

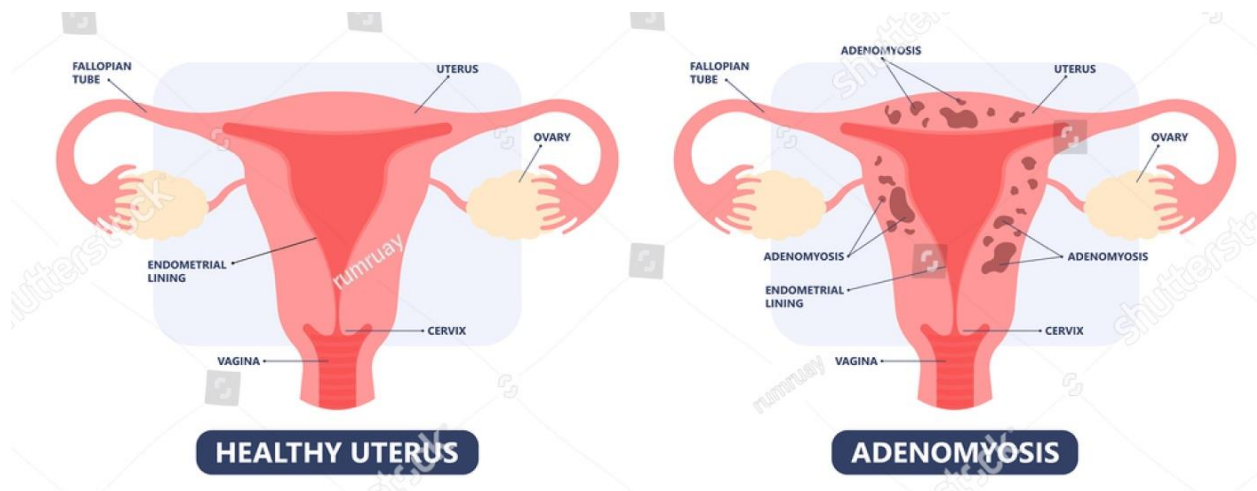
Endometriosis & Adenomyosis

Q1- What is endometriosis?

A1- Endometriosis is a painful disorder in which tissues that line the inside of the uterus (the endometrium) grow outside the uterus. The commonest sites are the fallopian tubes, ovaries, peritoneum, and back of the uterus.

Q2- What is Adenomyosis?

A2- Adenomyosis is the presence of endometrium-like tissue inside the muscular uterine wall. It increases the uterus's size and sometimes makes it irregular in shape. Adenomyosis can be focal or globular.



Q3- What are the symptoms of endometriosis?

A3- Common symptoms include pelvic pain, painful periods, heavy menstrual bleeding, pain during intercourse, and infertility. The symptoms are defined by “4Ds”- dysmenorrhoea, dyschezia, dyspareunia and dysuria

Q4- What causes endometriosis?

A4- The exact cause is unknown, but factors like genetics, hormonal imbalances, immune system issues, and retrograde menstruation (when menstrual blood flows back through the fallopian tubes into the pelvic cavity) may contribute.

Q5- How is endometriosis diagnosed?

A5- Diagnosis often involves a combination of medical history review, pelvic examination, imaging tests like ultrasound, MRI and sometimes laparoscopic surgery for confirmation.

Q6-Is there a cure for endometriosis?

A6- There is currently no permanent cure for endometriosis, but there are several treatment options to manage symptoms and improve quality of life. Treatment depends on factors like symptom severity, fertility goals, and disease progression.

Q7- What are the treatment options for endometriosis?

A7- Treatment options are-

1. Pain Management - NSAID's help relieve pain and inflammation
2. Hormonal Therapy – Suppresses endometrial growth but does not cure the disease
3. Surgery – Removes endometriosis tissue but does not guarantee it won't return. Considered for severe cases when other treatments fail.
4. Lifestyle & Complementary Therapies – Dietary changes and regular exercise help manage symptoms.
5. Active fertility management for women suffering from subfertility.

