Dr Michael East

Gynaecologist
Christchurch

Endometriosis - Opening Pandora's Box - Concurrent Workshop Repeated

Friday, 16 August 2013	Start 4:30pm	Duration: 55mins	Van Gogh
	Start 5:35pm	Duration: 55mins	Van Gogh

The management of Endometriosis or opening Pandora's box

Michael East
Oxford Clinic Women's Health

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The scale of the problem

- 10-15% of women between menarche and menopause suffer from endometriosis (up to 50% of subfertile women but 5-10% in those with proven fertility). .

The scale of the problem

- If 10% of women need endo surgery then equates to 3% of population, say 120,000 women
- If 50 Gynae surgeons available then they will have 2400 pts each (only 250 Consultant O&G's in NZ)
- Amounts to 50 pts / week or 7 /day
- 7/day can be achieved in an 10hr list but only if all is stage 1 disease

The scale of the problem

- That means working 7 days / week for 48 weeks
- Even if all O&G's were capable of operating on such patients then they would each have 10 pts / wk. Most Gynae's have between 4 to 8 hrs of operating time available to them per week, not every day.

- In short the national problem is insurmountable by surgery alone.
- However medical management is not curative although long term suppression of symptoms is possible in many patients plus GnRH antagonist therapy for at least 3/12 pre IVF treatment can increase success rates were fertility the main issue.

Aims of endometriosis management.

- Restore quality of life.
- Restore/preserve fertility.

The knowledge gap

- There are few surgical RCT's however there are numerous observational studies positively reporting benefit from excisional surgery both for improving quality of life and fertility. Hard data is indeed HARD data

Pragmatic

- Dealing with things in a practical and sensible way.

Evidence

- Information indicating whether something is true or valid.

Perfect management

- When evidence based medicine is pragmatic!
- When the opportunity to deliver optimum management exists because the resources are accessible.
- **Yeh Right!!**

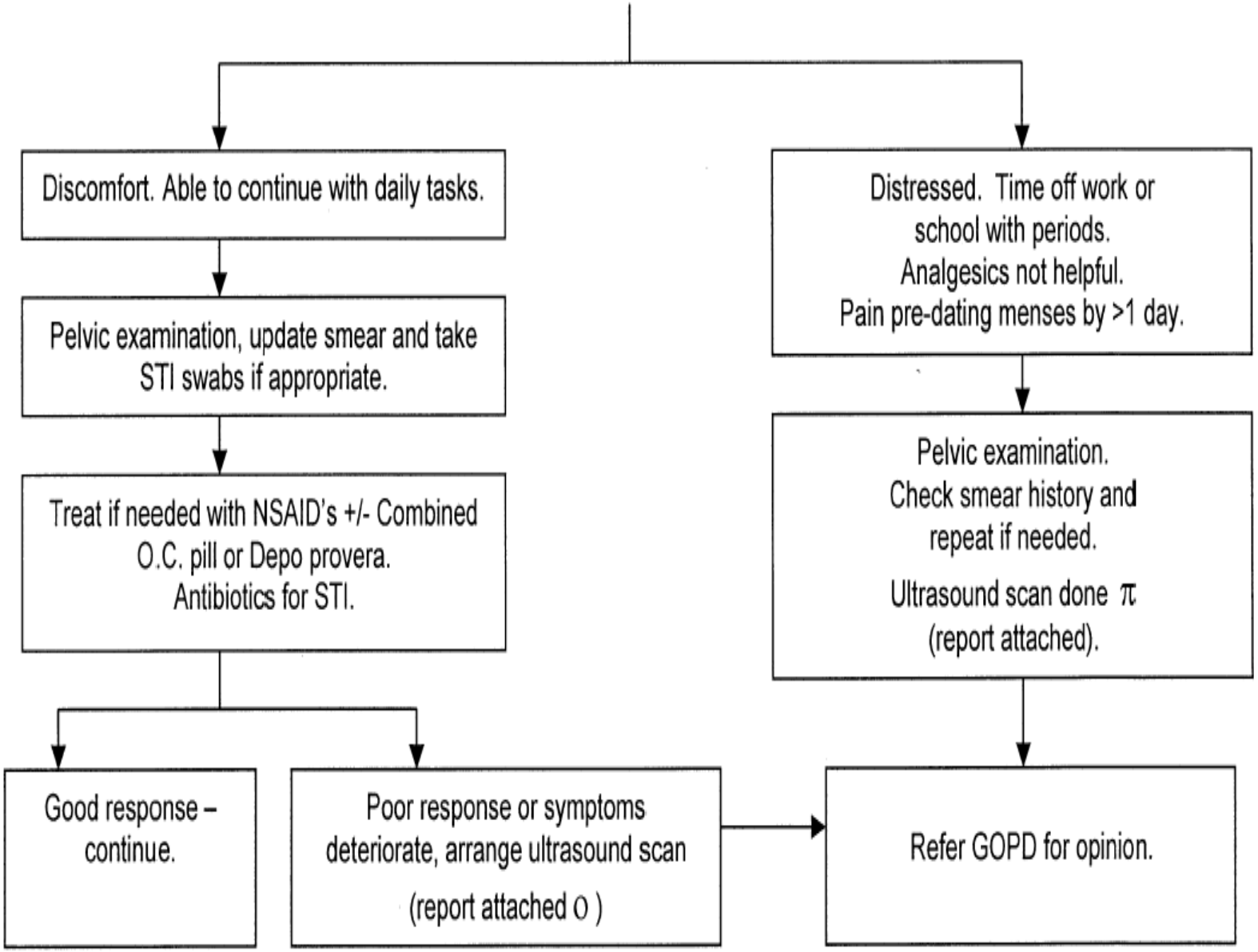
Pragmatic management

- Applies to the person needing help in front of you.
- Depends upon resources available.
- Many people do not fit neatly into a care algorithm and thus can be left wanting.
- Draws from evidence based research.
- Draws upon past clinical experience and observation.
- Draws upon knowledge and understanding of 1st principles of the clinical sciences.

The need to make a diagnosis

- Firstly we need suspicion
- Secondly we need to be brave enough to act upon that suspicion (overcoming Pandora's box phobia)
- Thirdly we need access to laparoscopy

DYSMENORRHOEA



Absolutes that alert to endometriosis

- Distress always abnormal
- Pain with sex always abnormal
- Pain with defaecation always abnormal
- Severe pain mid-cycle always abnormal

Things to consider about endometriosis

- Affects 10-15% of women between menarche and menopause
- Don’t forget PID and swab (self done lower genital will suffice 90-95% correlation or urine spec)

Sampson's theory of retrograde menstruation

Sampson's theory of retrograde menstruation

- 1921 suggested that endometriosis was due to retrograde menstrual flow seeding the pelvis and that cervical stenosis increased the chance of disease development.
- **But** it is found in babies and in congenital absence of uterus
- symptoms can present with the first period

The most commonly held opinion now is

- It is probably present at birth!!!!

14 yr old on COC turns up for BP check and repeat script

- Mentions that periods are now very painful and missing time at school
- How do we respond?
- Do we open Pandora's Box?

How young is too young?

- 18?
- 16?
- 14?
- 12?

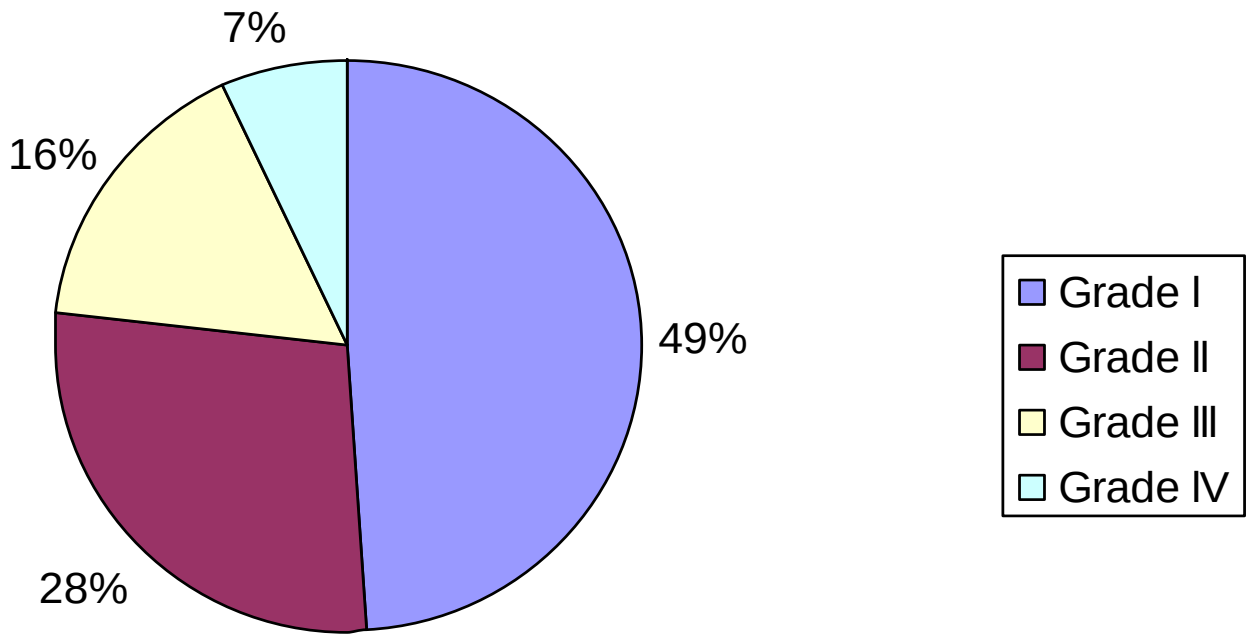
The 14 year old

- At a 14 year old’s birthday party
- 50% turn up looking like 12 year olds and mainly interested in the lolly scramble
- The other 50% have lipstick, high heals and look more like 18 year olds and are upset that boys weren't invited!

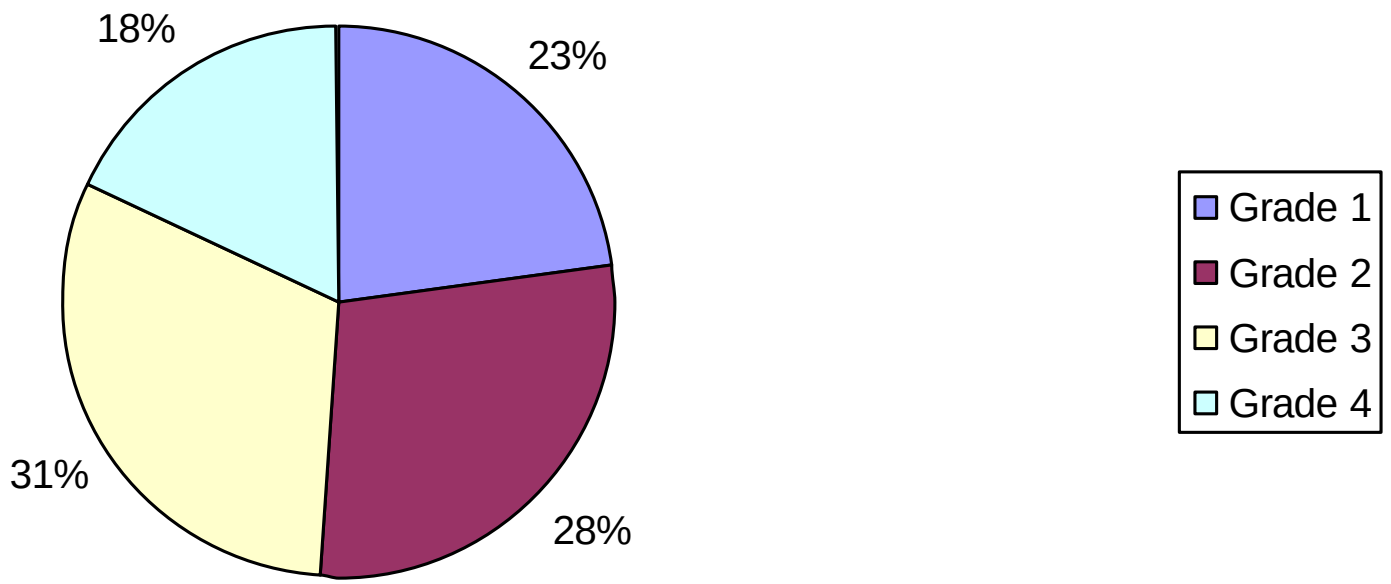
The 14 year old

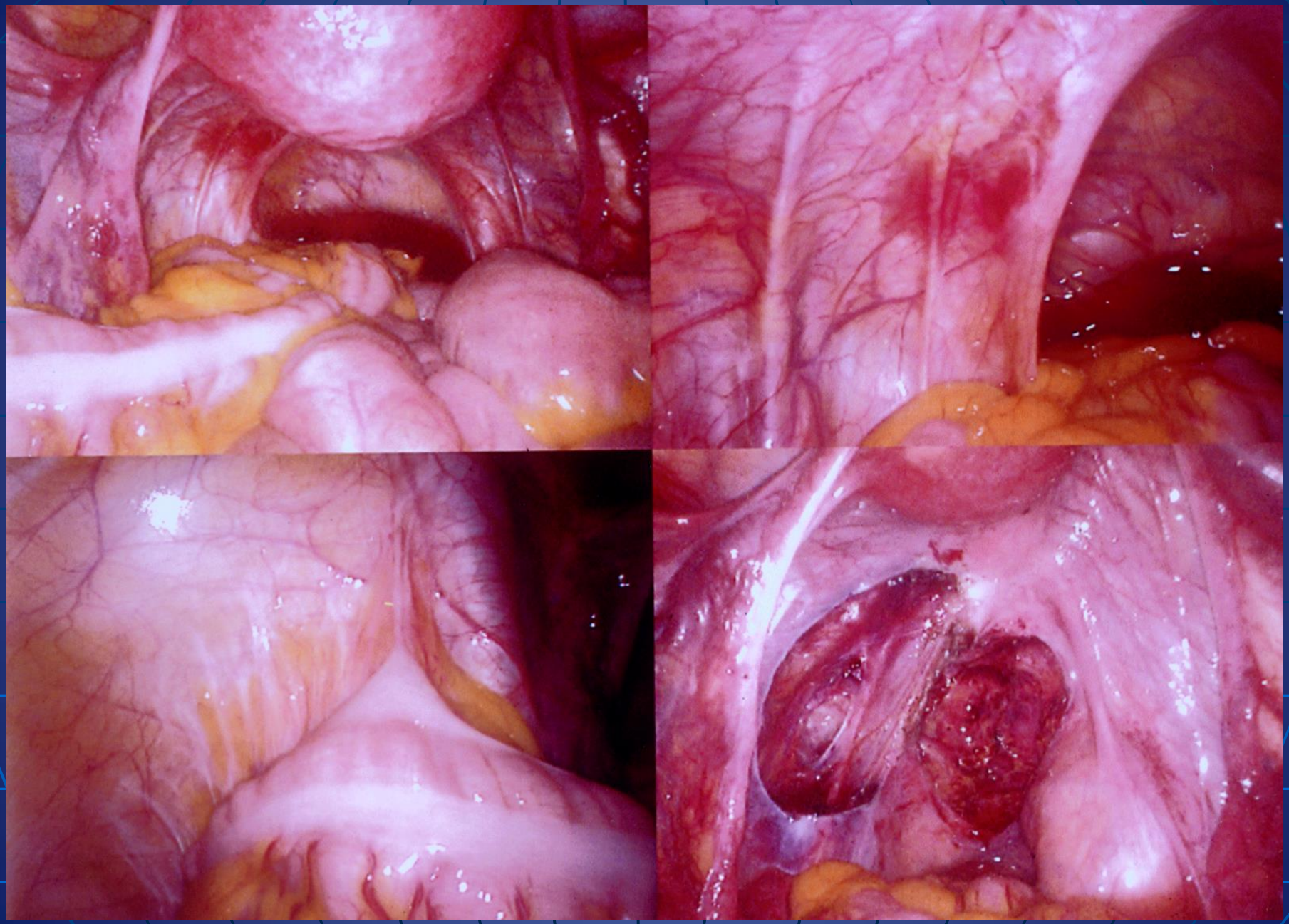
- For the younger looking ones perhaps the COC would be best choice for a few years until emotionally ready for surgery but at least have the discussion about endometriosis. Don't just prescribe 'the pill' and hope that the problem will go away forever in the hope that the word endometriosis will never again be spoken.

