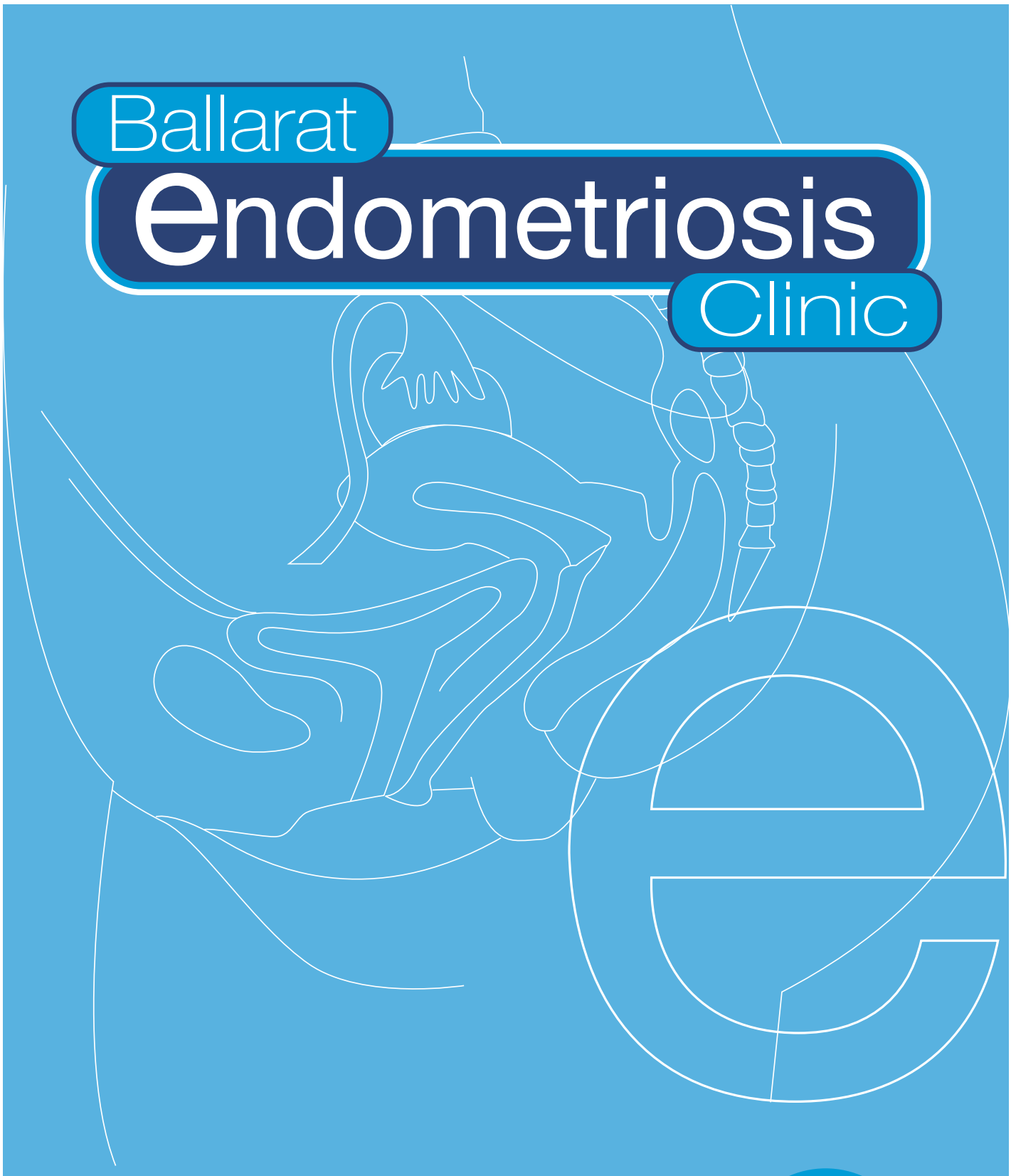
Ballarat

Endometriosis

Clinic



The facts about **Endometriosis**

Ballarat Endometriosis Clinic

A specialist team of health professionals with the expertise to provide personalised and up to date treatment for women with endometriosis.

