The American College of
Obstetricians and Gynecologists

FREQUENTLY ASKED QUESTIONS
FAQ013
GYNECOLOGIC PROBLEMS

Endometriosis

What is endometriosis?

Endometriosis is a condition in which the type of tissue that forms the lining of the ***uterus*** (the ***endometrium***) is found outside the uterus.

How common is endometriosis?

Endometriosis occurs in about one in ten women of reproductive age. It is most often diagnosed in women in their 30s and 40s.

Where does endometriosis occur?

Areas of endometrial tissue (often called implants) most often occur in the following places:

- ***Peritoneum***
- ***Ovaries***
- ***Fallopian tubes***
- Outer surfaces of the uterus, ***bladder***, ***ureters***, intestines, and ***rectum***
- Cul-de-sac (the space behind the uterus)

How does endometriosis cause problems?

Endometriosis implants respond to changes in ***estrogen***, a female ***hormone***. The implants may grow and bleed like the uterine lining does during the menstrual cycle. Surrounding tissue can become irritated, inflamed, and swollen. The breakdown and bleeding of this tissue each month also can cause scar tissue, called ***adhesions***, to form. Sometimes adhesions can cause organs to stick together. The bleeding, ***inflammation***, and scarring can cause pain, especially before and during menstruation.

What is the link between infertility and endometriosis?

Almost 40% of women with ***infertility*** have endometriosis. Inflammation from endometriosis may damage the sperm or egg or interfere with their movement through the fallopian tubes and uterus. In severe cases of endometriosis, the fallopian tubes may be blocked by adhesions or scar tissue.

What are the symptoms of endometriosis?

The most common symptom of endometriosis is chronic (long-term) pelvic pain, especially just before and during the menstrual period. Pain also may occur during sex. If endometriosis is present on the bowel, pain during bowel movements can occur. If it affects the bladder, pain may be felt during urination. Heavy menstrual bleeding is another symptom of endometriosis. Many women with endometriosis have no symptoms.

How is endometriosis diagnosed?

A health care provider first may do a physical exam, including a ***pelvic exam***. However, the only way to tell for sure that you have endometriosis is through a surgical procedure called ***laparoscopy***. Sometimes a small amount of tissue is removed during the procedure. This is called a ***biopsy***.

How is endometriosis treated?

Treatment for endometriosis depends on the extent of the disease, your symptoms, and whether you want to have children. Endometriosis may be treated with medication, surgery, or both. When pain is the primary problem, medication usually is tried first.

What medications are used to treat endometriosis?

Medications that are used to treat endometriosis include pain relievers, such as nonsteroidal anti-inflammatory drugs (NSAIDs), and hormonal medications, including birth control pills, ***progestin***-only medications, and ***gonadotropin-releasing hormone agonists***. Hormonal medications help slow the growth of the endometrial tissue and may keep new adhesions from forming. These drugs typically do not get rid of endometriosis tissue that is already there.

How can surgery treat endometriosis?

Surgery can be done to relieve pain and improve fertility. During surgery, endometriosis implants can be removed.

Does surgery cure endometriosis?

After surgery, most women have relief from pain. However, about 40–80% of women have pain again within 2 years of surgery. The more severe the disease, the more likely it is to return. Taking birth control pills or other medications after having surgery may help extend the pain-free period.

What if I still have severe pain that does not go away even after I have had treatment?

If pain is severe and does not go away after treatment, a ***hysterectomy*** may be a "last resort" option. Endometriosis is less likely to come back if your ovaries also are removed. If you keep your ovaries, endometriosis is less likely to come back if endometriosis implants are removed at the same time you have the hysterectomy.

There is a small chance that pain will come back even if your uterus and ovaries are removed. This may be due to endometriosis that was not visible or could not be removed at the time of surgery.

Glossary

Adhesions: Scarring that binds together the surfaces of tissues.

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Bladder: A muscular organ in which urine is stored.

Endometriosis: A condition in which tissue similar to that normally lining the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Endometrium: The lining of the uterus.

Estrogen: A female hormone produced in the ovaries.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Gonadotropin-Releasing Hormone Agonists: Medical therapy used to block the effects of certain hormones.

Hormone: A substance produced by the body to control the functions of various organs.

Hysterectomy: Removal of the uterus.

Infertility: A condition in which a couple has been unable to get pregnant after 12 months without the use of any form of birth control.

Inflammation: Pain, swelling, redness, and irritation of tissues in the body.

Laparoscopy: A surgical procedure in which an instrument called a laparoscope is inserted into the pelvic cavity through small incisions. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

Pelvic Exam: A physical examination of a woman's reproductive organs.

Peritoneum: The membrane that lines the abdominal cavity and surrounds the internal organs.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Rectum: The last part of the digestive tract.

Ureters: A pair of tubes, each leading from one of the kidneys to the bladder.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.