



hello

ENDO

AN INTRO TO ENDOMETRIOSIS

Pelvic  Sanity



definition

Endometriosis is a condition where tissue that resembles the tissue lining the uterus (endometrium) grows outside of the uterus. The endometriosis growths can cause inflammation and adhesions to form within the body.

Endometriosis is most common in the abdominopelvic cavity although in rare cases it has been found elsewhere. Science cannot yet explain why endometriosis occurs, which means that currently **there is no cure**.

common + symptoms

- CHRONIC PELVIC PAIN
- PAINFUL INTERCOURSE
- PAIN WITH MENSTRUATION
- LOW BACK/HIP/GROIN PAIN
- INFERTILITY
- IBS
- BLOATING
- DIARRHEA/CONSTIPATION
- DIFFICULTY EMPTYING
BOWELS/BLADDER
- PAINFUL BOWEL
MOVEMENTS



symptoms

Women with endometriosis often experience various combinations of the symptoms listed previously.

However, it is certainly possible to have chronic pelvic pain without endometriosis or even endometriosis without chronic pain. Some studies show that **nearly 75% of women with pelvic pain don't have endometriosis**. And other studies show that some women with confirmed endometriosis don't experience any symptoms at all.

staging

Endometriosis is commonly classified into "stages" from Stage 1 to Stage 4 depending on the severity of the growths, but **symptoms often do not correlate with the severity of the endometriosis**. For instance, someone with Stage 1 endometriosis may have extremely severe symptoms but someone with Stage 4 endometriosis may have no symptoms at all.

diagnosis

The only definitive method of diagnosis for endometriosis is laparoscopy - surgery and analysis of the extracted tissue to identify whether or not it is endometriosis. MRI's, ultrasounds or other tests can help to rule out potential causes of symptoms but cannot diagnose endometriosis.

Endometriosis affects one in ten women, though research shows that it typically takes 6-10 years to receive a definitive diagnosis. This is often because of the medical field's lack of common knowledge of endometriosis.

One study showed that 63% of general practitioners felt uncomfortable diagnosing or treating patients with endometriosis. 50% could not list three main symptoms of endometriosis. Yet only 24% referred a patient immediately to a specialist.



treatment

Treatment of endometriosis is difficult because there is no known cause of the condition. As a result, even the best treatments cannot cure endometriosis. Because there is no cure, treatment of endometriosis is the most successful when the condition is addressed from all perspectives - a multidisciplinary approach including combinations of the following treatments.

-
- SURGERY
 - HORMONE THERAPY
 - PHYSICAL THERAPY
 - PAIN MEDICATION
 - OTHER ALTERNATIVE
TREATMENTS
-





surgery

Excision surgery to remove endometriosis is the gold standard of endometriosis treatment. It has been shown to reduce pelvic pain

and may improve fertility in women with endometriosis.

Unfortunately, these gains are not always permanent. Between 21-37% of women request a follow-up surgery within two years due to pain. At five years post-op, that number rises to nearly half of women with endometriosis.

Other surgery options such as ablation surgery or hysterectomy should be approached with caution. Ablation surgery involves

burning away the endometriosis growths but should be avoided due to high rates of regrowth after surgery - likely because the method is not able to completely remove all of the endometriosis. If the surgery is being performed to diagnose and remove the endometriosis, ablation is not advisable because it will destroy the tissue, leaving nothing to examine in order to verify that it is endometriosis.

Any surgical site should be carefully treated after it heals to prevent the scar tissue from adhering and causing additional pain or symptoms. **Pelvic floor physical therapy** after surgery mobilizes the scar tissue to minimize the impact of the surgery and restore normal movement after recovery.

a note on hysterectomy

A hysterectomy, or removal of the uterus, is not a cure for endometriosis. There is a chance that symptoms will still exist even after surgery. Research also shows that a hysterectomy significantly increases risk of coronary heart disease and osteoporosis.

Having a hysterectomy alone without excision of endometriosis will not address the symptoms that the existing endometriosis is causing. One study suggests that endometriosis has the ability to continue growing without the presence of the ovaries or the uterus.

The only exception to this is hysterectomy for adenomyosis, which is a condition that is sometimes present with endometriosis. Adenomyosis is when endometrium is found within the muscle wall of the uterus, sometimes causing painful and heavy periods, pelvic pain, and painful intercourse. Even with adenomyosis, hysterectomy should be carefully considered along with other treatment options.



hormone therapy

Most women with endometriosis notice their symptoms are cyclical, peaking at different periods of their menstrual cycle -- often during menstruation but sometimes during other stages. Hormone therapy aims to stabilize hormones throughout the cycle. These treatments can be highly effective for reducing symptoms (except infertility) **but do not cure endometriosis**. Symptoms resume once the hormone therapy is stopped. All forms of hormone therapy present a risk for various side effects that should be discussed with a physician.

common hormone therapy treatments

- **Contraceptives** - Hormonal contraceptives have been shown to reduce pain and endometriosis symptoms, particularly those associated with the menstrual cycle. Menstrual flow is typically more regular, lighter, and shorter in women on hormonal contraceptives. It can sometimes stop menstrual periods. They can come in the form of "the pill", vaginal ring, or patch. Continuous oral contraceptives have been shown to be more effective in some cases than cyclical contraception.
- **Progestin** - Use of a progestin implant (such as an IUD), injection, or progestin-only oral contraceptives can stop menstrual periods and the associated pain for women with endometriosis.
- **Gonadotropin-releasing hormone agonists (GnRH)** - This treatment blocks the production of estrogen; in essence, it artificially induces (temporary) menopause and decreases symptoms associated. GnRH has a high risk for serious side effects, so it is recommended to take along with hormonal contraceptives as "add-back" therapy to minimize the side effects.





physical therapy

IN ONE STUDY...