Nurse Co ordinator	- Katrina Dowling
Gynaecologists	- Dr Russell Dalton - Dr Judith Fleming
Colorectal Surgeon	- Mr Bruce Stewart
Urologist	- Mr Lachlan Dodds
Psychologist	- Sandra Lorensini
Pain Specialist	- Dr Neil Shorney
Acupuncture	- Dr Rimas Liubinas - Dr Paul Ghaie
Herbalist	- Greg Horgan
Herbalist/Natural fertility & Bowen therapy	- Wendy Dumaresq
Masseur	- Lauren Halliburton

Appointments: Initial appointments may be made with either Katrina Dowling or a gynaecologist. A referral from your GP is required if the appointment is with a gynaecologist or surgeon.

Ballarat Endometriosis Clinic

Contents

Endometriosis

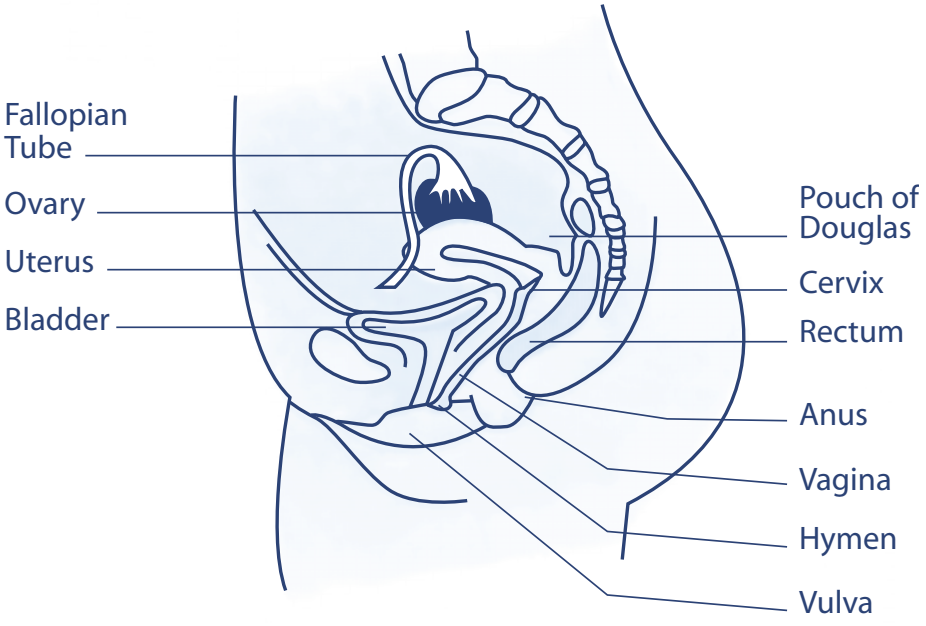
What is endometriosis?

Endometriosis is a condition where endometrial cells and tissue (like the lining of the uterus) is found in the pelvis and occasionally in other places in a woman's body. Endometriosis may cause pain or infertility by causing scarring and adhesions which may damage a woman's pelvic organs.

What is endometrial tissue?

Endometrial tissue is the normally placed lining of the uterus, which falls away from the inside of the uterus when a period occurs.

Pelvic Side View



Endometriosis – FACTS AND FICTION

FACT: Endometriosis can be found in 10% of women.

FACT: 40% of women with infertility have endometriosis.

FACT: Surgical removal of even mild endometriosis has been shown to improve the chances of getting pregnant.

FACT: Women with untreated endometriosis are more likely to suffer miscarriage.

FACT: Endometriosis is often present for many years before the diagnosis is made.

FACT: When women are cared for by expert surgeons, repeated operations are seldom required.

FACT: Women who have expert treatment for endometriosis are able to lead healthy and normal lives.

FICTION: Endometriosis is cured by pregnancy.

FICTION: All women with endometriosis have pain.