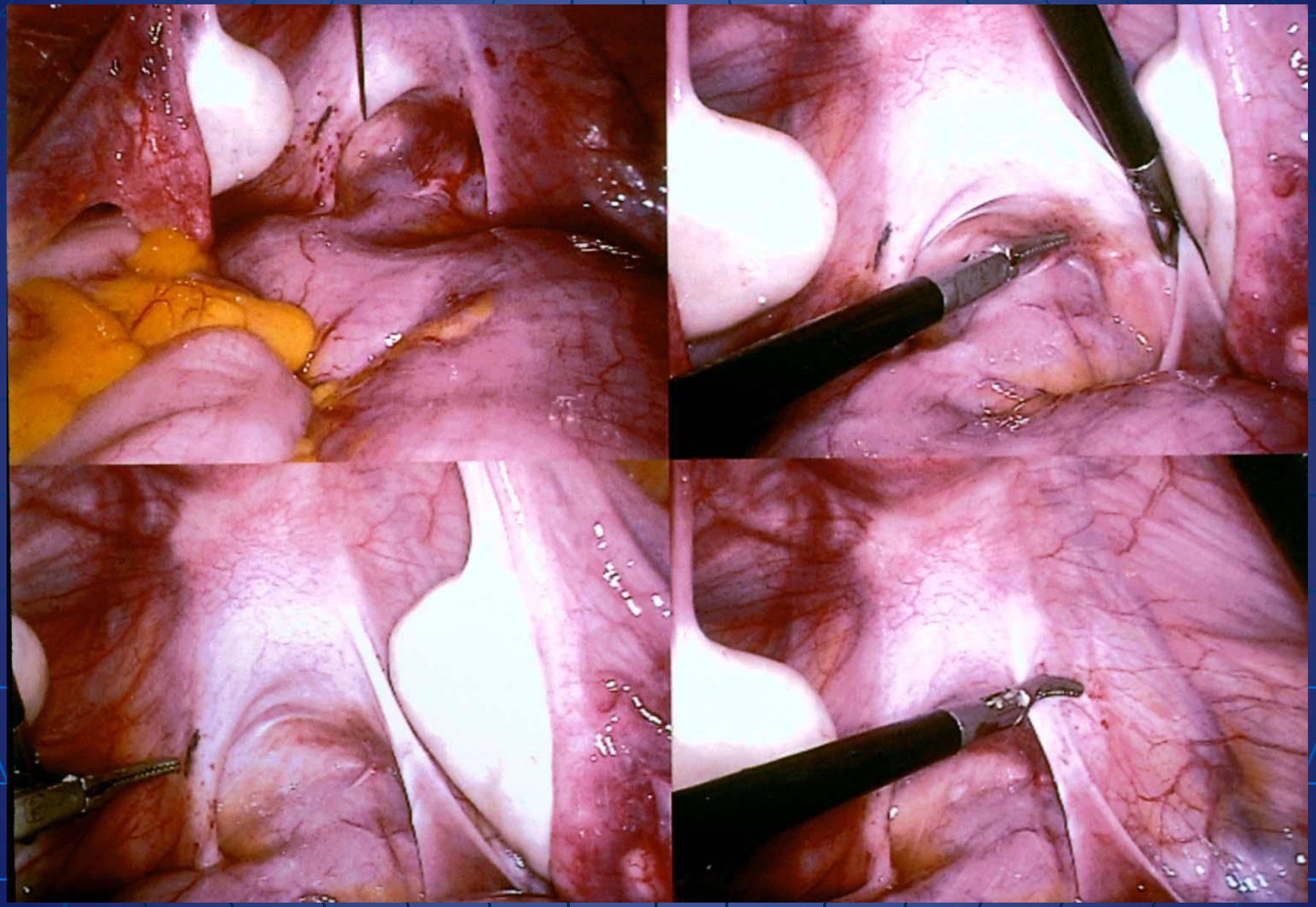
Grade of Endometriosis Diagnosed under 20
Oxford Clinic Women's Health patients, 2006

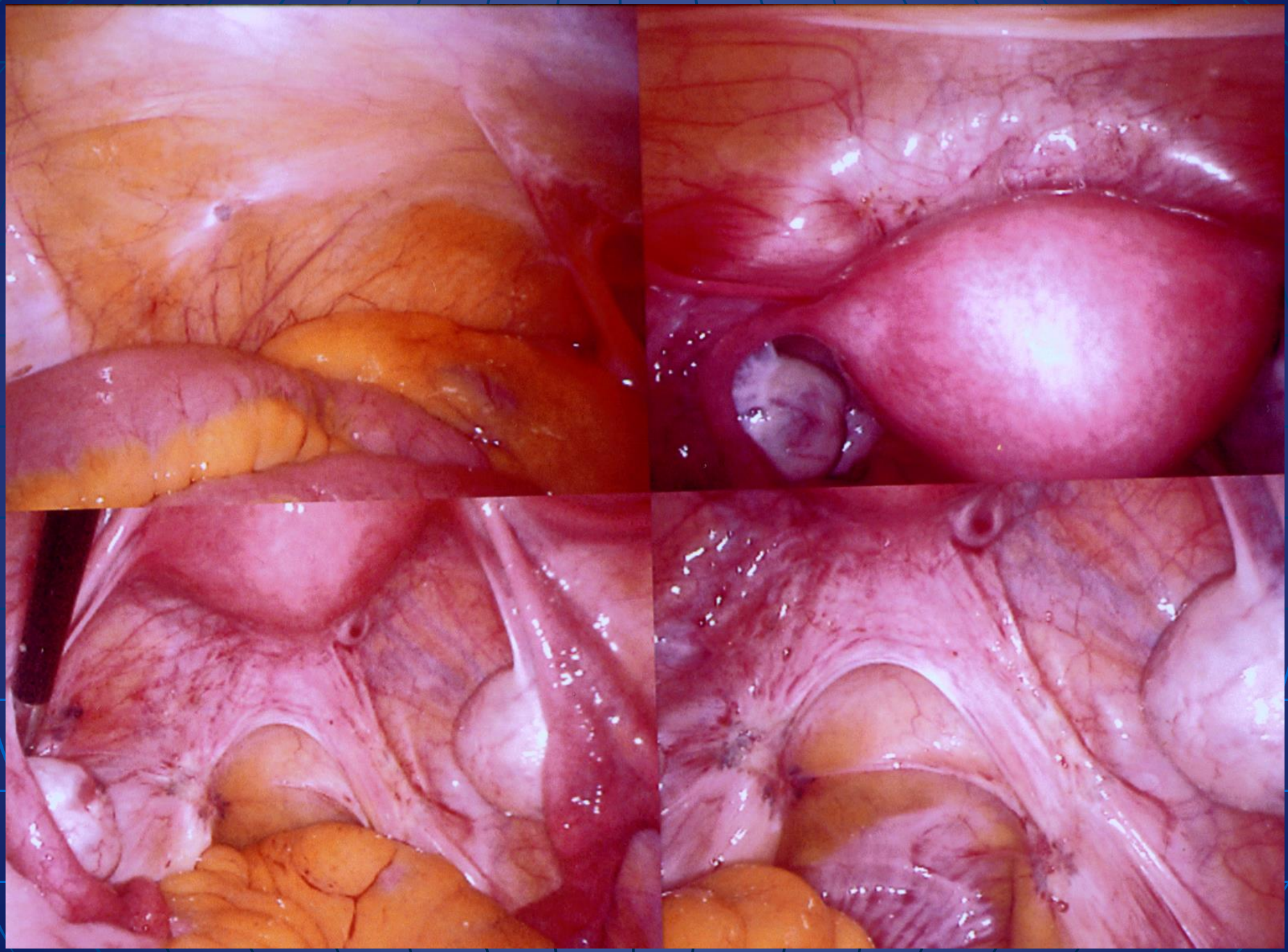


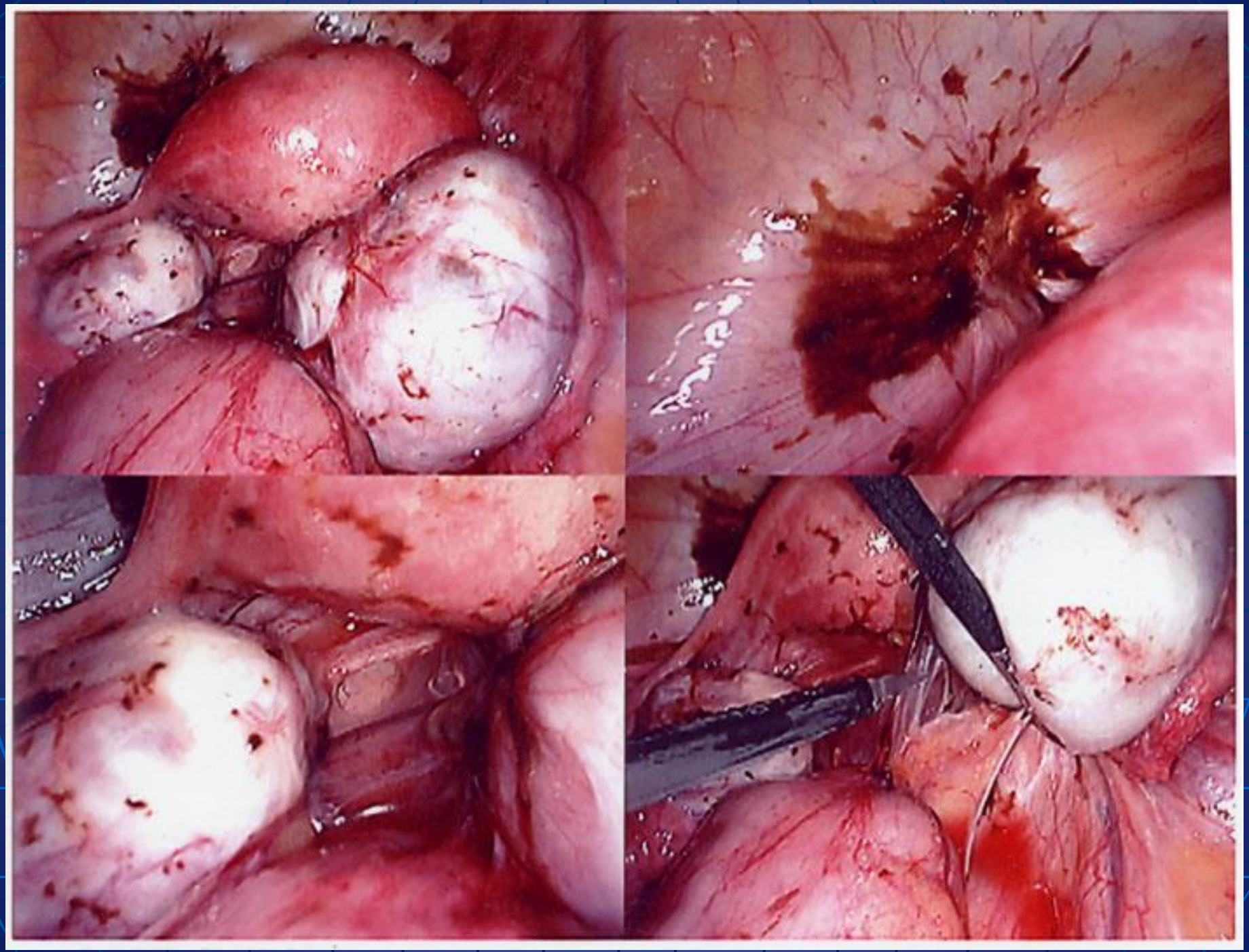
Grade of endometriosis diagnosed
30 – 35 years
Oxford Clinic Women's Health patients 2006











Emily

- Menarche at 12. menses /28 and OK
- @ 13 1/2 periods now painful and cycle deteriorated to /16-18. pain max L side and needing time off school.
- COC started @ 15. Periods now regular and not painful.
- However has pain random in cycle. Drops her to her knees and can't function. Still max on L.
- No provoking factors. Not yet sexually active.

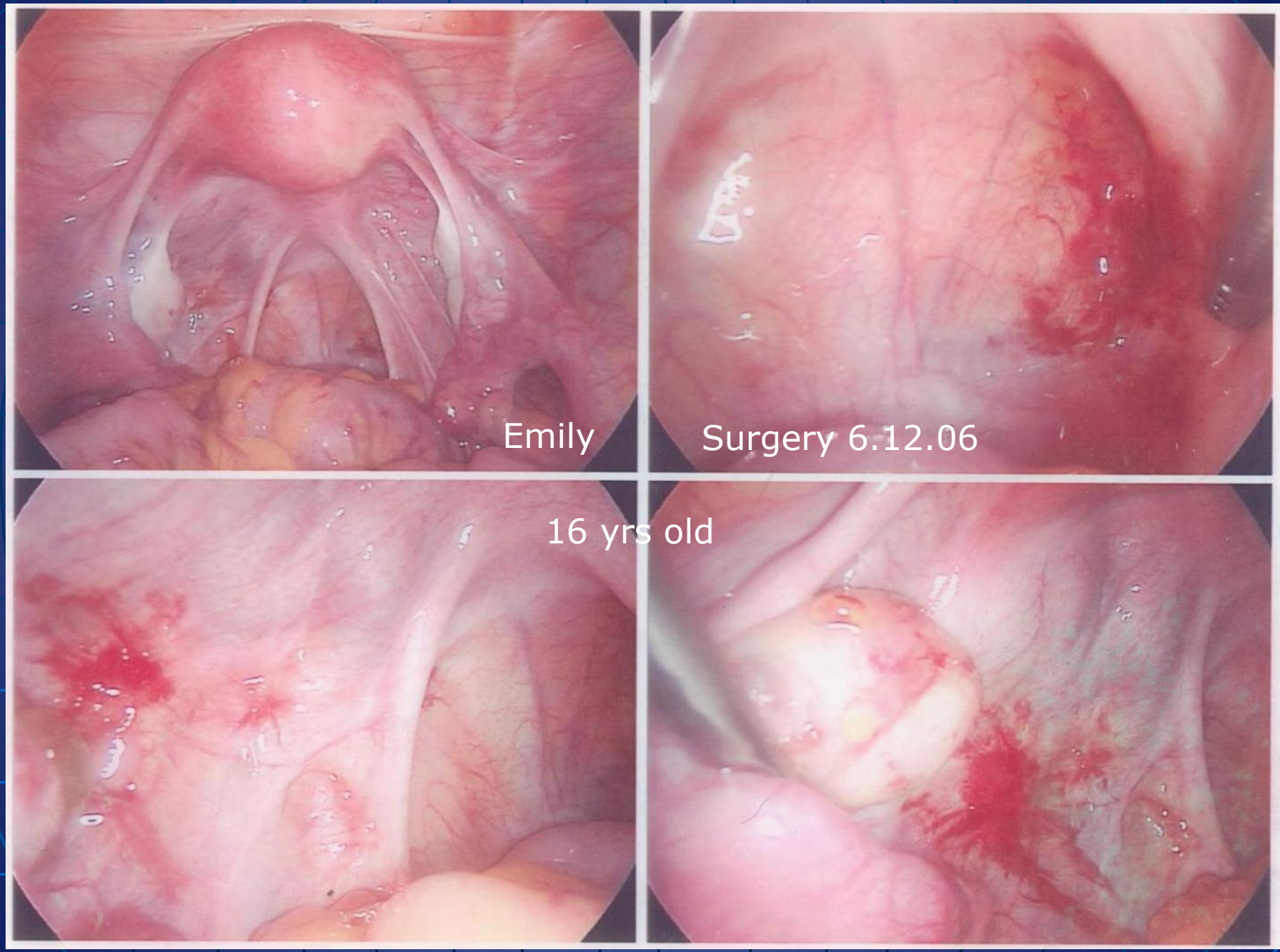
Emily

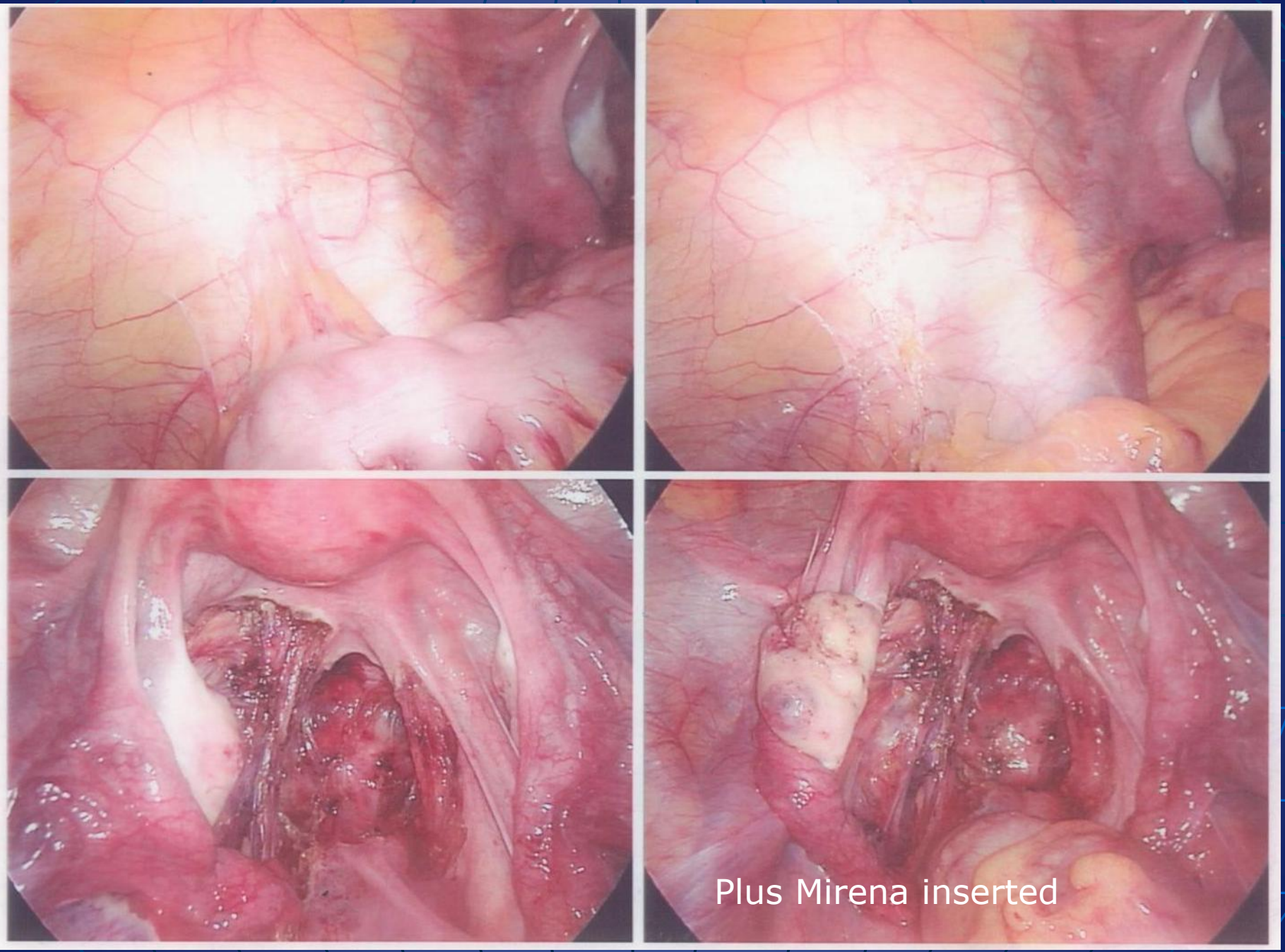
- Told she now has irritable bowel syndrome
- Referred to gastro team
- Irritable bowel syndrome reinforced
- Management fails as symptoms continue to worsen
- Mother takes Emily to see a Gynaecologist

On examination

- Didn’t examine her!
- Did organise a scan. NAD.

