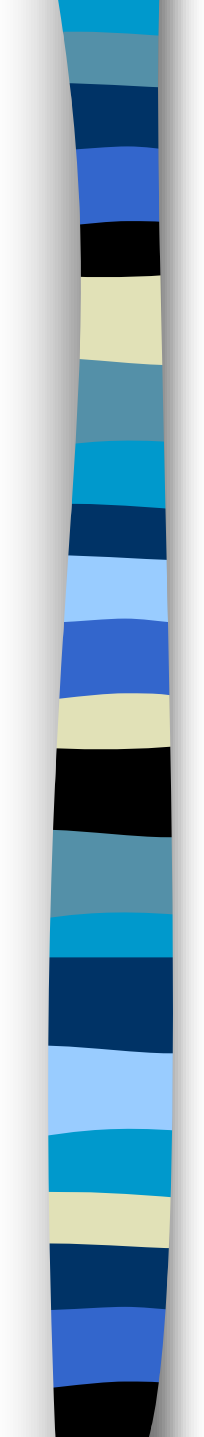


Endometriosis

- **Anil Sharma**

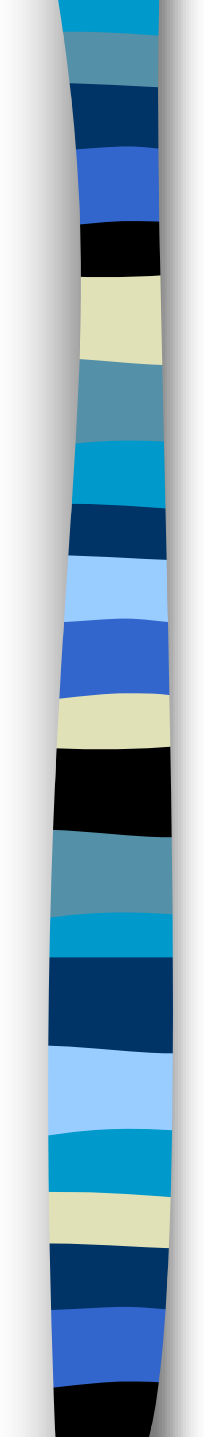
MB ChB (Leic) DGM FRCOG CST(UK) FRANZCOG
Diploma in Legal Aspects of Medical Practice
Consultant Gynaecologist & Urogynaecologist
Waitakere and North Shore Hospitals