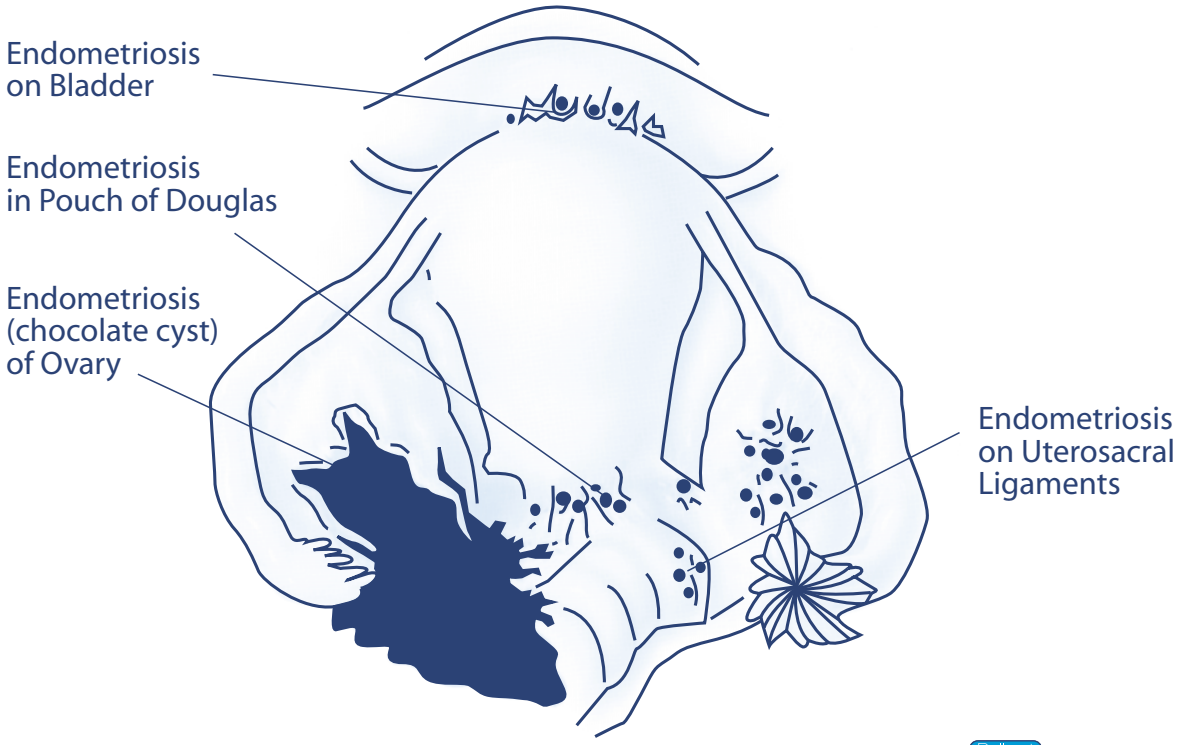
FICTION: Laparoscopic surgery is required every six months "just in case" the condition has recurred.

FICTION: Ovaries which contain endometriosis should be removed.

FICTION: Drug treatment for endometriosis does not work.

FICTION: Hysterectomy is the best treatment for endometriosis.

Pelvic Side Overview



What are the symptoms?

Not everyone has all the symptoms listed, but any of them may be present

Pain
- Painful periods. The pain may occur either before, during or after the period
- Pain with intercourse, especially with deep penetration

Period problems
- Heavy bleeding
- Bleeding between periods
- Irregular cycles

Bowel problems
- Bleeding from the bowel especially with periods
- Pain in the lower bowel during periods
- Constipation, incomplete emptying of the bowel

Bladder problems
- Pain with full bladder
- Needing to pass urine more frequently

Sexual discomfort

Infertility
- Delay in getting pregnant

Other symptoms
- Lethargy
- Irritability depression
- Absenteeism from work or school

How is it diagnosed?

The discovery of endometriosis is often delayed because the diagnosis is not considered. Pain, bleeding or bowel problems which interfere with a woman's life are not normal, and may be due to endometriosis.

Abnormal areas of tenderness may be noted when a woman undergoes a gynaecological examination. An ultrasound performed at the time of examination may reveal endometrioma's or"chocolate cysts".

The only way to definitely diagnose endometriosis is by laparoscopy. Biopsy samples should be taken at the time of surgery to prove the diagnosis.

How is it treated?

Treatment of endometriosis must be planned to meet the needs of each woman. Factors which need to be considered are the type of problems which the disease is causing in the individual, her age, whether fertility is an issue, and of course her choice regarding the treatment options.

To view laproscopic images of endometriosis visit our website, www.ballaratendoclinic.com.au

Surgical options

Laparoscopy

Laparoscopy is a minor, relatively safe procedure performed under anaesthesia in a hospital. It has been shown clearly in numerous studies that laparoscopic surgery is the best way to treat endometriosis.