Did perform laparoscopy however


Emily
Surgery 6.12.06
16 yrs old


Plus Mirena inserted

Final review

- One year later. 'Emily completely free of pain and happy with the outcome of surgery and thus discharged her from ongoing care.'
- Phoned Emily's Mum 2 years after surgery and Emily remained well and free of pain.
- Phoned Emily June 2013 and remains well. Has 2nd Mirena in place now!

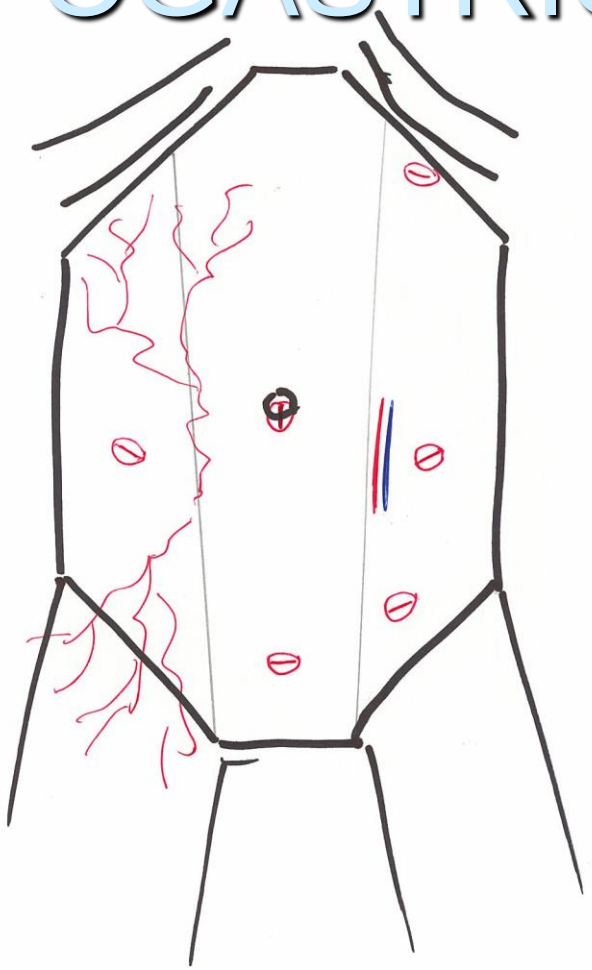
Ah but I hear you say!

- Endometriosis keeps coming back.
- But does it?
- In my own series 10% need repeat surgery within 2-3yrs
- However it is usually in a different place ie endo that had been missed and if >40yrs <5% need repeat surgery

Musculoskeletal pain, a potentially misleading cause of ongoing symptoms

- It is very real and can be due to ileoinguinal / ileohypogastric nerve irritation. (lignocaine and Kenacort may help along with physio)
- Pudendal neuralgia. Again Kenacort may help
- Or due to Pelvic girdle / pelvic floor muscle dysfunction (again physio may help along with amitriptyline 10mg nocte and sometimes requires Botox).

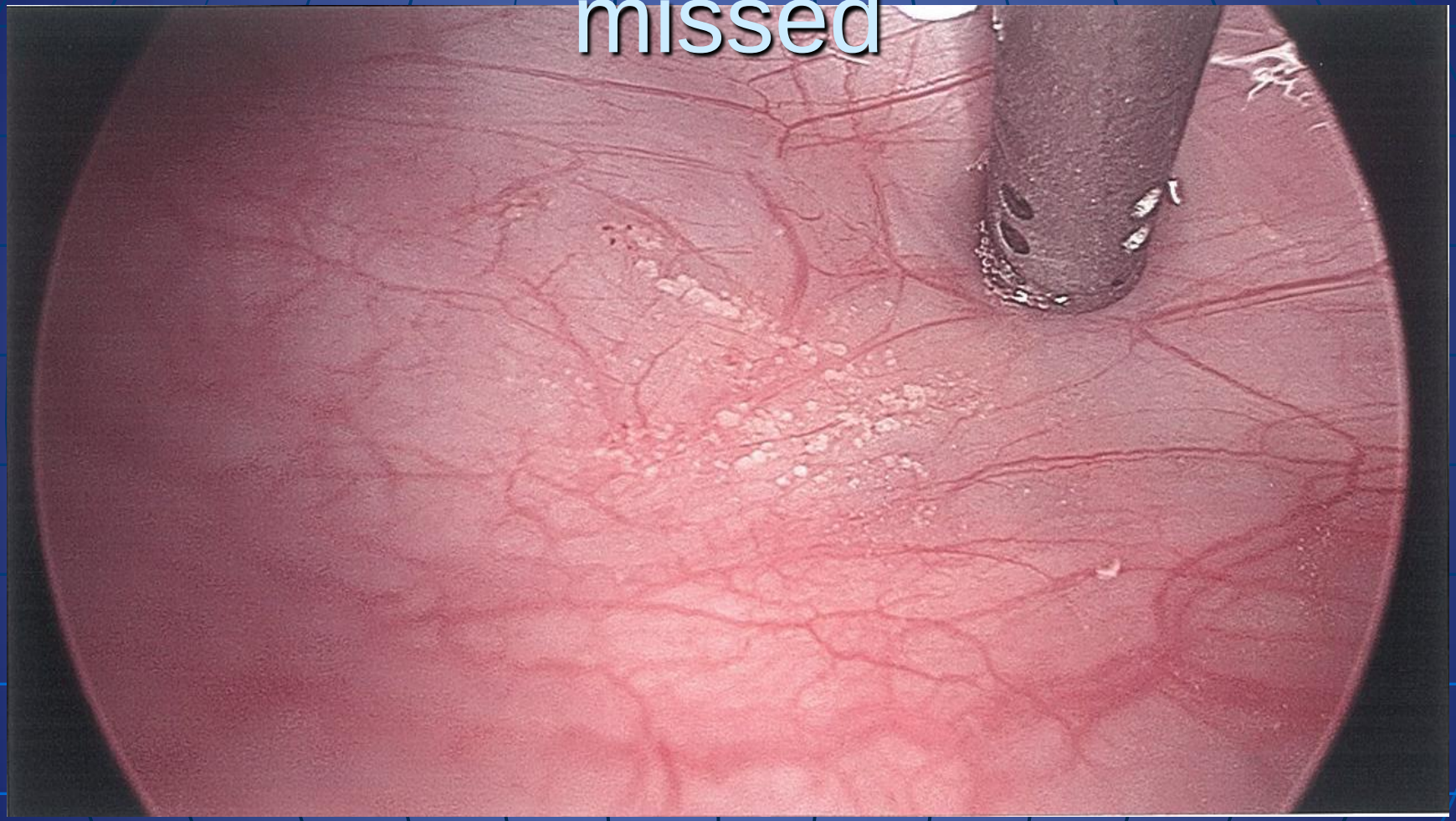
ILEOINGUINAL AND ILEOHYPOGASTRIC NERVES



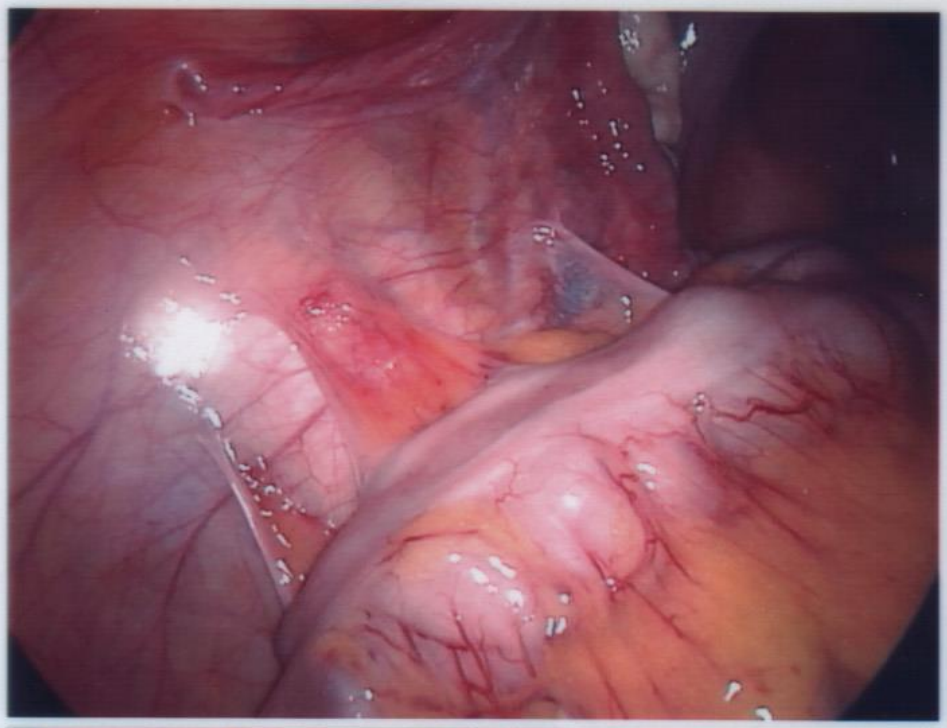
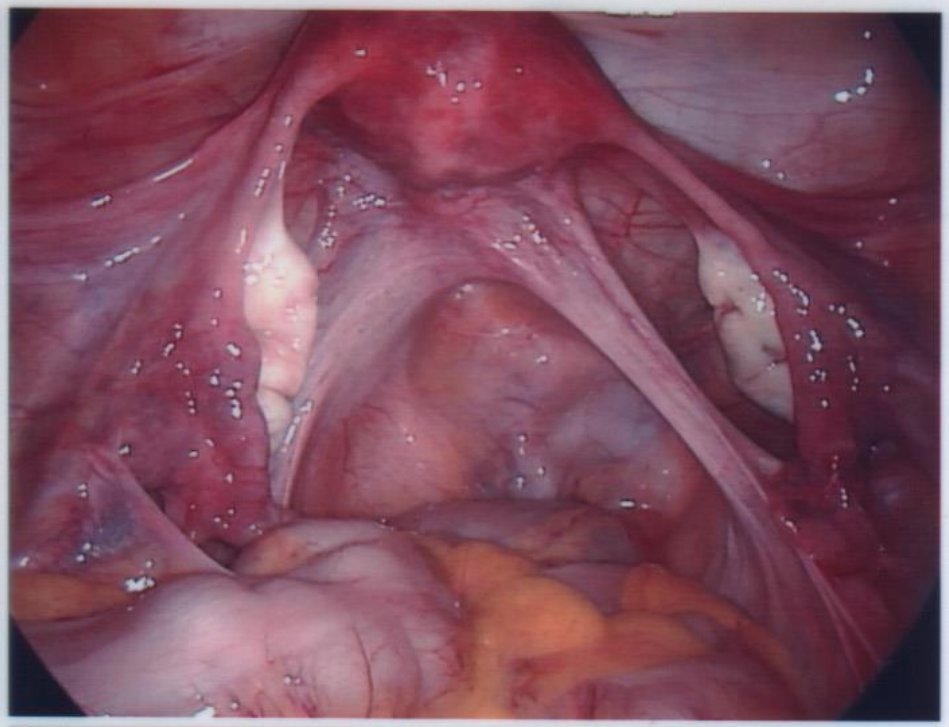
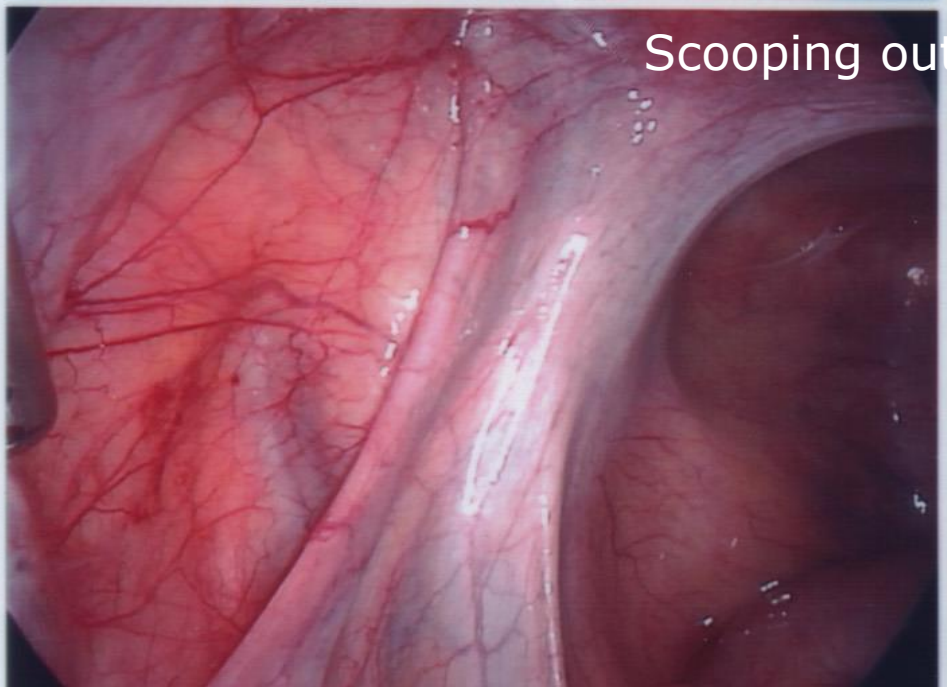
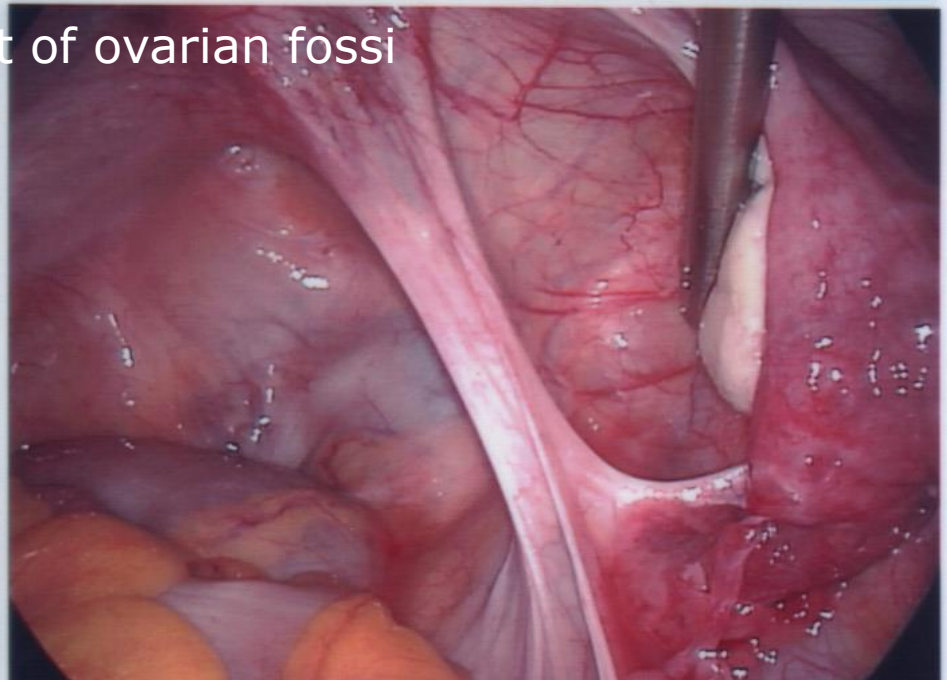
What if

- Endometriosis was not found at laparoscopy?