- **Ascot Central, Remuera, Auckland**



Endometriosis

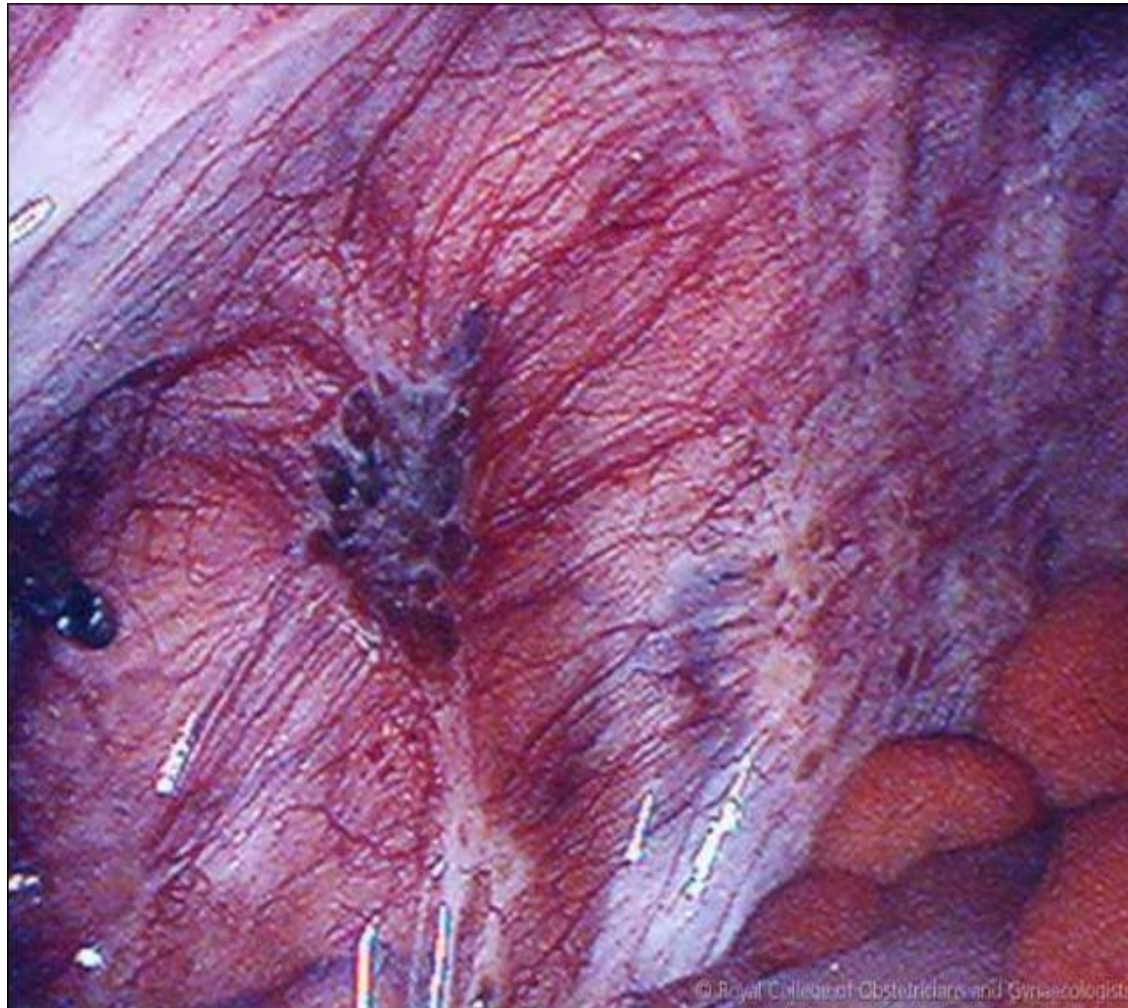
- Sites of endometriosis
 - Pelvic
 - Abdo incisions
 - Distant
- Vague disease

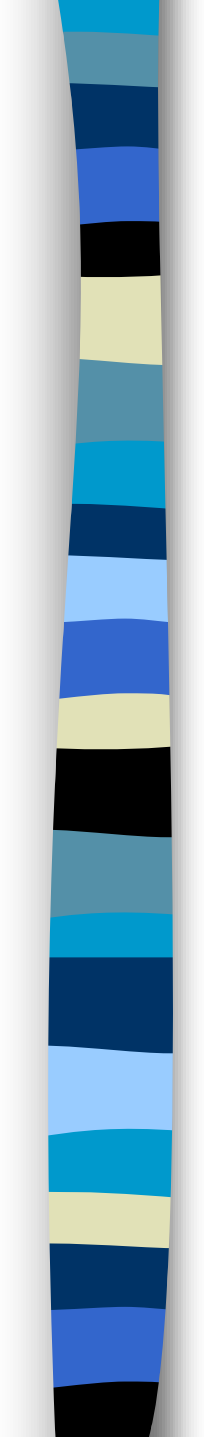


Theories of Causation

- Metaplasia (transformation) of cells, embryonic and adult
- Blood or lymph spread eg to distant sites
- Direct eg operative spread
- Retrograde periods (90% women)
- Also immune, genetic, environmental factors?

Purple Foci

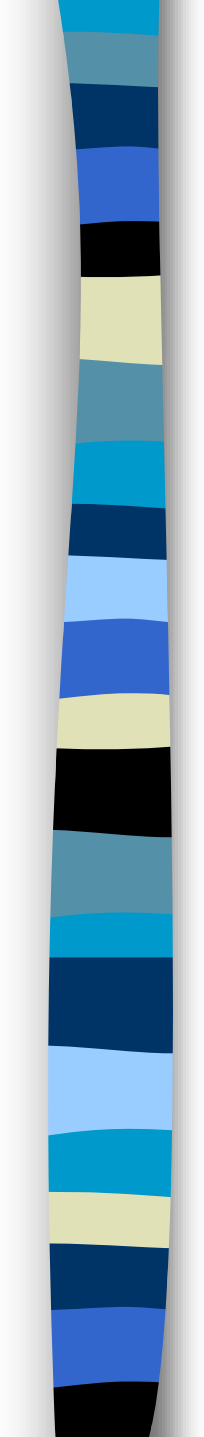




Appearance

- Hemorrhagic Cyst
- Chocolate Cyst
- Adenomyomata
- Adhesions
- Pockets
- Purple Raspberries
- Red Raspberries
- Blueberries
- Blebs
- Cancer