Laparoscopic Surgery benefits are:

- Higher cure rates
- Small incisions with less pain and scarring
- Less time off work
- Most can be performed as "day case surgery"

Laparoscopic surgery allows a skilled surgeon to carefully check all of the pelvic organs for any sign of disease and to gently remove it.
All Gynaecologists perform laparoscopy, but not all are trained to diagnose and treat all types of endometriosis by laparoscopy.

Laparoscopic surgery for severe endometriosis may take several hours.
In some cases it may be necessary to undertake a second operation after drug treatment is used to reduce the size and activity of the areas of endometriosis.

The vast majority of surgery undertaken at the Ballarat Endometriosis Clinic is performed by the laparoscopic approach.

Drug therapy

Drug therapy can be used to manage the symptoms of endometriosis.

Endometriosis is influenced by oestrogen levels. Constant, or low oestrogen levels limit endometriosis activity. Varying oestrogen levels cause endometriosis to grow.

Superficial endometriosis can be treated successfully with drugs, but more extensive disease, or disease which causes adhesions between pelvic organs can only be treated with surgery.

Hormonal Options

GnRH analogues (Zoladex, Synarel)
These types of drugs reduce the production of oestrogen by "turning off" the ovaries. These agents are highly effective in improving the symptoms of endometriosis whilst a woman is using them, but symptoms often return when the medication is ceased. Side effects are the same as those of the menopause (hot flushes, dry vagina, irritability, headaches).

Thinning of the bones (osteoporosis) also occurs whilst using these drugs, so treatment time is limited to a maximum of six months Bone loss is reversible once the drug is ceased.

At Ballarat Endometriosis Clinic GnRH analogues are often used to reduce the activity of severe endometriosis prior to planned surgery.

Danazol/Dimetriose

Androgenic steroids cause cessation of the normal hormonal cycle, in this way oestrogen levels are stabilized and this causes endometriosis to become inactive.

Androgenic steroids are effective in managing endometriosis but there are significant "male hormone" side effects of weight gain, facial hair growth, oily skin, acne and occasionally voice changes.

Because of their common and significant side effect profile, androgenic steroids are NOT the first choice of drug treatment used for women attending Ballarat Endometriosis Clinic. When considered, all benefits and risks are discussed with the individual.

Progestagens (Provera, Duphaston, Primolut N)

These are progesterone like medications which oppose the effects of oestrogen but do not usually stop the menstrual cycle. They are often effective in controlling symptoms but side effects such as bloating, tiredness and depression can occur.

Depo Provera

This is a three monthly injection of Provera which stops the hormonal cycle and lowers oestrogen levels, but not to the extent that GnRH analogues do. Because of these effects, Depo Provera can be very useful as a long term therapy to control endometriosis symptoms after surgery. The main concern, in addition to those mentioned above is of irregular bleeding.

Oral Contraceptives ("the pill")

Many women commence using the pill in their teens to control painful periods. Many of these women have minor endometriosis causing their symptoms. This may be all the treatment which these women need.

Concern regarding the possibility of endometriosis is often raised if the pill fails to control period pain, or if pain returns after the pill has been effective.

After Laparoscopic removal of endometriosis at Ballarat Endometriosis Clinic, many women who are not actively trying to conceive use the pill in a "continuous regimen". This means that only active or hormone containing pills are taken.

This keeps oestrogen levels constant and avoids periods, which may be the only time when women experience endometriosis symptoms.

Some women, for example, those who are smokers, overweight or have a family or personal history of thrombosis (clots) or breast cancer should not take the pill.

Cure rates	
Surgical treatment	70%
Drug treatment	30 – 40% (if superficial disease)
No treatment	20% (if superficial)

Endometriosis and infertility

40% of infertile couples have endometriosis present in the woman.
In situations where the disease process causes distortion and damage to the fallopian tubes and ovaries, the role which endometriosis plays is obvious.

When damaged, the reproductive organs are unable to function normally.
Mild endometriosis is also associated with inability to conceive.

Endometriosis related infertility can be managed by laparoscopic surgery, superovulation, intrauterine insemination, or in vitro fertilization.

For more information about infertility and endometriosis visit **ballarativf.com.au**

Endometriosis and Hormone Replacement Therapy (HRT)

Many women who have had endometriosis choose to use hormone replacement therapy. This may be required when a woman becomes menopausal naturally or as a result of surgery when the ovaries are removed.