94% OF WOMEN WITH
ENDOMETRIOSIS HAD
PAINFUL TRIGGER POINTS
ON THEIR ABDOMEN

61% HAD CONFIRMED
PELVIC FLOOR
DYSFUNCTION

Multiple studies have shown that there is no correlation between the amount of endometrial growth and pelvic pain; **often, the pelvic pain is due to trigger points in the pelvic floor muscles**, chronic inflammation in the pelvic region, adhesions from endometriosis and scar adhesions from previous surgeries.

Physical therapists who specialize in treating the pelvic floor and conditions such as endometriosis are trained to evaluate and treat these symptoms. Physical therapy works to relieve endometriosis symptoms by releasing these trigger points, clearing inflammation, restoring normal blood circulation, and releasing painful scar adhesions. Patients are also taught self treatment skills to independently manage their symptoms. Not all physical therapists have the same training, so it is important to **find a qualified pelvic physical therapist**.



pain medications

Many women with endometriosis find that over-the-counter or prescription medication can help manage pain. Options range from NSAIDs to medical marijuana to opioid painkillers in cases of extreme chronic pelvic pain. When considering these options, it is important to ask your doctor about possible side effects, especially with long-term use.



alternative treatments

- ACUPUNCTURE
- YOGA
- STRESS REDUCTION
- DIET
- SUPPLEMENTS

acupuncture

Two separate, randomized clinical trials have shown that acupuncture can decrease pelvic pain associated with endometriosis by up to 62%.

yoga

Eight weeks of yoga classes twice per week helped improve quality of life, lowered daily pain, and improved overall well-being and self-image in women with endometriosis.

stress reduction

Chronic pain or even the knowledge of an endometriosis diagnosis can be extremely stressful. Research has shown that stress can amplify pain and symptoms, while regaining a sense of control over your body can reduce both. In one study of women with endometriosis, the combination of psycho-therapy and physical therapy was shown to decrease pain, perceived stress, and even the levels of stress hormones in the bloodstream! **Mindfulness is another practice to decrease stress.**

diet

Reducing inflammatory foods and eating a healthy, balanced diet may help reduce symptoms of endometriosis. In one study, 73% of participants with endometriosis who went on a gluten free diet for 12 months had a significant reduction in symptoms. Because digestive issues sometimes accompany endometriosis, it is worthwhile to regularly check for vitamin and mineral deficiencies and address any areas that are lacking with diet or supplements.

supplements

Several supplements have shown promise in reducing endometriosis pain and symptoms.

Quercetin is a naturally-occurring bioflavonoid that both reduces inflammation and has been shown to slow endometriosis growth in animal models.

Resveratrol, a polyphenolic phytoalexin found in grapes and wine, has shown promise in animal studies for slowing and reducing endometriosis growth in animal models. In vitro studies show reduction of invasiveness of endometriotic stromal cells and inflammation.

Pycnogenol (French maritime pine bark) may gradually reduce endometriosis symptoms and one in vivo study considers it a therapeutic alternative to GnRH.

Omega-3 fish oils can reduce systemic inflammation.

L-Arginine has also been shown to reduce chronic pelvic pain.

Not enough high quality evidence is present to fully support use of supplements for treatment of endometriosis, but preliminary research suggests that they may help to decrease symptoms. Before taking any supplements, always consult your physician.

preparing your team

Because the treatment of endometriosis is multifactorial, it is important to find a healthcare team that can address each of your individual needs. Make sure your team members have experience with endometriosis and are willing to work with you and your other team members. Don't be afraid to find a new team member if they are not a good fit for you.

some of your team members may include

- GYNECOLOGIST (SPECIALIZING IN LAPAROSCOPIC EXCISION SURGERY)
- PELVIC FLOOR PHYSICAL THERAPIST
- NATUROPATHIC DOCTOR
- PSYCHOLOGIST OR THERAPIST
- NUTRITIONIST
- ACUPUNCTURIST
- YOGA INSTRUCTOR

other specialists depending on your symptoms

- PAIN MANAGEMENT DOCTOR
- UROLOGIST OR UROGYNECOLOGIST
- OBSTETRICIAN-GYNECOLOGIST
- GI DOCTOR
- FERTILITY DOCTOR
- ENDOCRINOLOGIST
- SPECIALTY SURGEON (COLORECTAL, ORTHOPEDIC, ETC)



what if it's not endometriosis?

While endometriosis should always be a consideration with pelvic pain, one study shows that as few as 1 in 4 women with chronic pelvic pain actually have endometriosis.

Other common causes of pelvic pain include **interstitial cystitis**, **vulvodynia**, **pudendal neuralgia**, or **pelvic floor dysfunction**. These conditions can also occur *with* endometriosis and amplify or cause symptoms.



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