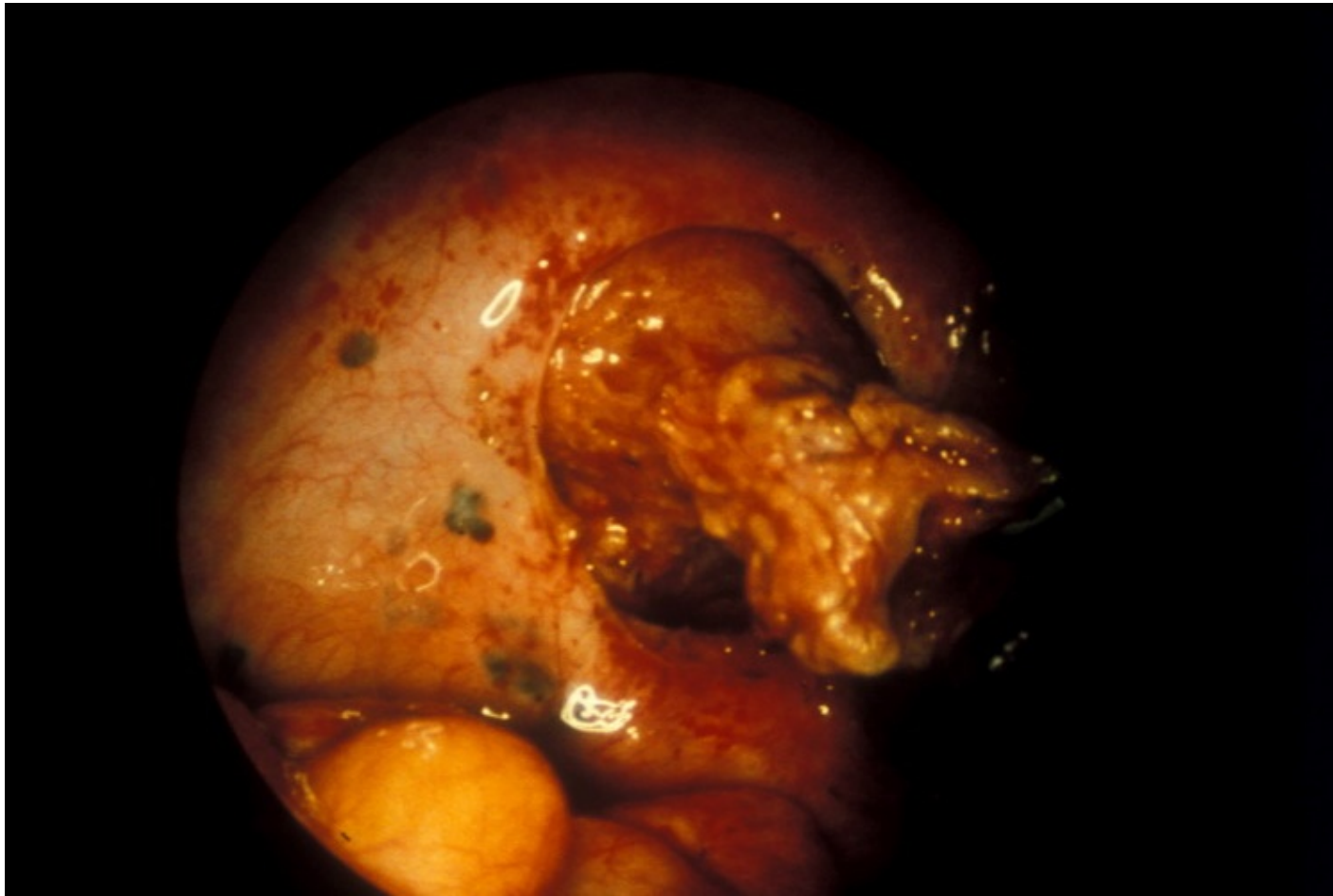
John Sampson: 1921, 1924, 1927

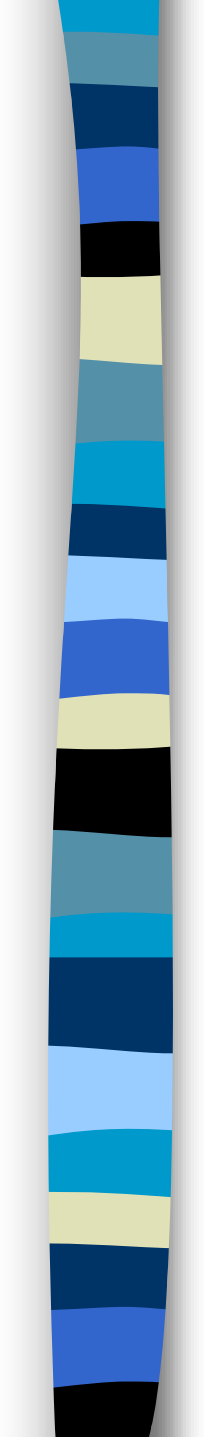


Some Symptoms of Endometriosis

- Pain with periods or ovulation
- Painful sex, especially with deep penetration
- Constant pelvic pain
- Sharp pains during and after orgasm
- Painful bowel movements
- Rectal pain or bleeding
- Painful urination or blood in the urine
- Back or leg pain before and during menstruation
- Abdominal swelling and bloating
