Endometriosis

Endometriosis, also called “endo,” happens when the lining of the uterus (womb) grows outside of the uterus. It affects about 5 million American women. The most common symptom is pain. The pain happens most often during your period, but it can also happen at other times. Endometriosis may also make it harder to get pregnant. Several different treatment options can help manage the symptoms and improve your chances of getting pregnant.

**Q: What are the symptoms of endometriosis?**

**A:** Symptoms of endometriosis can include:

- **Pain.** Women with endometriosis may have many different kinds of pain. These include:
  - Very painful menstrual cramps. The pain may get worse over time.
  - Chronic (long-term) pain in the lower back and pelvis
  - Pain during or after sex
  - Intestinal pain
  - Painful bowel movements or pain when urinating during menstrual periods

- **Bleeding or spotting** between menstrual periods

- **Infertility,** or not being able to get pregnant

- **Stomach (digestive) problems.** These include diarrhea, constipation, bloating, or nausea, especially during menstrual periods

**Q: How is endometriosis diagnosed?**

**A:** Your doctor will talk to you about your symptoms and do or prescribe one or more of the following to find out if you have endometriosis:

- **Pelvic exam.** During a pelvic exam, your doctor will feel for large cysts or scars behind your uterus. Smaller areas of endometriosis are harder to feel.

- **Imaging test.** Your doctor may do an ultrasound to check for ovarian cysts from endometriosis. The doctor or technician may insert a wand-shaped scanner into your vagina or move a scanner across your abdomen. Both kinds of ultrasound tests use sound waves to make pictures of your reproductive organs. **Magnetic resonance imaging** (MRI) is another common imaging test that can make a picture of the inside of your body.

- **Medicine.** If your doctor does not find signs of an ovarian cyst during an ultrasound, he or she may prescribe medicine to lessen your pain. If your pain gets better with medicine, you probably have endometriosis.

**Q: Who gets endometriosis?**

**A:** Endometriosis is most common in women in their 30s and 40s.

You might be more likely to get endometriosis if you have:

- Never had children
- Menstrual periods that last more than seven days
- Short menstrual cycles (27 days or fewer)
- A family member (mother, aunt, sister) with endometriosis
- A health problem that blocks the normal flow of menstrual blood from your body during your period
• **Laparoscopy.** Laparoscopy is a type of surgery that doctors can use to look inside your pelvic area to see endometriosis tissue. Surgery is the only way to be sure you have endometriosis. Sometimes doctors can diagnose endometriosis just by seeing the growths. Other times, they need to take a small sample of tissue and study it under a microscope to confirm this.

**Q:** How is endometriosis treated?

**A:** There is no cure for endometriosis but treatments are available for the symptoms and problems it causes. Talk to your doctor about your treatment options. Treatments include:

• **Hormone treatment.** Hormonal birth control is generally the first step in treatment. Hormone treatment is best for women who do not have severe pain or symptoms. Hormones come in many forms, including pills, shots, and nasal sprays.

• **Surgery.** Surgery is usually chosen for severe symptoms, when hormones are not providing relief or if you are having fertility problems. After surgery, hormone treatment is often restarted unless you are trying to get pregnant.

• **Pain medicine.** For mild symptoms, your doctor may suggest taking over-the-counter medicines for pain. These include ibuprofen (Advil and Motrin) or naproxen (Aleve).

• **Complementary and alternative medicine (CAM) therapies.** Some women report relief from pain with therapies, such as acupuncture, chiropractic care, herbs, or supplements.