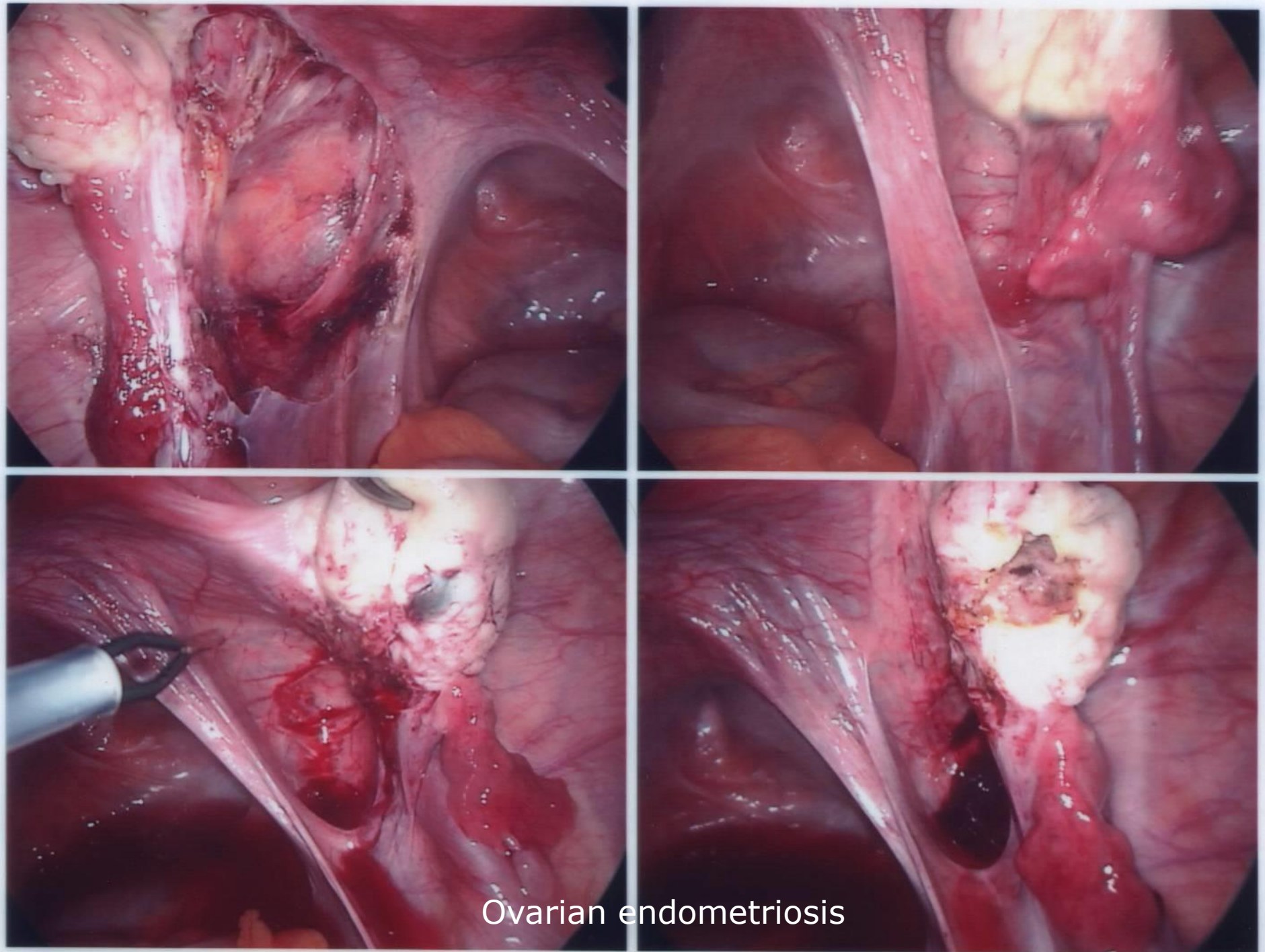
Endometriosis that had been missed

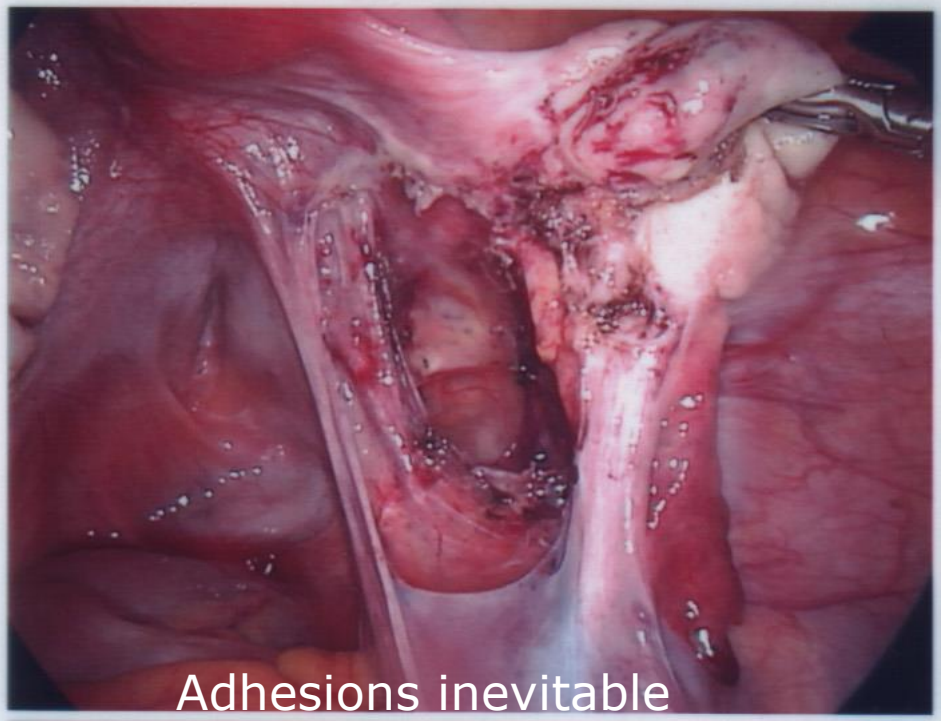


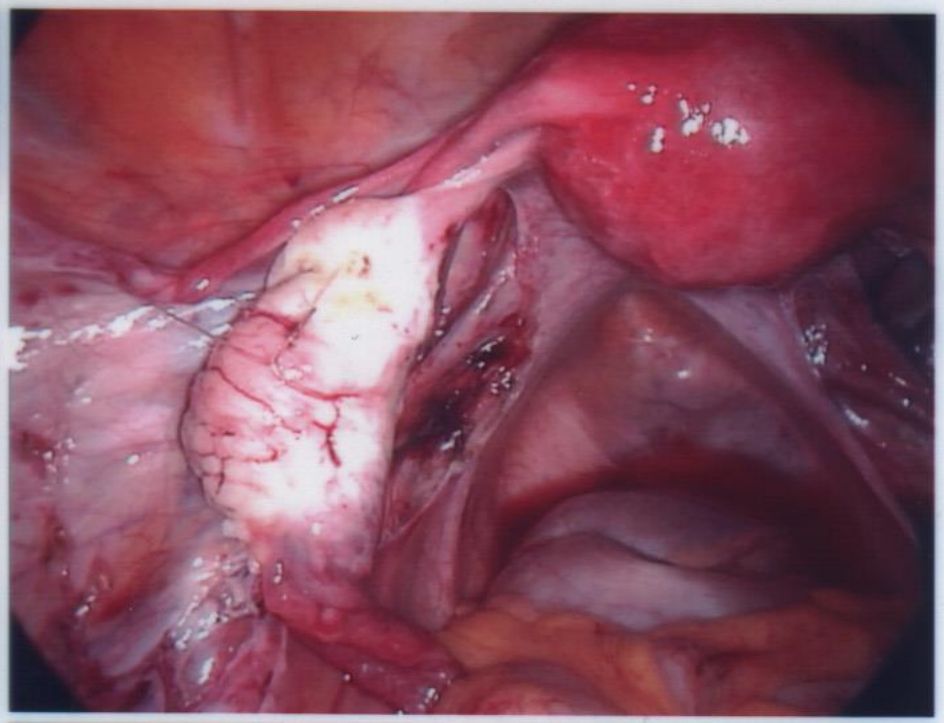
- You need to move things around

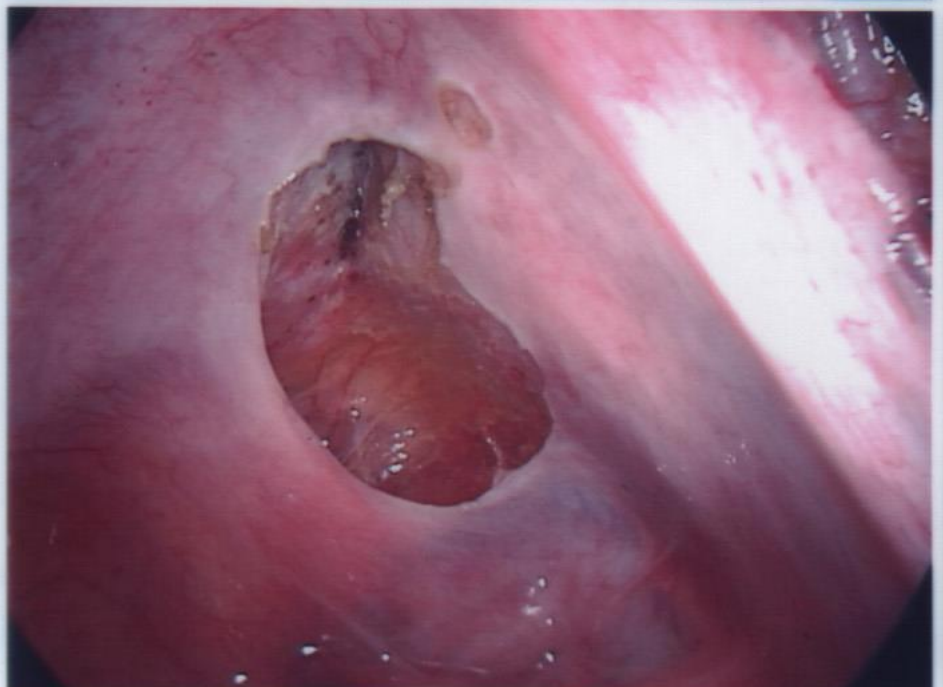





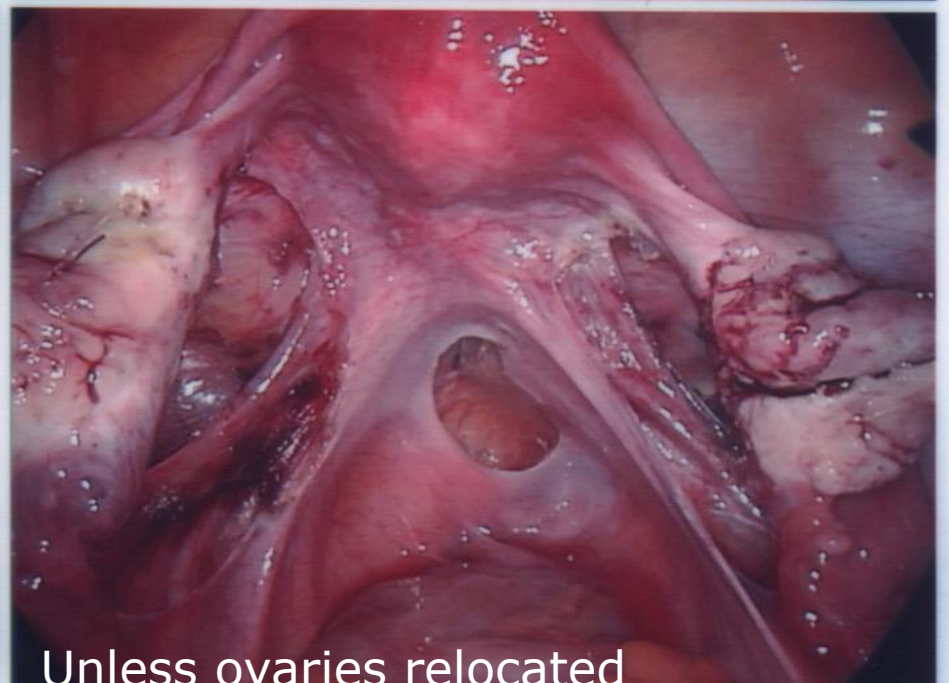
Scooping out of ovarian fossi


Ovarian endometriosis

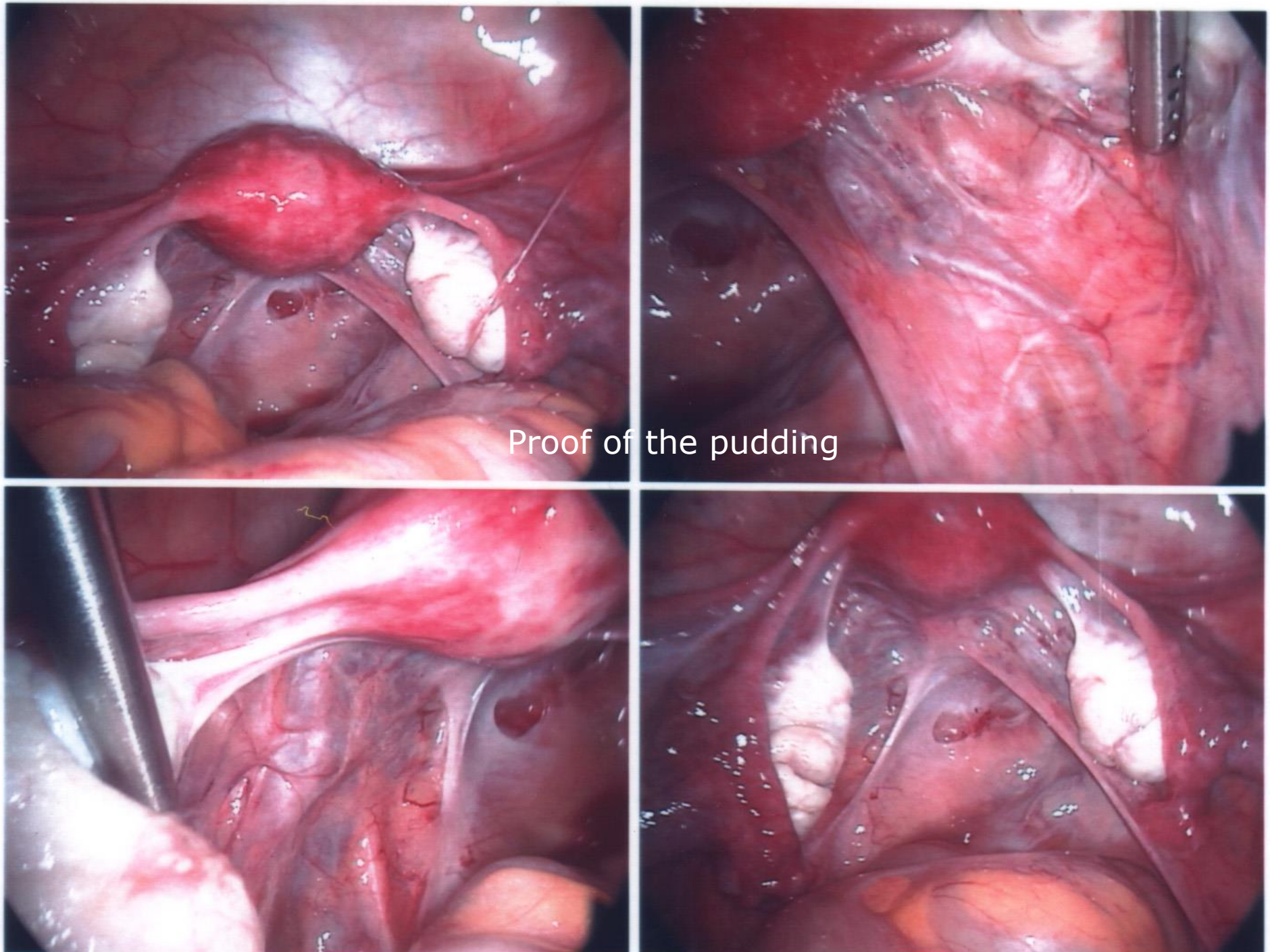

Adhesions inevitable






Unless ovaries relocated

- So what does it look like 3/12 after excisional surgery and relocation of the ovaries?


