

What is Endometriosis?

The endometrium is the tissue that lines the inside of your uterus. Each month, as part of your menstrual cycle, these tissues thicken, break down and then bleed out of your body. When you have endometriosis, these tissues do not grow as they should and in fact appear outside of the uterus, or on the ovaries, fallopian tubes or pelvic lining. Rarely, your doctor may even find endometrial tissues outside the reproductive system in places such as the intestines, rectum, bladder, vagina, cervix, vulva or in abdominal surgery scars. The endometrial tissue, despite their location and the fact that the broken down tissue has no way to exit your body, continue their normal cycle of thickening, breaking down and bleeding.

How Do I Know if I have Endometriosis?

The initial signs of endometriosis are abnormally painful menstrual cramps that get worse over time. Endometriosis pain can also occur before you have gotten your period or with sex. However, while pain is the best know symptom of endometriosis, it is not always present and other symptoms may present instead:

- Fatigue
- Urination that is painful during your menstrual cycle
- Bowel movements that are painful only during your period
- Other gastrointestinal issues, such as diarrhea, constipation, bloating or nausea, especially during your period
- Heavy or excessive bleeding during your period as well as break-through bleeding in your menstrual cycle

Because so many different diagnoses may include pelvic pain as a symptom, endometriosis can be hard to differentiate initially from diagnoses such as pelvic inflammatory disease, ovarian cysts, or irritable bowel syndrome. It is important not to let pelvic pain go unchecked and to see your doctor to discern the cause. Some women do not discover they have endometriosis until they see a doctor seeking assistance in getting pregnant. Certain factors may also put you at higher risk for endometriosis, such as:

- If you have never given birth
- If your period started at a younger than usual age
- If menopause has started later than usual
- If your menstrual cycle is less than the standard 28 days
- If your body produces higher levels of estrogen
- If you have a low body mass index, or BMI

- If you consume alcohol
- If you have one or more relative who has been diagnosed with endometriosis
- If you have already been diagnosed with a medical condition that disrupts your menstrual cycle
- If you have any uterine abnormalities
- If you are caucasian

How Does Your Doctor Diagnose Endometriosis?

As with all female reproductive issues, your doctor will first perform a pelvic exam. Sometimes cysts form that can be felt by the doctor upon physical examination. The best way to be sure of a correct diagnosis is to order a test so the doctor can better see what is happening with your reproductive organs. Unlike other diagnoses that may need several tests to be sure, endometriosis is generally confirmed using only two tests:

1. **Ultrasound**, which can be done either with a wand on the outside of your abdomen, or with a transvaginal ultrasound using a wand inserted into your vagina. In both cases, pictures will be produced of your internal reproductive organs and growths like cysts or tumors, although it will not show endometriosis definitively.

2. **Laparoscopy** is another common procedure used to get a better picture of your organs. In fact, this is the only test that will definitely show whether you have endometriosis. In this instance, your doctor will put you under general anesthesia, make a small incision in your abdomen, and insert a small scope and light. Using the scope, your doctor can now see the exterior of your uterus and discern whether you have endometriosis and its extent so that treatment can be better planned. A biopsy may be taken at this time, especially if there are tissues looks suspicious in any way.

Diagnosis

Once your doctor has diagnosed you with endometriosis, he will explain the stages of endometriosis which are based on several factors:

- How far the endometrial tissues have spread and how deeply
- Whether the tissues have attached to any organs and if those organs have been compromised in any way, especially ovarian endometriomas
- If there are any fallopian tube blockages as a result
- The presence and severity of pelvic adhesions

Once each of these factors has been examined and rated, the doctor can explain the four endometriosis stages and into which stage you fall. They are:

Stage 1: Minimal

Stage 2: Mild

Stage 3: Moderate

Stage 4: Severe

The stage of endometriosis that you are categorized under does not correlate with your symptoms, that is, the more severe your pain for example, the higher stage. Instead, it relates directly to the physical factors listed above: the presence of adhesions or cysts, how many, how deep or severe, and so on.

Complications of Endometriosis

- Endometriosis cancer. If endometrial cells begin to grow in an out of control fashion, the diagnosis may in fact be endometrial cancer, which begins in the lining of the uterus. There is more than one type of endometrial cancer and these include:

Adenocarcinoma, the most common of the endometrial cancers

Carcinosarcoma

Squamous cell carcinoma

Undifferentiated carcinoma

Small cell carcinoma

Transitional carcinoma

- Endometriosis cyst
- Infertility
- Ovarian cancer

Treatment

A variety of treatments exist for endometriosis, depending on what stage you are in and what your pain levels are. As a general rule of thumb, surgery would be a last resort, and your doctor will probably start with pain medications to help with painful cramps. Other things your doctor may try supplementing with or consider down the road include:

Hormones, such as contraceptives, estrogen-lowering hormones like gonadotropin-releasing hormone (Gn-RH) agonists and antagonists, progestin therapy, or danazol.

The endometriosis diet is not a standard treatment yet, but studies have shown that women who eat a diet low in red meat and high in fruits and vegetables were shown to have lower chances of having endometriosis.

Physical activity has been shown to help with several estrogen-dependent conditions, including fibroids, menopause and women with severe periods.

Endometriosis and infertility are often linked. Women who have failed to get pregnant often discover their endometriosis when going for fertility treatments. Patients already diagnosed who now want to avoid surgery but still try to get pregnant can be directed to infertility treatments such as in vitro fertilization.

As a final choice, if nothing else works, a doctor may encourage his patient to get a complete hysterectomy in order to relieve her of years of painful symptoms. The hysterectomy must be complete, that is, not just the uterus, but the ovaries, fallopian tubes and cervix, in order to remove estrogen-producing organs that could cause the endometriosis to continue despite the fact that the uterus has been removed. Endometriosis after hysterectomy is not possible and there is total relief of symptoms.

Endometriosis does not have to mean painful periods for the rest of your life, nor does it mean you cannot become pregnant. In fact, while pregnant, endometriosis meets a temporary end, and a permanent one with the onset of menopause.