- Nausea, vomiting, diarrhoea especially if related with the cycle
- Cycles of constipation and diarrhoea
- Fatigue
- Heavy or irregular menstrual bleeding
- Infertility
- Shoulder pain during menstruation
- Haemoptysis or shortness of breath during menstruation

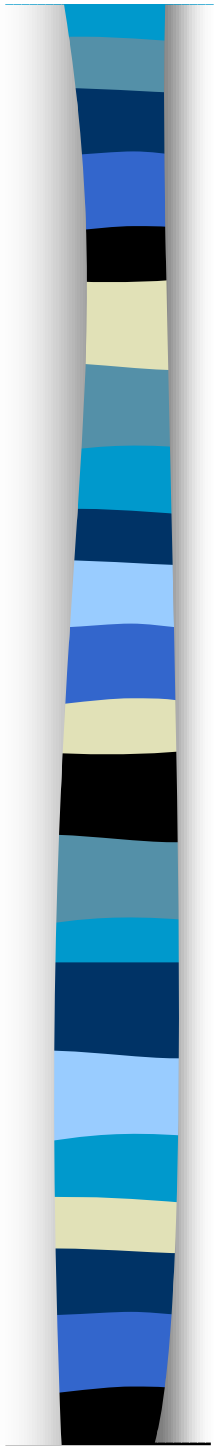
Infiltrating 2





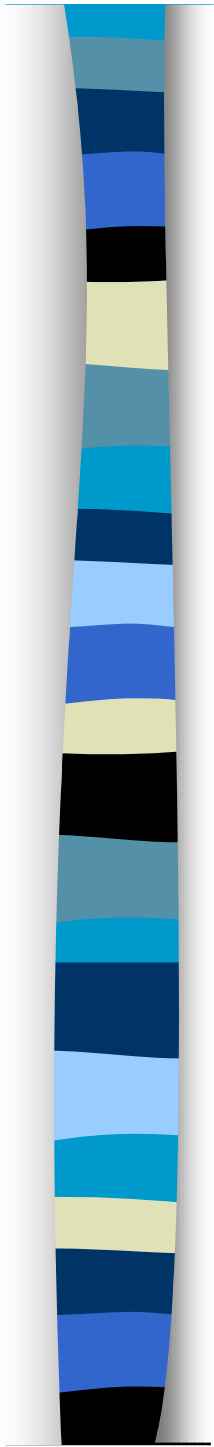
The great mimic

- PMS
- IBS / IBD
- PID
- Ectopic pregnancy
- UTI
- Arthritis
- Was 8 years on average to diagnose
- But other conditions cause symptoms too!