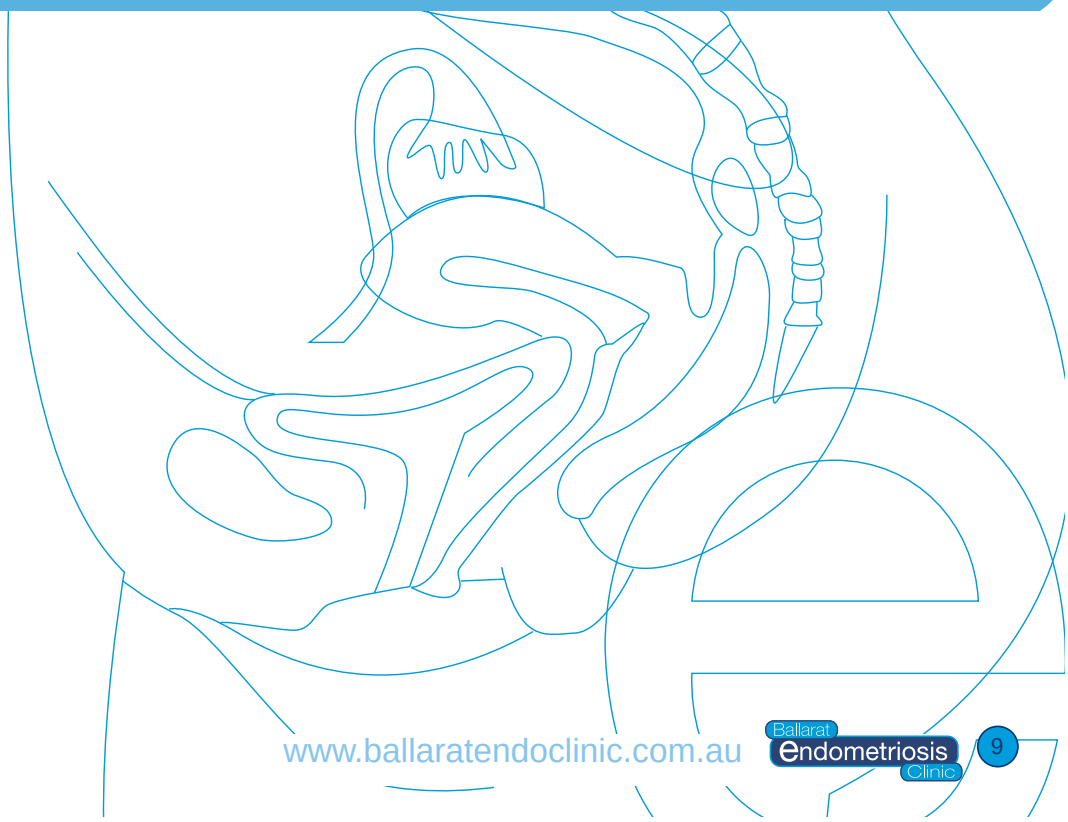
There is often concern that oestrogen which is used as HRT may stimulate any residual disease.

There can be some situations where pain and endometriosis symptoms do increase when HRT is used.

To deal with this problem there are a number of options:

1. The dose of oestrogen can be reduced to the absolute minimum required
2. Progestagens can be added to the existing treatment to reduce the activity of any residual endometriosis
3. A new drug, tibolone, can be used instead of oestrogen as HRT.

Tibolone has no activity in endometrial tissue and hence does not stimulate endometriosis tissue.



Hysterectomy

For some women, undergoing hysterectomy may be the best option to treat endometriosis. This option is often chosen when women have undergone a number of previous procedures and have additional abnormalities present such as fibroids, troublesome heavy bleeding or adenomyosis.

Hysterectomy is only considered when fertility is no longer an issue for the woman.

Every effort is made to preserve the ovaries when hysterectomy is performed for women before the menopause. It is important to bear in mind that 10% of women will require further surgery to remove one or both ovaries at a later time.

Most women who request hysterectomy are able to have the procedure performed by laparoscopy, which minimises time in hospital and off work.

Summary

Endometriosis is a common and serious condition which deserves proper diagnosis and expert treatment that is tailored to the individual woman's needs.

Location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ADELAIDE
Western
Freeway
MELBOURNE
McKenzie
Drive
Learmonth
Road
Ring
Road
Grevillea
Road
Street
Street
Creswick Road
Gillies
Street
Forrest
Norman
Street
Norman
Street
Howitt
Street
Gillies
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