

Endometriosis

What is endometriosis?

Endometriosis (EN-doe-ME-tree-OH-sis) happens when endometrial tissue, the tissue that normally lines the inside of your uterus, grows outside of your uterus. This outside growth can affect your ovaries, fallopian tubes, or intestines.

Who gets it and why?

Endometriosis affects about 2% to 10% of people who have a uterus. Most people affected are 25 to 35 years old. During a regular menstrual cycle, the lining of your uterus builds up. If you do not become pregnant, you will shed the lining. If you have endometriosis, the extra tissue growing outside of your uterus builds up and breaks down, too. When this extra tissue breaks down, it causes pain, redness, warmth, swelling, and scarring of the normal tissue around it.

Endometriosis is not contagious, but it does run in families. If you have family members (mother, sister, daughter) with endometriosis, you are more likely to develop it.

How do I know if I have endometriosis?

The common symptoms of endometriosis are:

- Feeling tired
- Bloating (feeling full of liquid or gas), having hard or loose stools, or nausea, especially during menstrual periods

- Heavy menstrual flow or bleeding between periods
- Inability to get pregnant
- Pain during sex
- Painful periods and menstrual cramps before and several days into a menstrual period. Pain can also affect the abdomen or lower back
 - Pain when you urinate or have bowel movements during menstrual periods
 - Frequent or constant pelvic pain

Are there any tests my doctor will do?

Your doctor will review your medical history and examine you. This includes a pelvic exam.

Endometriosis cannot be diagnosed for sure without surgery. However, an imaging study like an ultrasound or MRI (magnetic resonance imaging) to look at your uterus and other reproductive organs can help.

A laparoscopy is a minor surgical procedure to look inside the abdomen and determine the location, extent, and size of endometrial growths.

If I don't have endometriosis, what else could it be?

Some conditions that might cause similar symptoms are:

- Fibroids
- Irritable bowel syndrome
- Ovarian cysts
- Pelvic inflammatory disease

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Endometriosis *(continued)*

How is endometriosis treated?

It depends on the symptoms you are having, your desire for pregnancy, and your preferred treatment.

Treatments can include anti-inflammatory medicines like ibuprofen or naproxen to ease pelvic pain and menstrual cramps.

Hormone therapies such as hormonal contraceptives (birth control) are used to reduce or stop pain caused by endometriosis. They control the rise and fall of hormones during your menstrual cycle to slow endometrial tissue growth and prevent new painful growths.

Hormone therapy is not a permanent fix for endometriosis. Symptoms may return after stopping treatment.

In milder cases of endometriosis, surgery to remove affected tissue can sometimes allow people to get pregnant.

Where can I get more information?

American College of Obstetricians and Gynecologists
<https://www.acog.org/womens-health/faqs/endometriosis>

Endometriosis Association
<https://endometriosisassn.org/>

National Library of Medicine's Medline Plus
<https://medlineplus.gov/endometriosis.html>

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