Q8-Can endometriosis affect fertility?

A8- Yes, endometriosis can make it more difficult to conceive. However, many women with endometriosis (50-60%) still become pregnant if they have mild to moderate disease and no other associated female or male factors of infertility. Fertility treatments may be necessary for moderate to severe endometriosis.

Q9- How does endometriosis impact daily life?

A9- Endometriosis can significantly impact daily life, depending on the severity of symptoms.

1- Physical Health Challenges :

- Chronic pelvic pain, Fatigue, Painful periods
- Digestive issues
- Pain during sex

2- Emotional & Mental Well-being

- Constant pain can lead to emotional distress.
- Stress from infertility

3- Work & Productivity can be affected due to missed work days due to severe pain

4- Relationships & Social Life

- Impact on intimacy due to painful intercourse
- Reduced social life due to chronic pain and low sense of well being .

- Financial strain due to treatment cost

Q10- Can diet or lifestyle changes help manage endometriosis symptoms?

A10- Diet and lifestyle changes can help manage endometriosis symptoms by reducing inflammation, balancing hormones, and improving overall well-being. While they are not a cure, they can significantly improve pain, fatigue, and digestive issues.

A- #DietarymodificationsforEndometriosis

- Fresh fruits and vegetables help reduce inflammation
- Foods rich in healthy fats like avocado, nuts
- Food rich in omega 3 fatty acids like Salmon, flax seeds
- Avoid foods that can trigger inflammation like Dairy foods and Red Meat.

B- #LifestyleChangestoManageEndometriosis

Exercise, Stress management and prioritizing 7-9 hours of sleep help reduce tension and increase mobility.

Q11-What should I do if I suspect I have endometriosis?

A11- If you suspect you have endometriosis, here's a step-by-step approach to getting a diagnosis and managing symptoms:

A-Track Your symptoms

- Keep a journal of pain levels, menstrual cycles, digestive issues, Bowel and bladder movements, fatigue and energy levels.

- C- Schedule a Doctor's Appointment
- D- See a gynaecologist and bring your symptom journal.

- E- Diagnostic Process : Your doctor can ask for USG, MRI or laparoscopy.

- F- Symptom Management While Waiting for Diagnosis
 - i. Pain Relief: Over-the-counter NSAIDs (ibuprofen, naproxen).
 - ii. Heat Therapy: Heating pads or warm baths.
 - iii. Diet & Lifestyle Changes

Q12- When to opt for IUI treatment if you have endometriosis?

A12- Intrauterine Insemination (IUI) may be an option, but it depends on the severity of endometriosis and other fertility factors.

IUI is typically recommended if:

- Mild to moderate endometriosis (Stage 1 or 2): Minimal scarring or adhesions
- Open fallopian tubes with intact tubo-ovarian relationship
- Good ovarian reserve
- Healthy sperm count & motility.
- Younger age (<35 years old)

Q13- When to Skip IUI & Consider IVF Instead ?

A13- IVF is the best option for women with Endometriosis if :

- Moderate to severe endometriosis (Stage 3 or 4)
- Endometriomas
- Failed multiple (3-6) IUI cycles

- Low ovarian reserve
- Severe male factor infertility
- Previous surgery

Q14- What complications should I expect if I am suffering from Adenomyosis ?

A14- Adenomyosis can give you
Dysmenorrhoea- severe painful menses
Heavy menstrual bleeding
Implantation failure leading to subfertility
Miscarriages

Q15- Is there any cure for Adenomyosis?

A15 – Adenomyosis is not fully curable though symptoms subside once you reach menopause. However, there are hormonal medications to suppress the progress of disease and surgery to reduce the volume of the uterus. Pain and heavy bleeding is managed by painkillers and haemostatic drugs and injection.

The commonest medications we use are-

- 1- Dinogest
- 2- Oral contraceptive pills
- 3- Oral antagonist tablets
- 4- GnRH-agonist injections