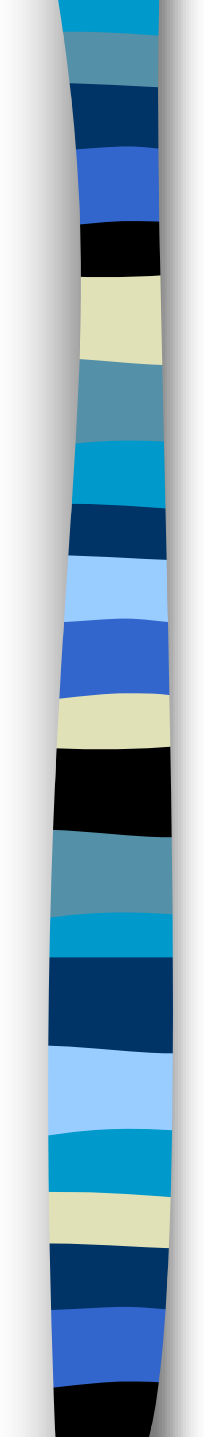
Enigmatic Endometriosis

- Severe endo but no symptoms
- No relation to the cycle
- Amount does not equal severity of symptoms
- Having had kids doesn't mean it's not endo
- Being post menopausal doesn't cure it?
- Getting pregnant doesn't cure it??
- Having TAH BSO doesn't cure it?



Medical & Hormonal Treatment

- NSAIDS Brufen Naproxen
- COCP cheap, tricycle?
- Mirena
- Progestagens SE
- GnRH analogues SE
- Danazol 75% 75% acne hirsutes
- Pain relief may be temporary
- Aromatase inhibitors eg Arimidex??



Holistic Therapy

Physiotherapy

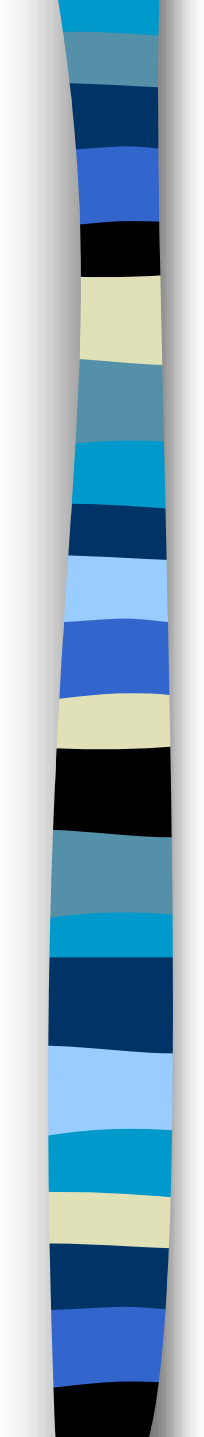
Exercise and relaxation to strengthen pelvic floor muscles, reduce pain, manage stress and anxiety. After surgery, rehabilitation in the form of gentle exercises, yoga, or Pilates can help the body get back into shape by strengthening abdominal and back muscles.

Mental health

To tackle the profound emotional symptoms and helping women and girls cope with the confusion, disbelief, and frustration that often accompany this disease.

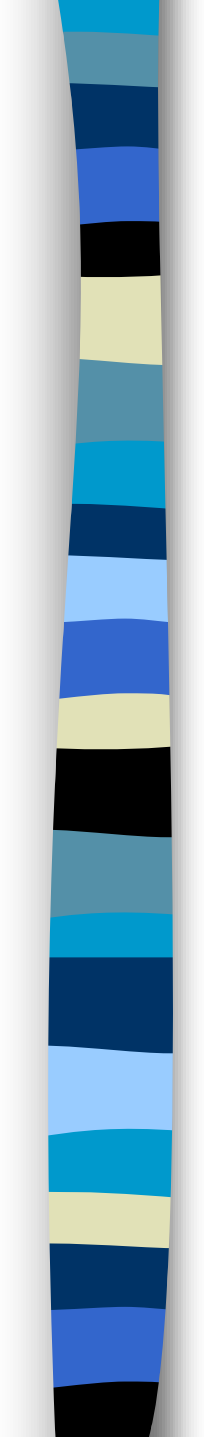
Nutrition

Proper nutrition helps improve everyone's general health, increases ability to tolerate medical treatments and side effects. Increases a woman's energy, and enhances clarity of thought.