Proof of the pudding

What about medical management?

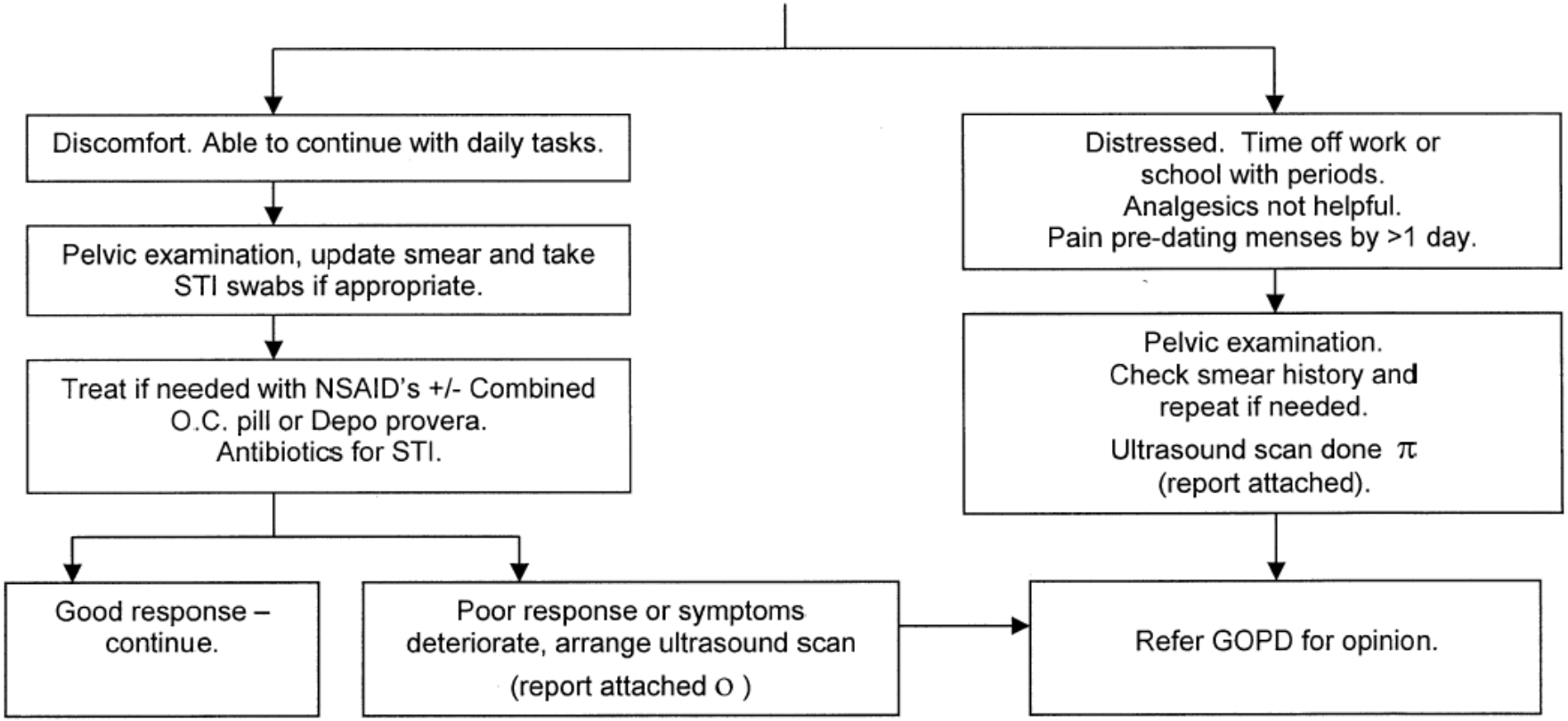
- What if ‘best that can be done practice’ is the only practice on offer either long or short term?

NHI Number: **DOB:**

Address:

Telephone Number: **Cell Phone:**

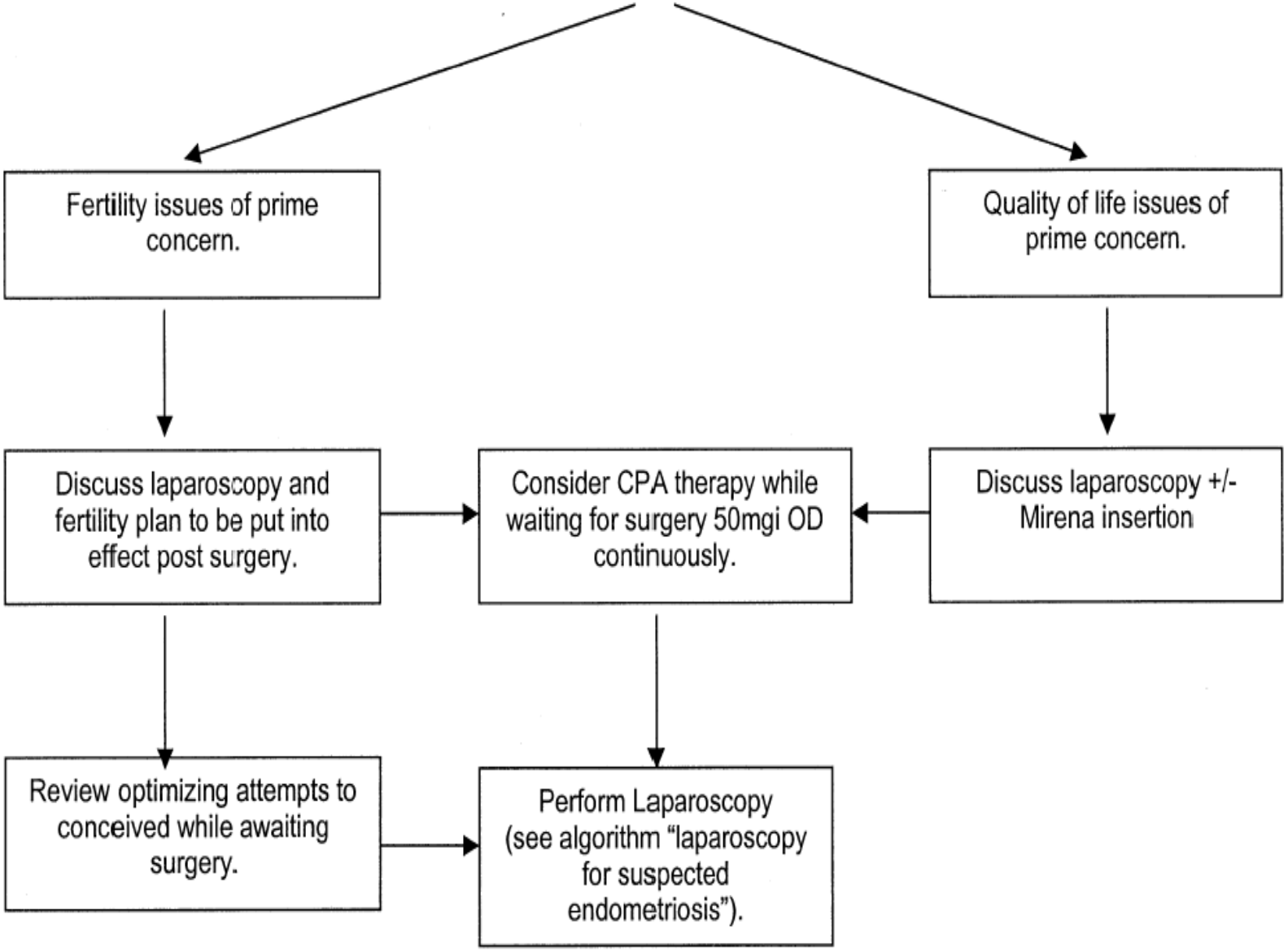
DYSMENORRHOEA



Comments regarding history of presenting complaint:

Past history / Medication / Allergies:

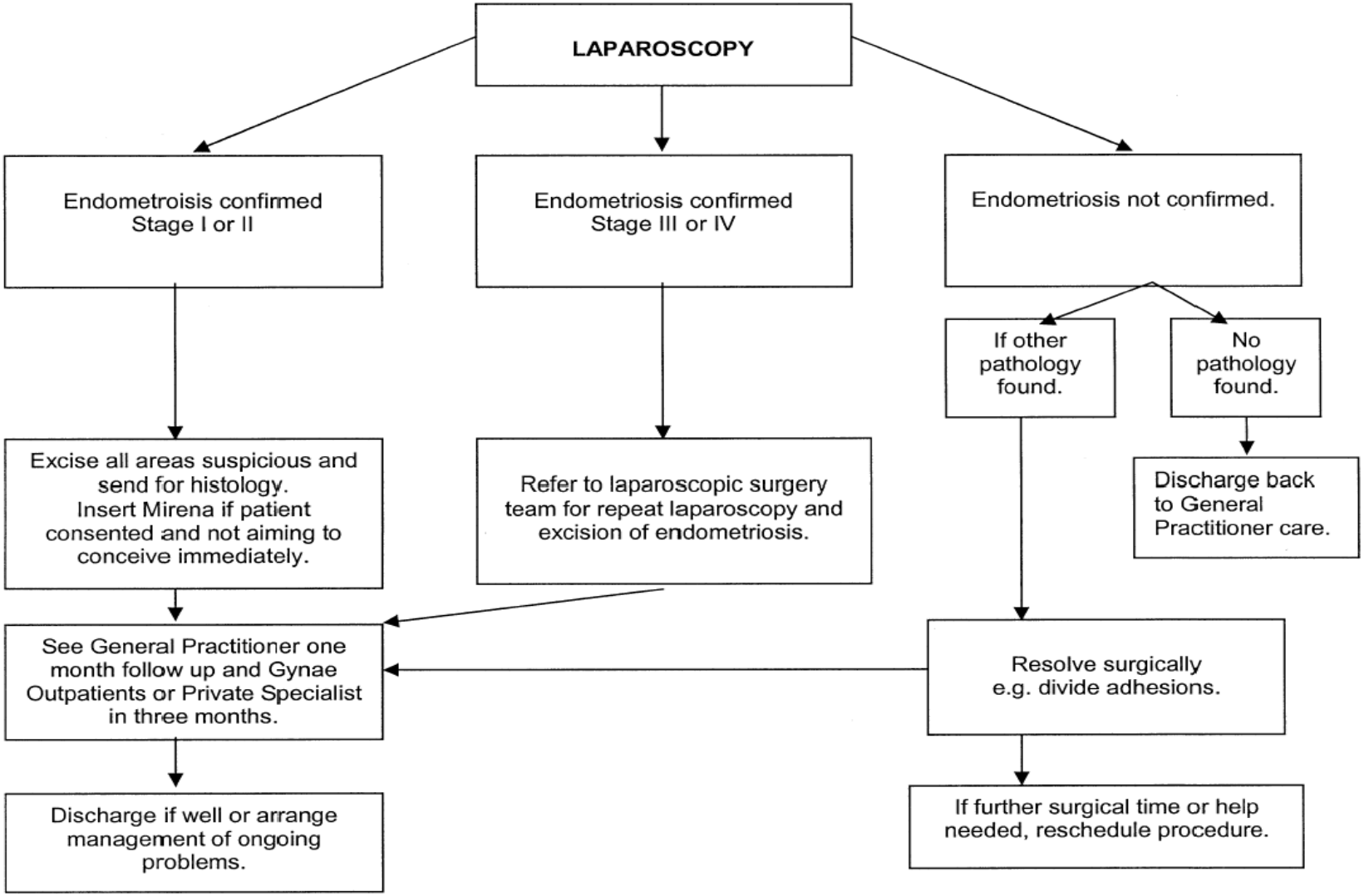
MANAGEMENT OF WAITING LIST PATIENTS WITH SUSPECTED PAINFUL ENDOMETRIOSIS FOLLOWING GYNAECOLOGY OUTPATIENT ASSESSMENT



Management Plan

DRAFT

LAPAROSCOPY FOR SUSPECTED ENDOMETRIOSIS



Cyproterone acetate

- Same progestagen as in Ginet
- Anti androgenic rather than androgenic side effects.
- Can be used long term with or without add back oestrogen.

Cerazette

- Early days as yet but as a progestagen only contraceptive pill that prevents ovulation it has theoretical advantages and initial anecdotal experience is encouraging.

Depo Provera

- May work but BTB common in endo patients and some have PCOS, the stigmata of which can deteriorate.

MIRENA.

- Farhana et al. fertil steril feb 05. Lng is present in peritoneal fluid after placement of Mirena and significantly improved pain scores after 6/12 Rx with Mirena only.
- Fedele et al. fertil steril march 01. significant improvement in pain scores and reduction in volume of rectovaginal septum nodules. 50% requested its removal!
- Given that these studies had Mirena only for Rx then one can expect a synergistic effect when combined with surgery.

