consider hysterectomy and removal of the ovaries once they have completed their family.

Helping Prevent Endometriosis

Research is ongoing to determine the causes of Endometriosis. For now, many believe that three possible sources increase chances of Endometriosis: genetics, immunological disorders, and exposure to the environmental contaminants dioxin or organochlorine. In addition to regular medical care, you can take two steps for self care: stay informed, and, if the disease is causing ongoing problems and struggle, seek the support of other women who are going through the same experiences.

The Endometriosis Association [<http://www.endometriosisassn.org/>], a non-profit, self-help organization for women with Endometriosis, provides information and promotes research about the condition. Chapters located throughout the United States and Canada are local resources for information and support.