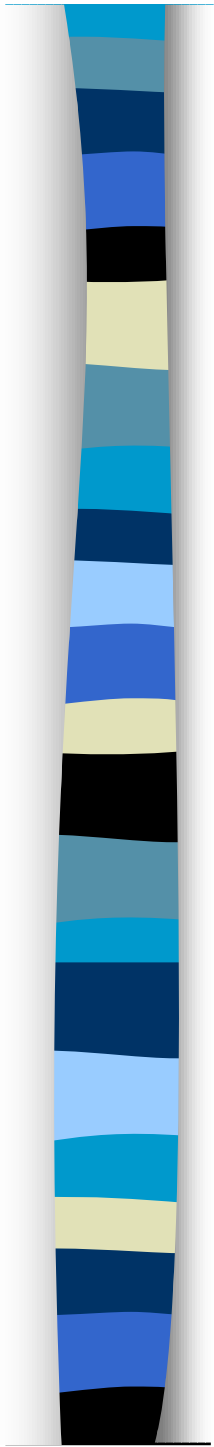
Complimentary Therapies

- Given the chronic and stubborn nature of endometriosis, there may be times when it is beneficial to explore therapies beyond the medical mainstream. These therapies may include traditional pain killers, homeopathy, osteopathy, herbs, Ayurveda, Chinese medicine, amongst others. These therapies may work well alongside traditional medical management.
- Support Groups www.nzendo.co.nz



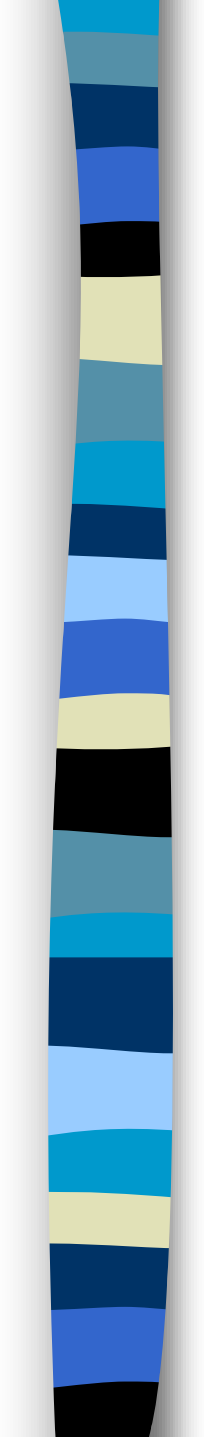
Surgery

- Laparoscopy is the gold standard for diagnosis although scans can be useful
- Usually diagnosis and treatment in the same procedure
- The degree of pain relief following surgery varies from woman to woman up to 80%
- Recurrence rate around 35-40%
- Now mostly laparoscopic, although an open op (laparotomy) may still be required for extensive disease or bowel resections
- Hysterectomy?



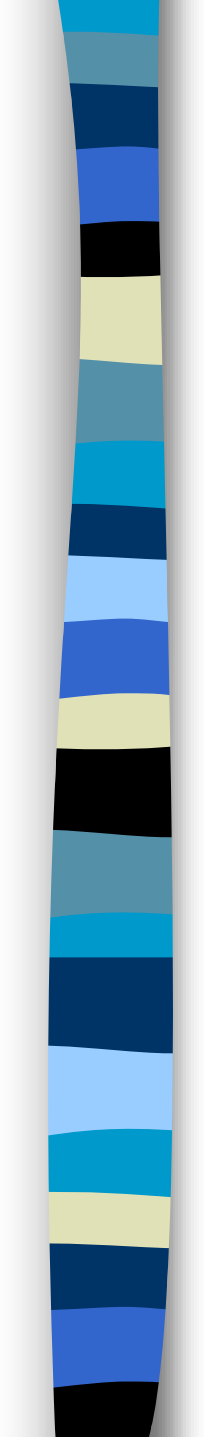
Endometriosis and Infertility

- There is an association 60%??
- But around 70% with mild/mod will conceive spontaneously
- Initial increase if potential so try soon post-op
- Refer as appropriate Fertility Services



Endometriosis and Cancer

- Slightly increased epi ovarian cancer
- ?in deposits themselves
- ?other genetic / environmental cofactors that predisposed to the endo did the same
- COCP decreases this risk significantly



Summary of Management

- What else could it be?
- Should everyone have surgery?
- 'First do no harm'
- History, Exam
- USS?
- Analgesics
- Hormonal treatment?
- Surgery? +COCP / Mirena to reduce recurrence

anil.sharma@dranilsharma.co.nz
Thank you