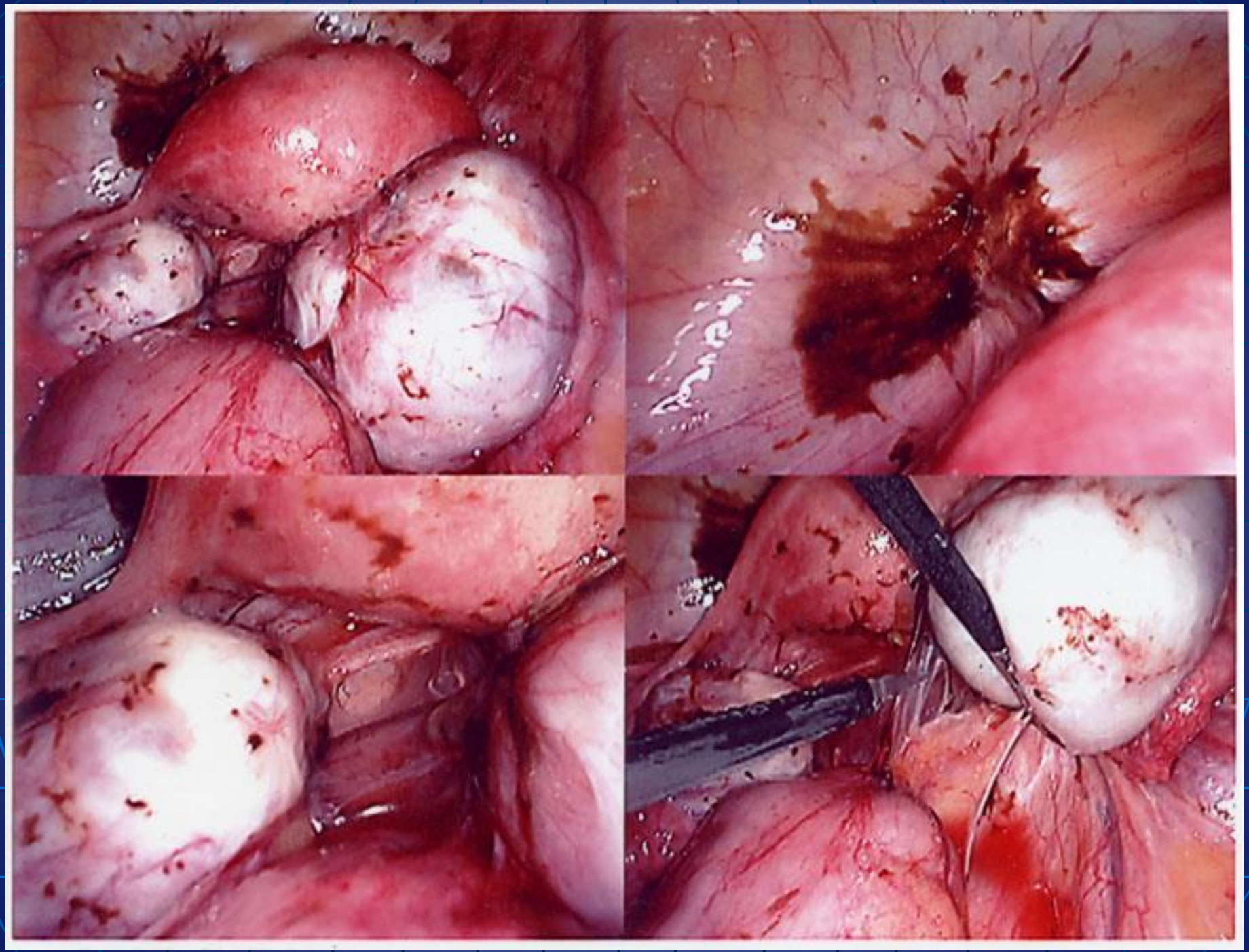
Pet hate

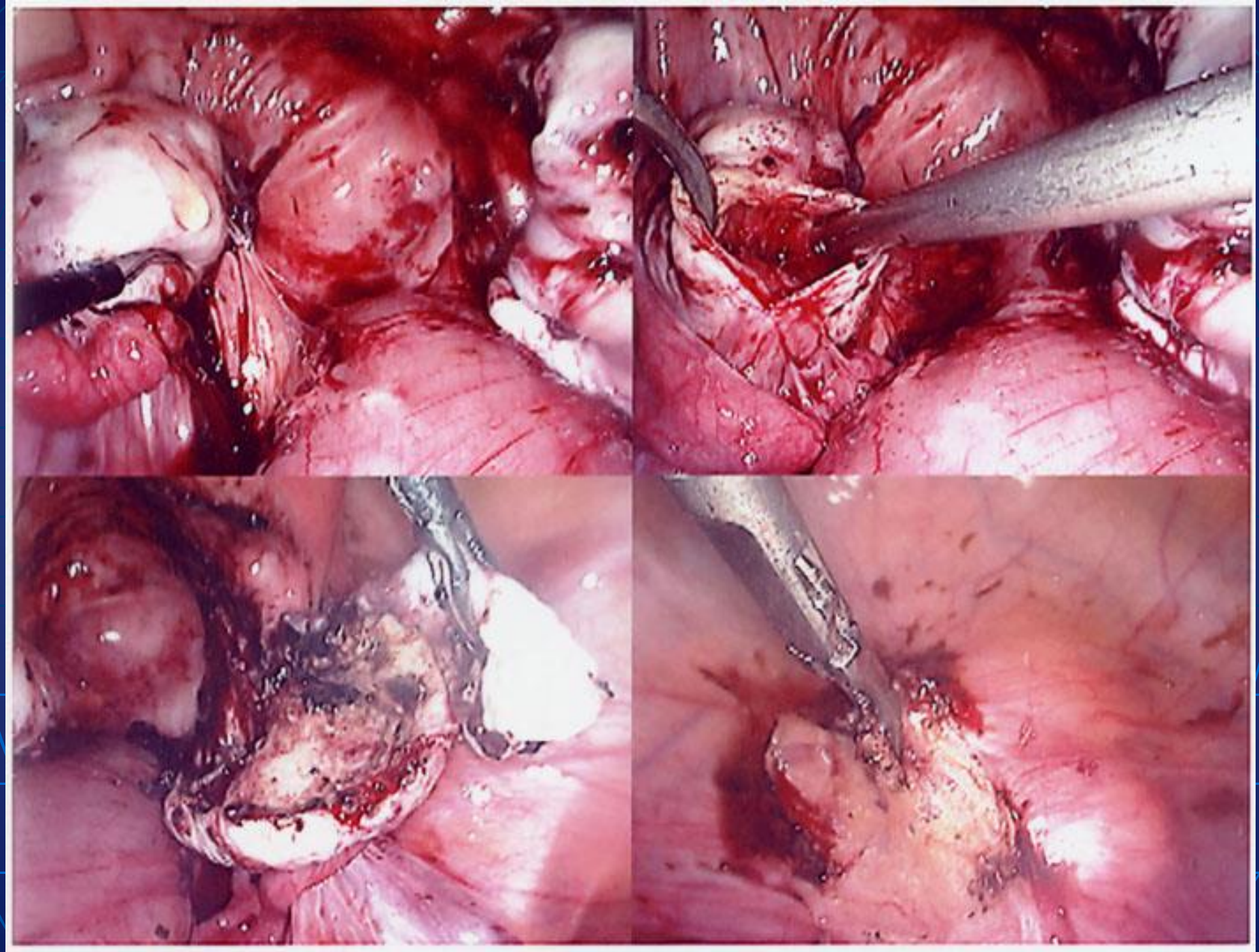
- Running COC's packets back to back ad infinitum.
- Doesn't make physiological sense and often complicated by BTB.
- Even if symptoms controlled endometriosis can progress

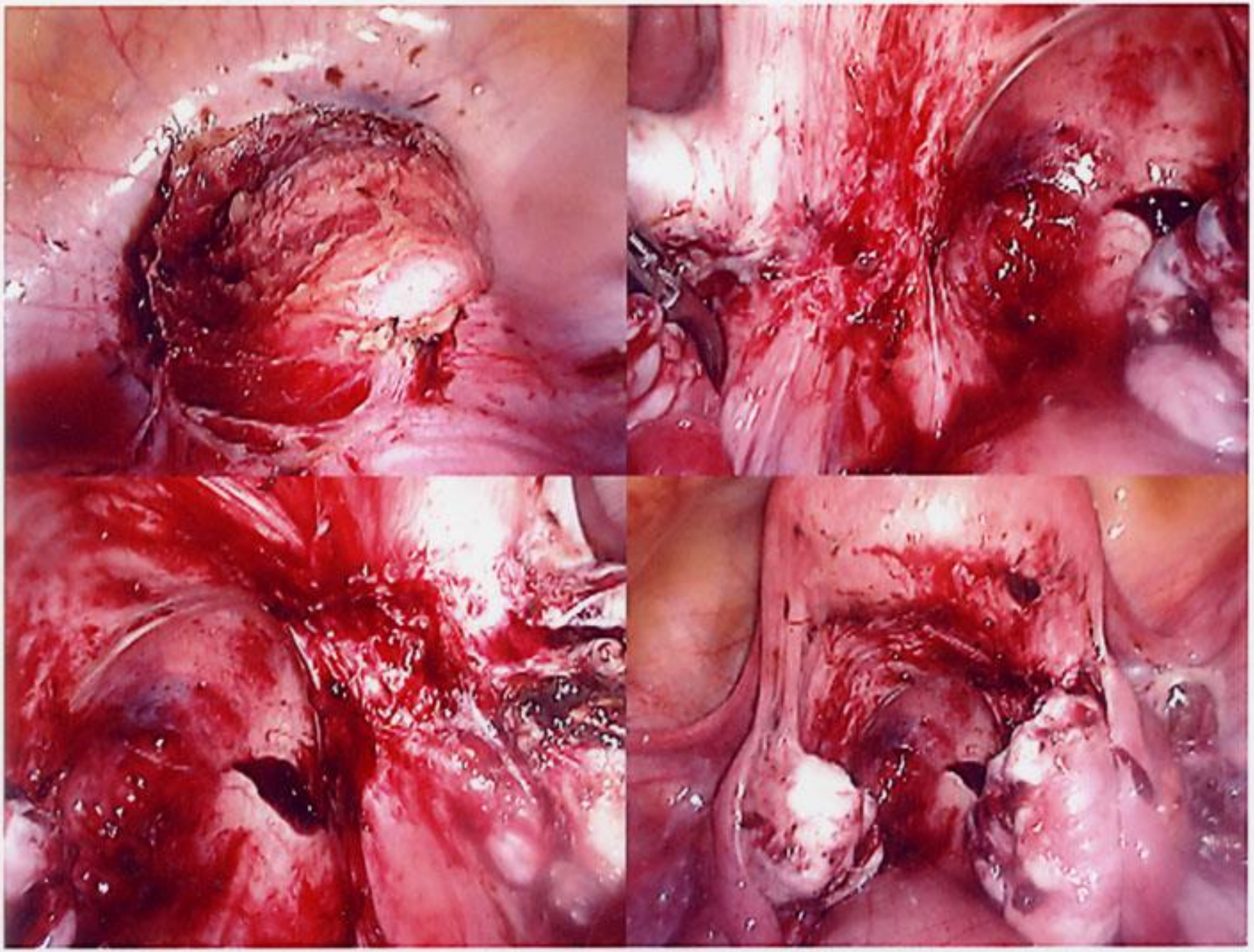
Pandora's box

- Don't be frightened to open it and initiate discussion about endometriosis.
- Surgery does not have to become inevitable if lid taken off the box and may not even be possible.
- Don't make endo the 'elephant in the room' especially when teenage patients are accompanied by Mum!

- What if we don’t open Pandora’s box?
- Each of these following surgeries took 4-5 hours of theatre time

