Quick Facts About Endometriosis

**What is endometriosis?**
It is a disease in which tissue that is normally found inside the uterus travel to areas outside the womb. The most common sites of endometriosis are the ovaries, the fallopian tubes, and the ligaments that support the uterus, the lining of the pelvic cavity, the intestines and bladder, and the outside surface of the uterus. However, in rare cases, endometriosis can be found in other parts of the body.

**What causes endometriosis?**
We do not know for certain, but there are several theories. One is called retrograde (which means "moving backwards") menstruation. During normal menstruation, women shed blood and tissue through the vagina. But when menstruation is retrograde, the blood and tissue travel back into the body. This happens to some extent in most women, and normally causes no problems. However, sometimes the tissue begins to grow in a new location, causing inflammation, irritation, and scarring.

**What are the symptoms?**
One of the most troubling symptoms of endometriosis is pelvic pain. This pain is often, but not always, at its worst during menstruation. Many women have painful menstrual cramps; pain with sex, bowel movements, or urination, and heavy or abnormal periods. Some women do not have pain but complain of infertility. Still others experience both pelvic pain and infertility.

**How is endometriosis diagnosed?**
There is no single test for the disease. Usually the doctor will talk to you about symptoms and perform a physical exam. He or she may also want to conduct an ultrasound examination or perform a surgical procedure called laparoscopy; the doctor inserts a small telescope called a laparoscope into your abdomen and looks for signs of endometriosis. Not all endometriosis can be discovered this way, however.

**How is the pelvic pain of endometriosis treated?**
In cases where symptoms are mild or severe, doctors will likely prescribe drugs. Sometimes the physicians may opt for surgery - either by laparoscopy or by opening the abdomen (laparotomy). He or she then removes or destroys the endometriosis implants. If a woman is older and finished having children, the doctor may recommend removing her uterus and ovaries, although even this does not always eliminate the disease. Often the doctor will prescribe medication following surgery to stop the disease from coming back.

**What medications are available and how do they work?**
The drugs most commonly used for endometriosis include:

- non steroidal anti-inflammatory drugs
- birth control pills
- progesterone
- danazol
- gonadotropin-releasing hormone (GnRH) agonists

These drugs aim to stop ovulation for as long as possible so that there is no monthly buildup and breakdown of tissue. Unfortunately, endometriosis often returns after treatment is stopped.

**Which drug is best?**
The answer to that question is different for each woman. Currently, a class of drugs called GnRH agonists is considered standard therapy. Through a series of actions, these medications help stop the ovaries from producing estrogen. This helps ease the disease's symptoms and slows or stalls its growth. Your doctor may prescribe these drugs for pain relief in an attempt to avoid surgery. Even if you do have surgery, the drugs can help prolong pain relief.

**Do GnRH agonists have side effects?**
The most common are hot flashes, mood swings, vaginal dryness, and decreased bone mineral density. These side effect are due to low estrogen levels. Fortunately, they can be reversed with "add-back" therapy (in which a hormone called progestin - or, occasionally, estrogen - is prescribed, or "added back") and subside following the discontinuation of therapy.

**What if my symptoms return after I take a GnRH agonist?**
You may be given a second course of the drug (again, with add-back therapy) for up to 6 additional months, or your doctor may recommend surgery.
Does endometriosis affect fertility?
Endometrial implants may cause infertility, although the way the disease interferes with fertility is not known. It is estimated that up to 40% of women with endometriosis experience infertility, some estimates are much lower.

How is the infertility associated with endometriosis treated?
First, your doctor will perform a complete evaluation to rule out other causes of infertility. There are a variety of treatment options available, so be sure to discuss the choices with your physician. In some cases, assisted reproduction - such as in vitro fertilization - may be used.

Where can I find out more?
Talk to your doctor. Other useful information is available from the Endometriosis Association. You can contact the organization by phone at 800.992.3636 or online at www.endometriosisassn.org.