

Referral Support Service

Gynaecology

GY23

Endometriosis

Definition

- Presence of endometrial-like tissue outside the uterus, which induces a chronic, inflammatory reaction. Some women experience painful symptoms and/or infertility, others have no symptoms. Prevalence 2-10% of reproductive age women or up to 50% of infertile women.
- Consider the diagnosis when patient has following symptoms:
 - Dysmenorrhoea, non-cyclical pelvic pain, deep dyspareunia, infertility, difficulties with defaecation, rectal bleeding, dysuria, haematuria.

Exclude Red Flag Symptoms

- Laparoscopy and biopsy are considered “gold standard” for diagnosis of endometriosis and to exclude malignancy.

Management

- Ultrasound is recommended (usually abdominal and transvaginal) to diagnose and to detect endometrioma/mass in pelvis or ovaries that may need further investigation.
- Empirical treatment with adequate analgesia, combined hormone contraceptives or progestogens for at least 6 months before considering further investigation.
 - If symptoms controlled, no need for further referral.

Treatment Options:

Combined hormone contraceptives:

- Can be given continuously to reduce dyspareunia, dysmenorrhoea, and non-menstrual pain.
- Break through bleeding may occur after a few months but can be controlled by having a break of 5 days and then starting CHC again.
- Vaginal contraceptive ring and transdermal patch reduces chronic pelvic pain as well as symptoms above.
- Progestogens- oral or depot or IUS-- can reduce pain and control bleeding.
- GnRH agonists- (Zoladex, prostap)- usually initiated in secondary care- can be used to reduce pain and control bleeding. May need add-back HRT to help with symptoms.
- **NSAIDs-** should be considered to reduce pain; but used in caution if a patient is trying to conceive as associated with a higher miscarriage rate.
- **If patient stops treatment above because wanting to become pregnant, follow RSS Guidelines on Subfertility.**

Referral Information

Responsible GP: Dr Joan Meakins
Responsible Consultant:

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Information to include in referral letter

- Symptoms that could be caused by endometriosis
- Treatment tried to date and results
- Relevant past medical/surgical history
- Current regular medication including any hormonal contraception
- BMI/Smoking status
- Smear Status
- Contraceptive history
- Vaginal examination

Investigations prior to referral

- Ultrasound of pelvis

Patient information leaflets/ PDAs

- [RCOG Patient guide to endometriosis](#)

References

- ESHRE European Society of Human Reproduction and Embryology –Management of women with endometriosis.