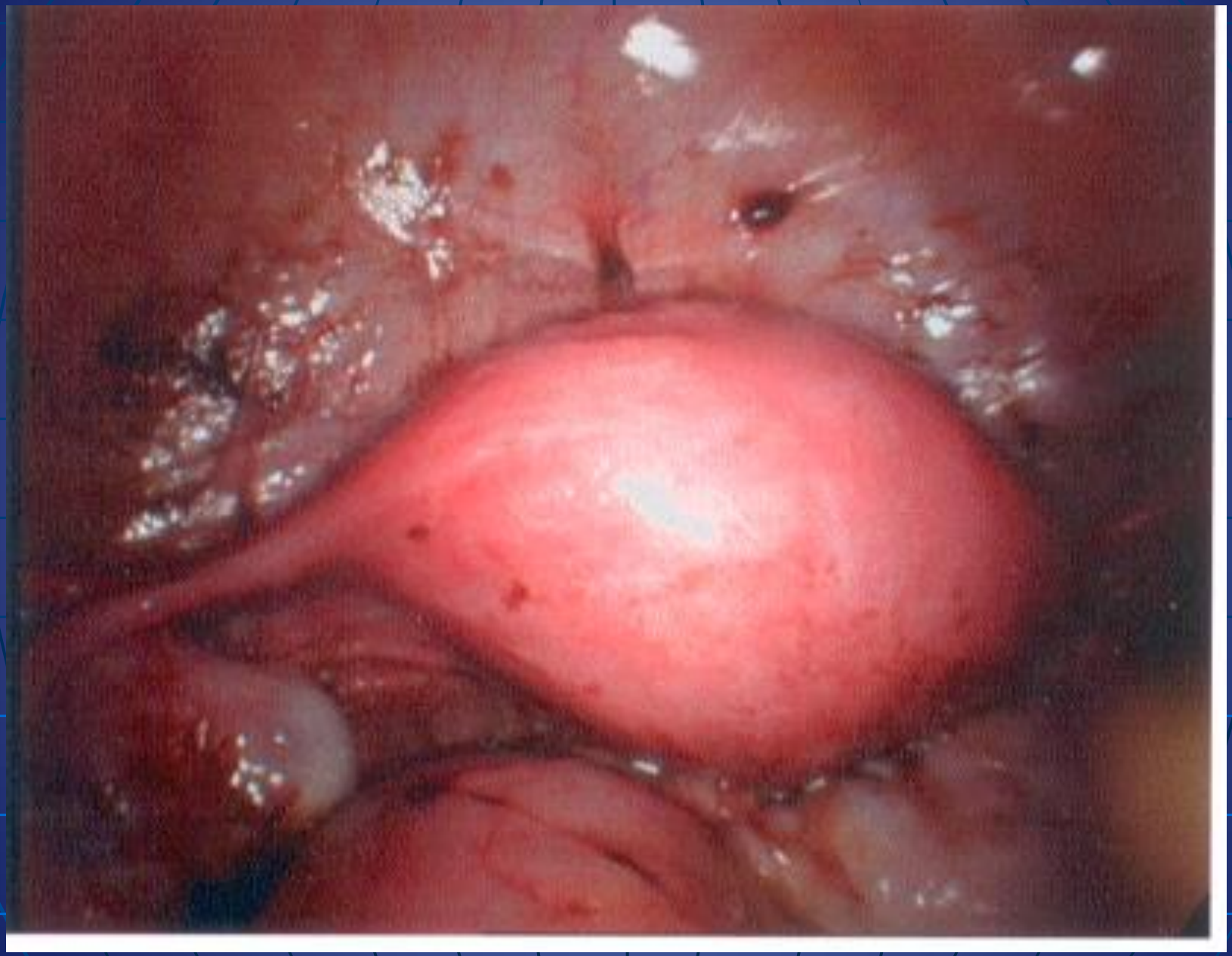


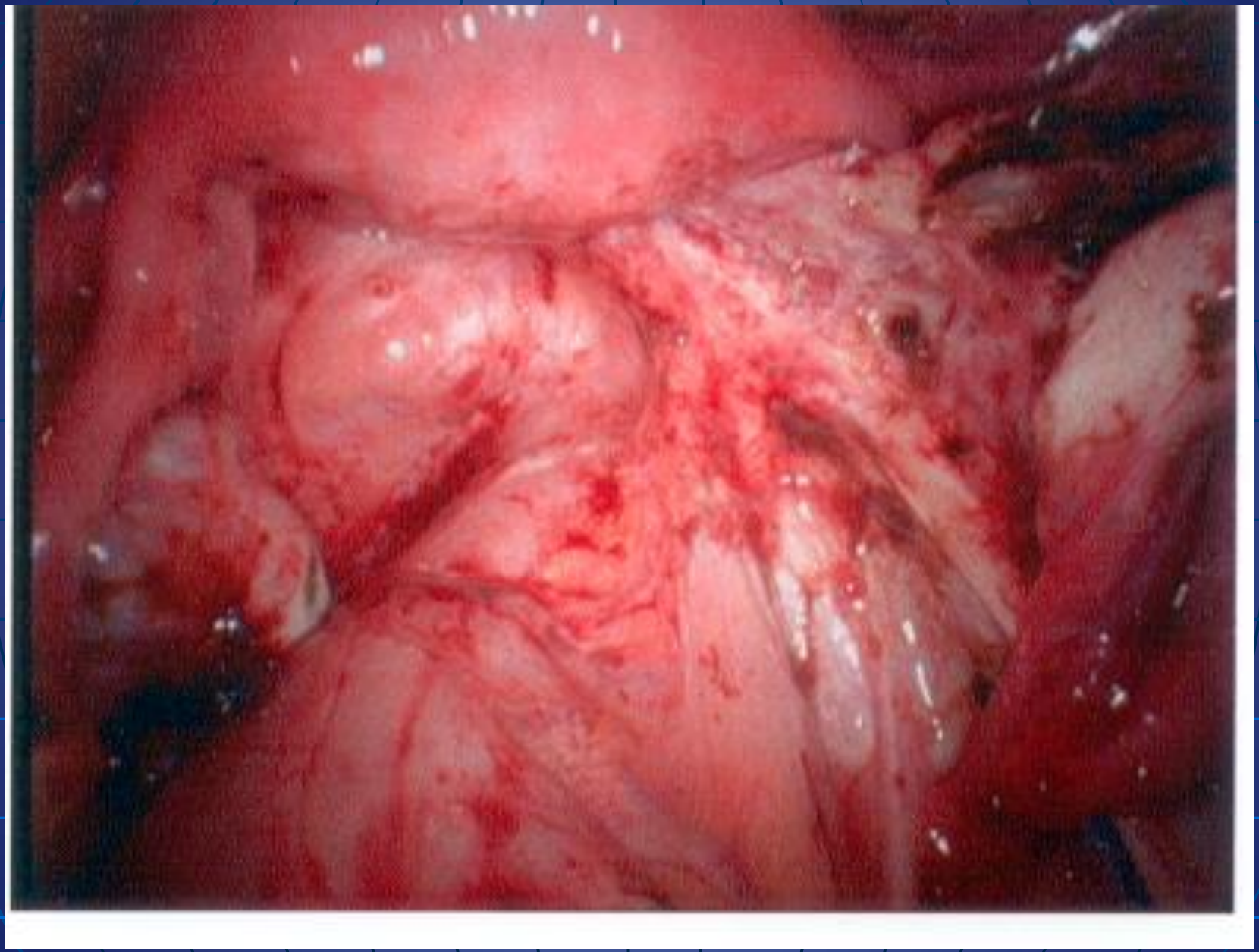


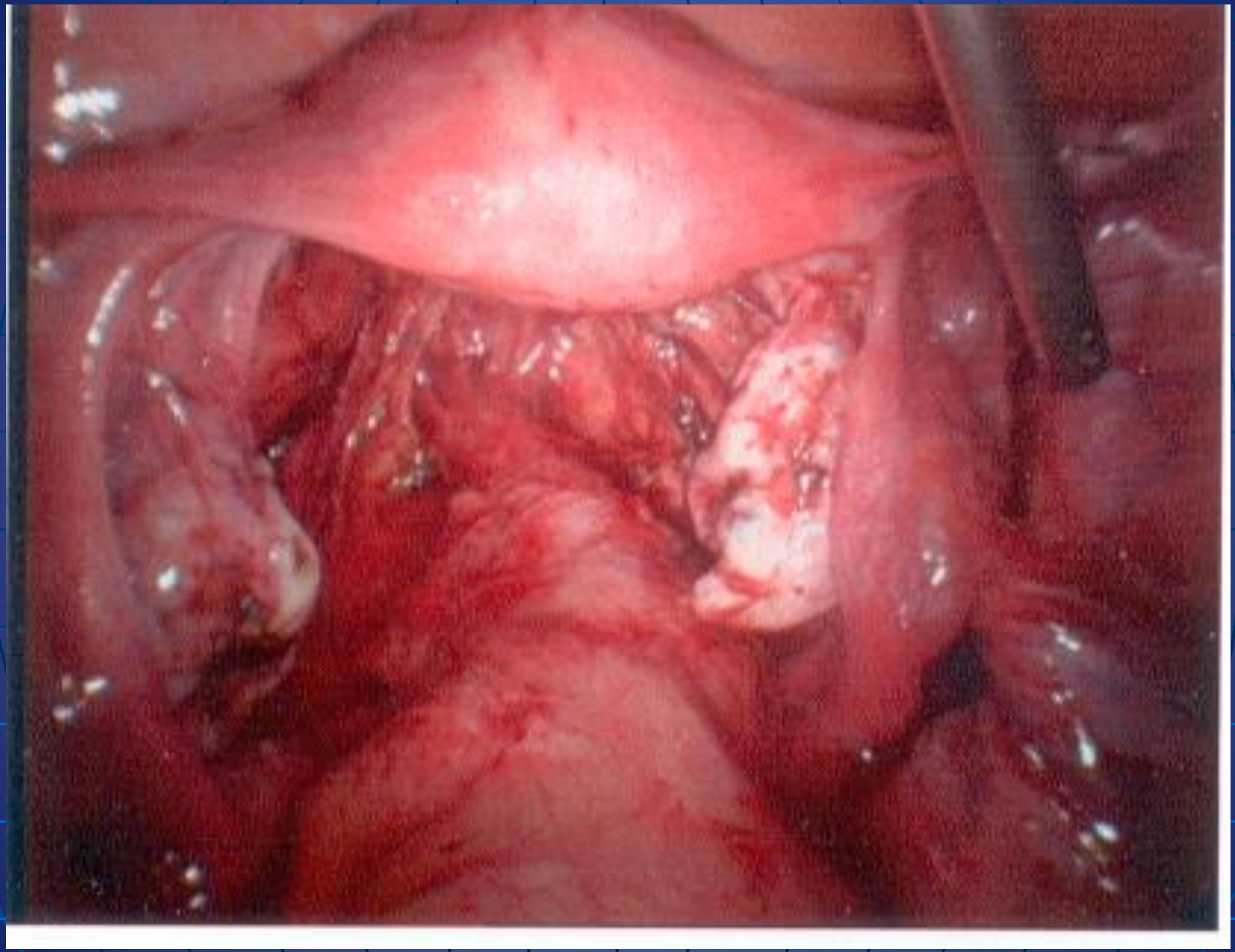


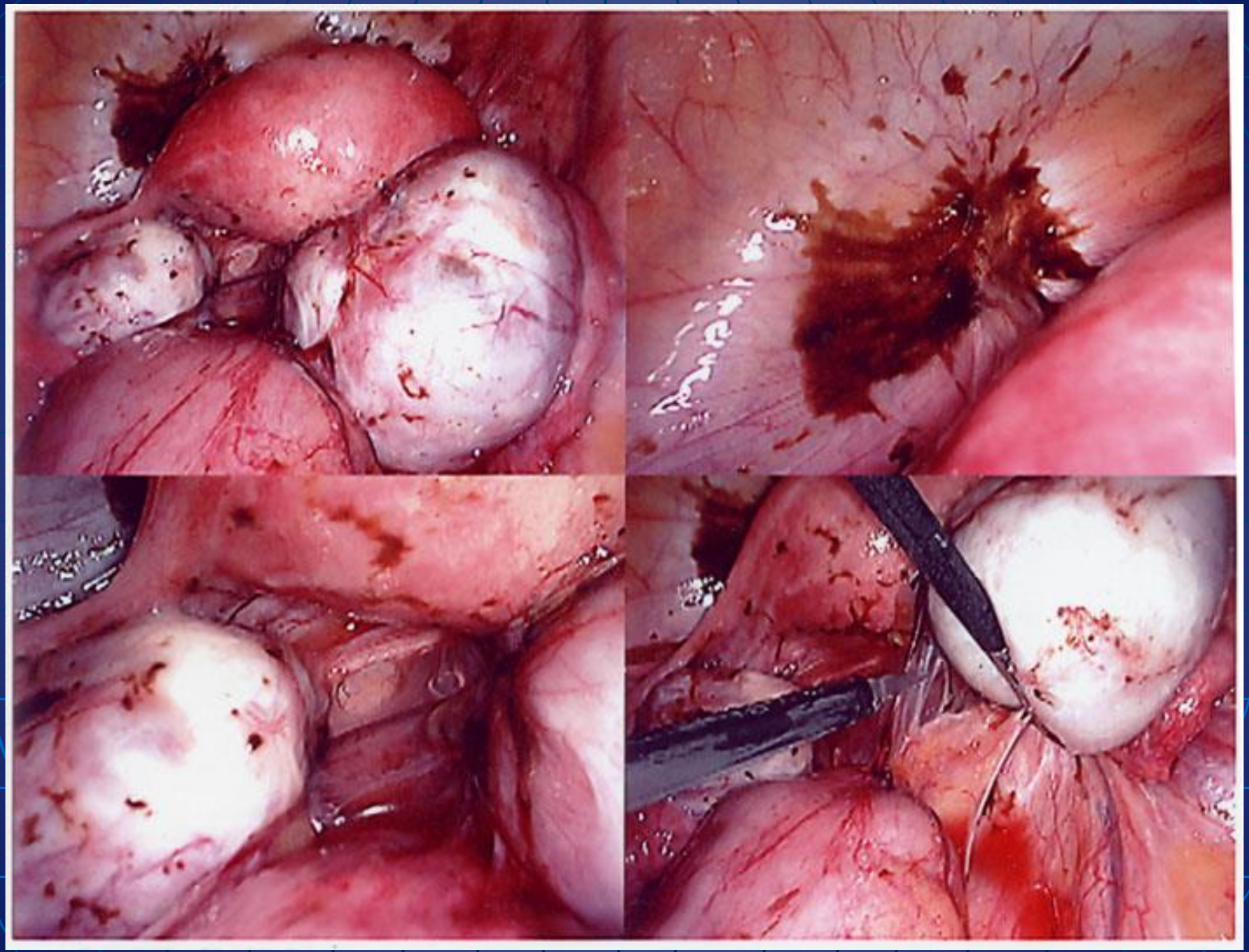
3/12 later

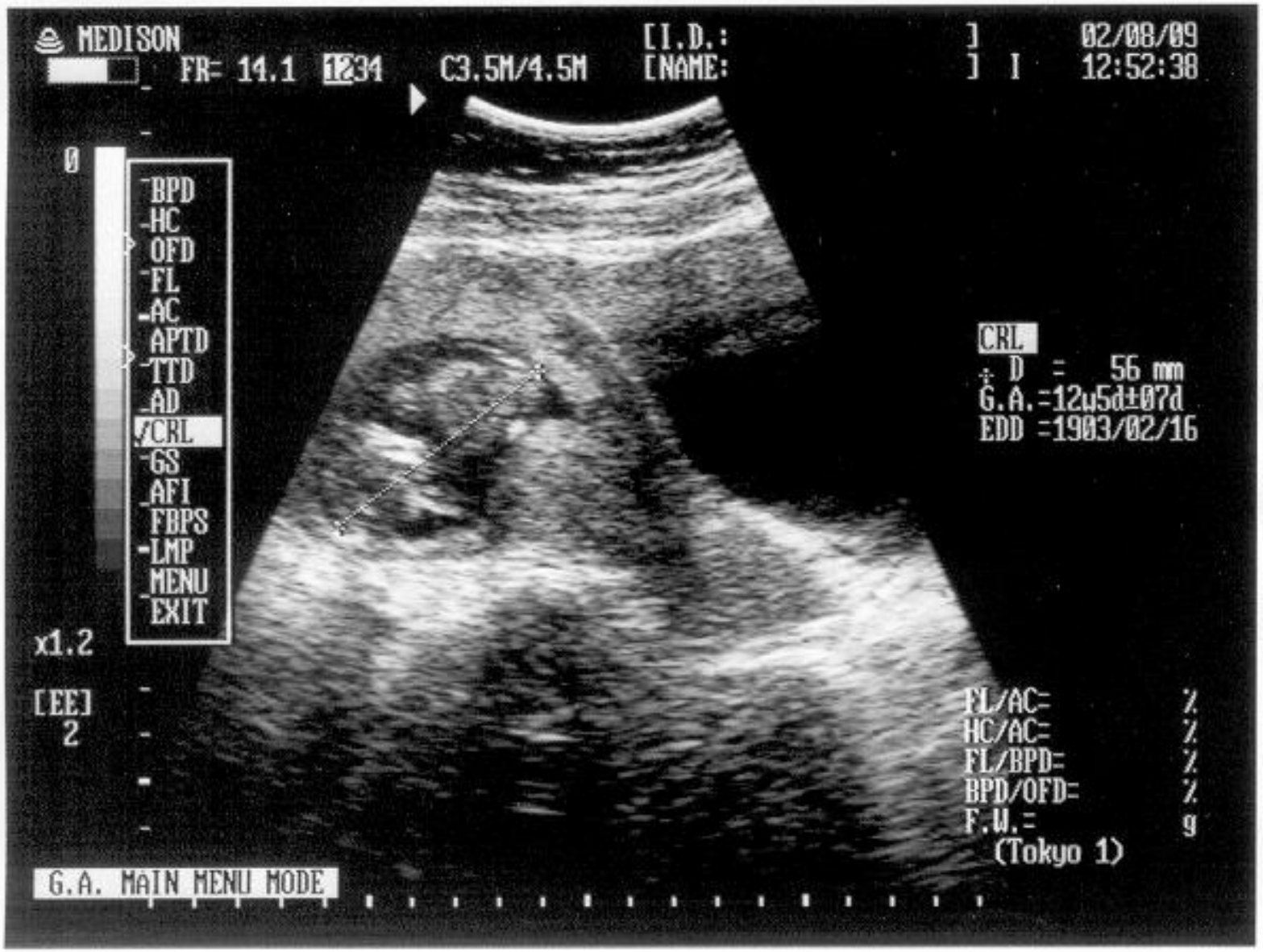
- Following GnRH therapy second surgery







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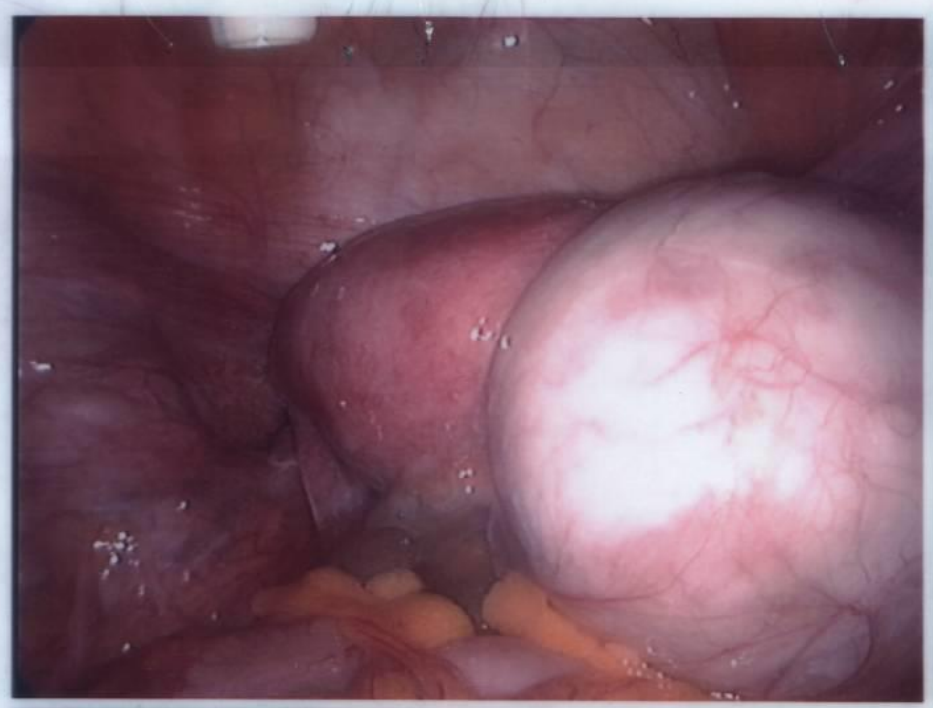
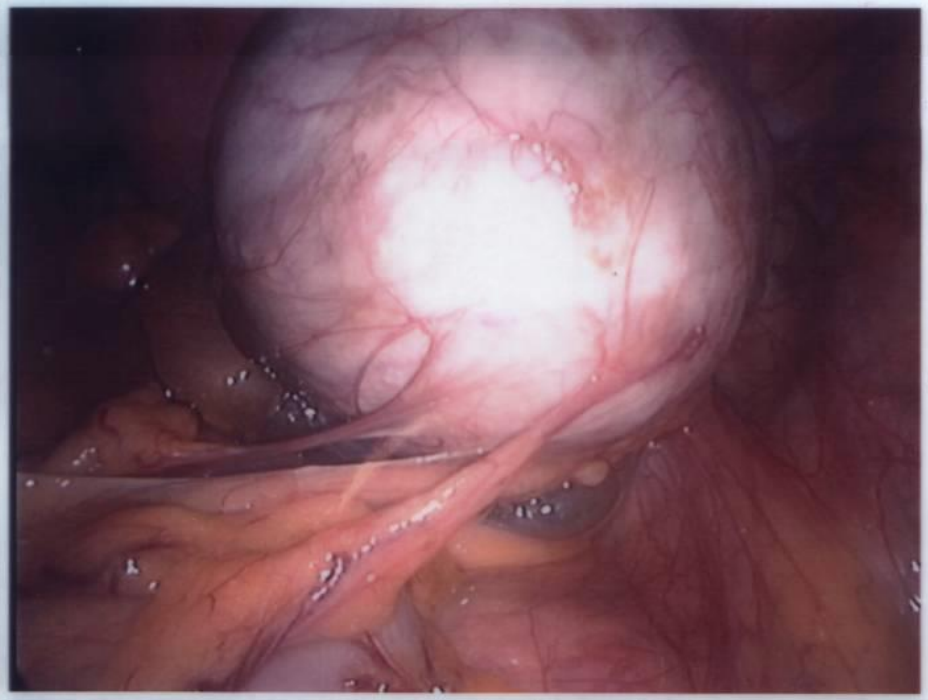
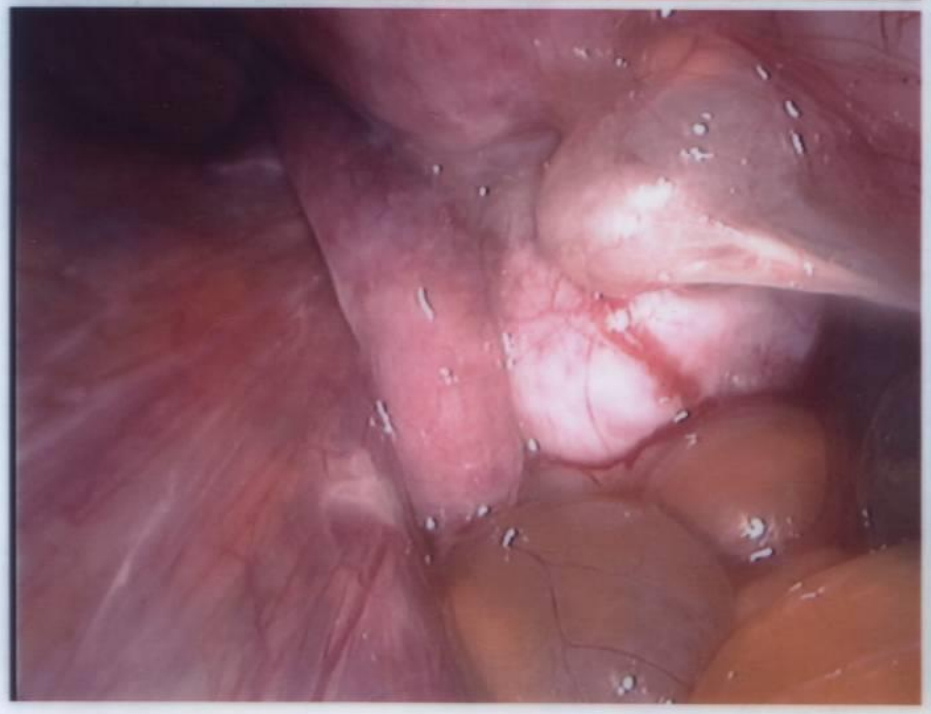
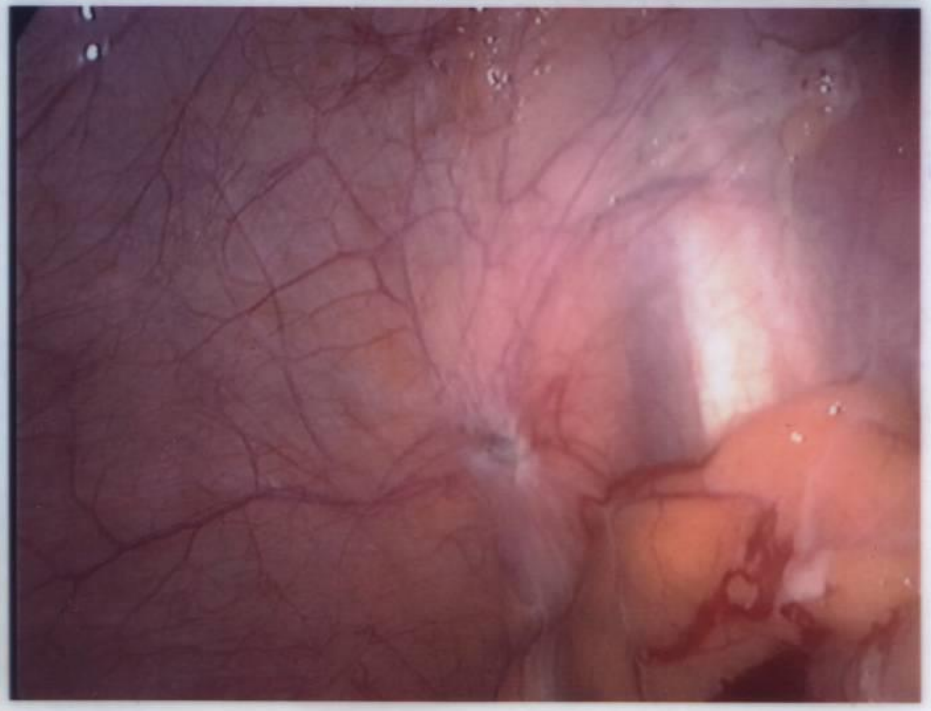
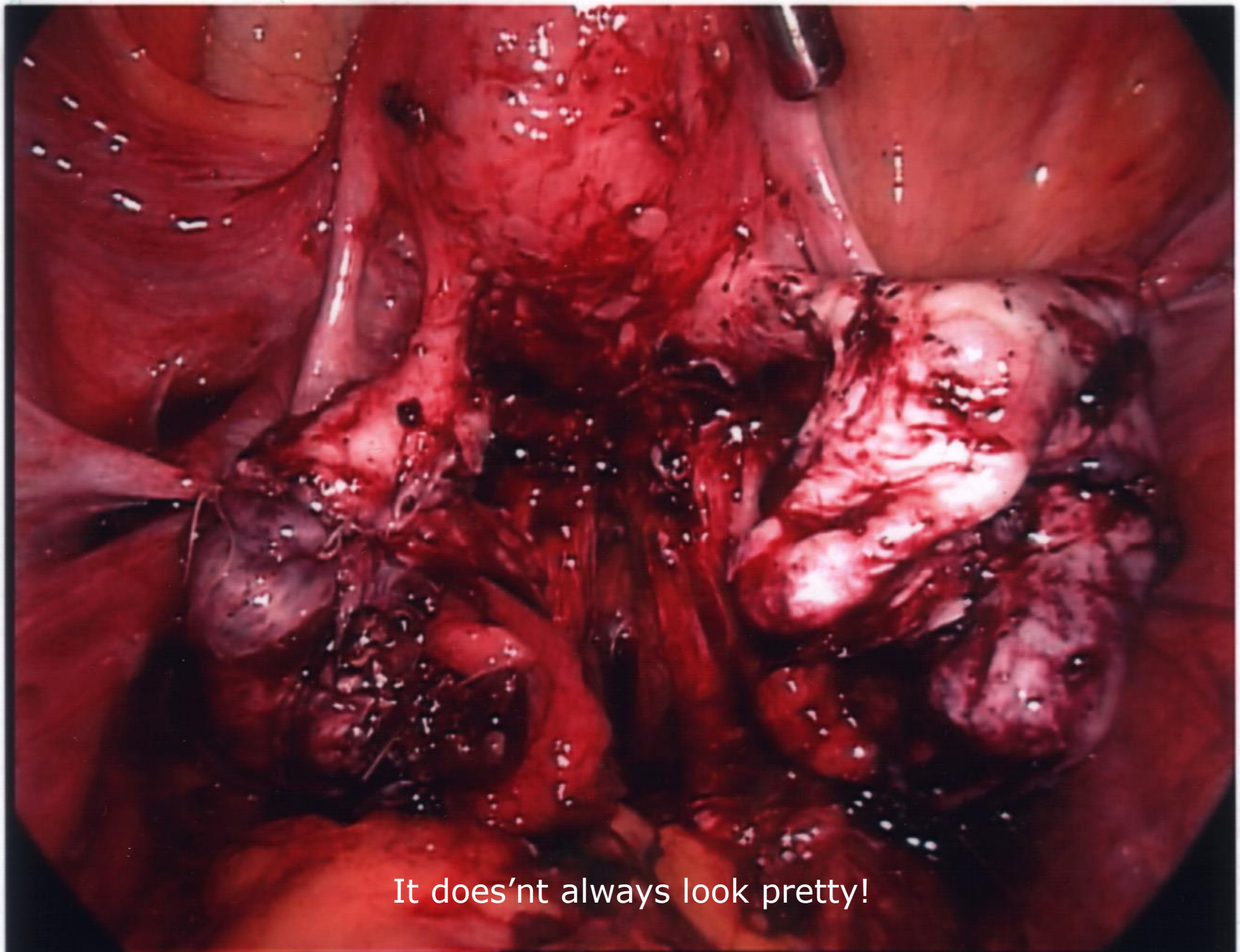
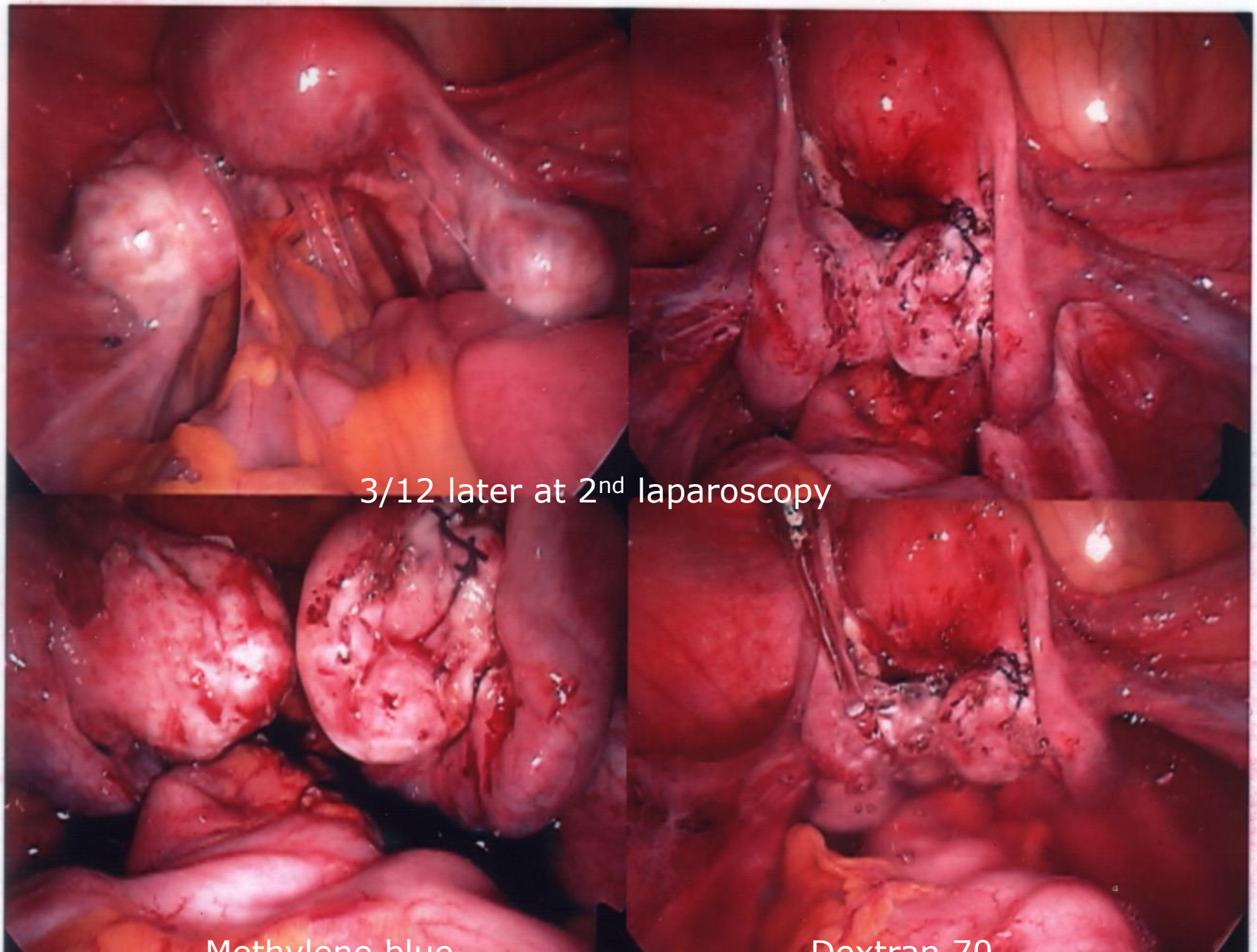
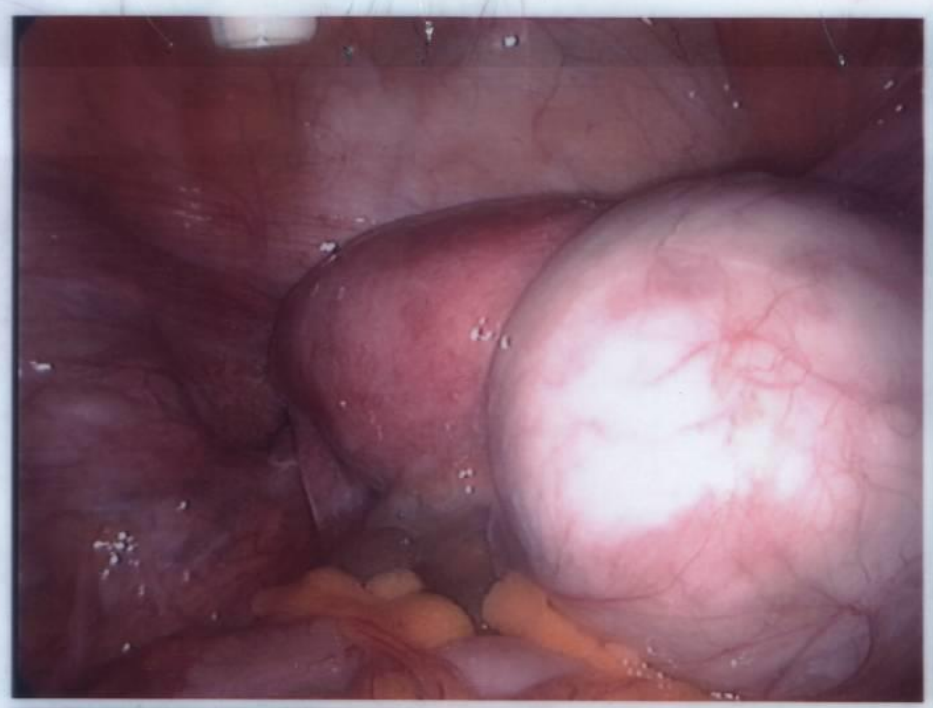
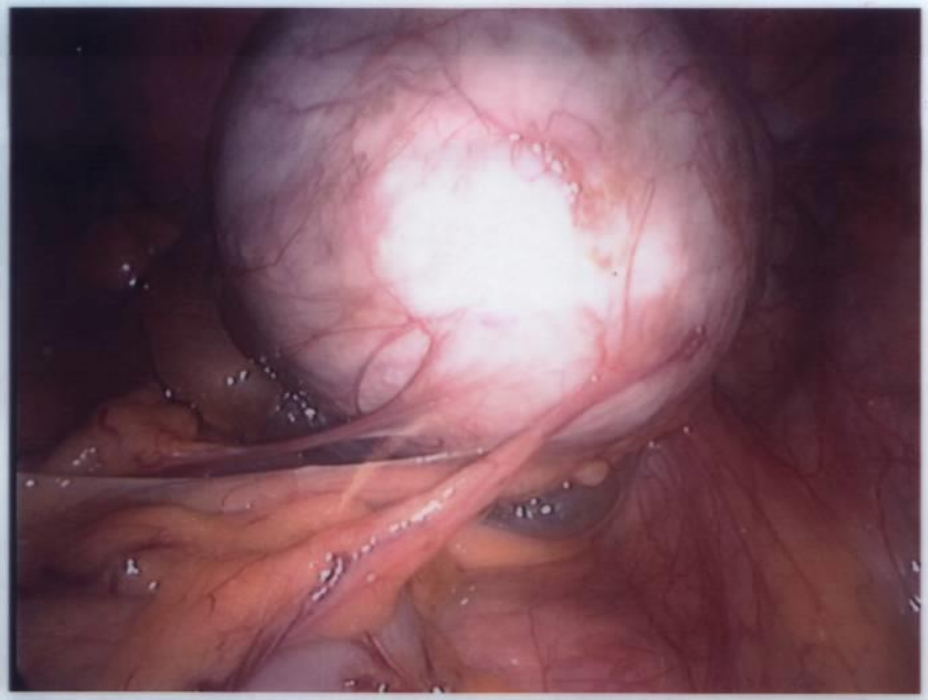
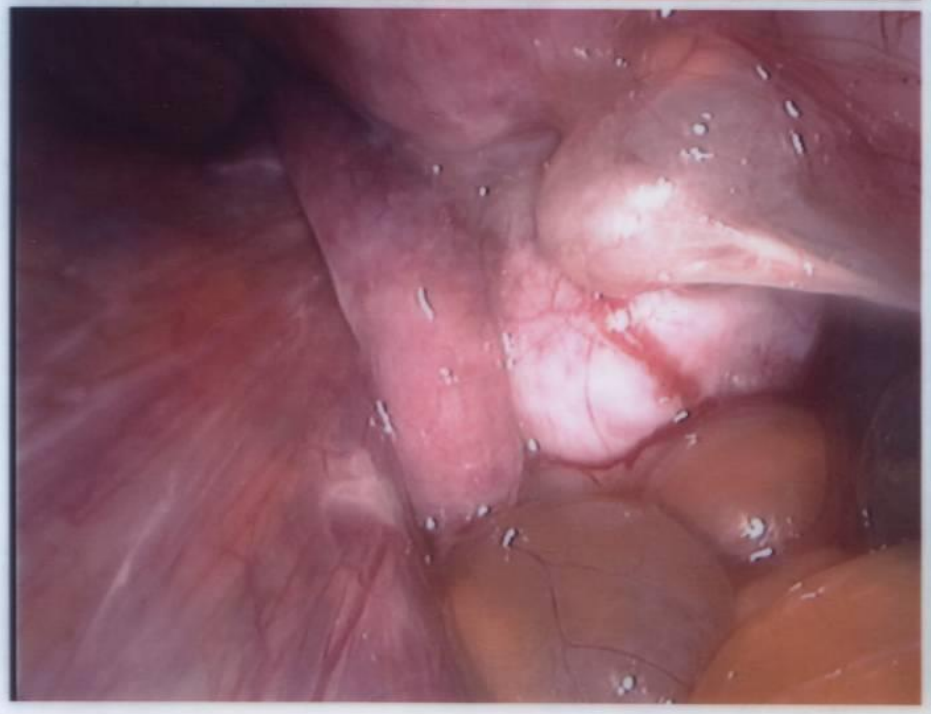
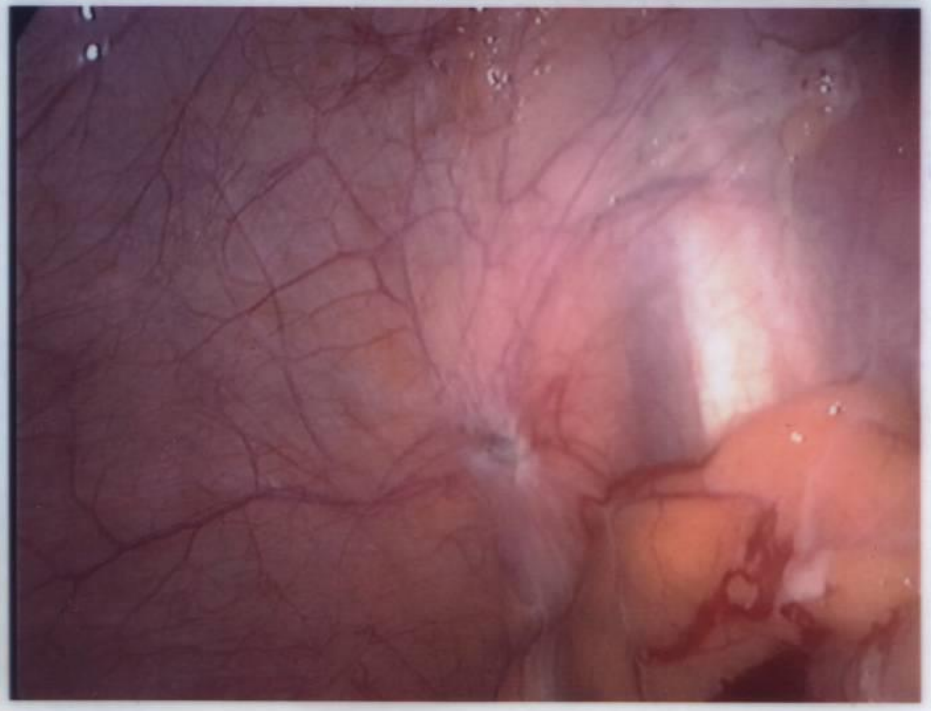
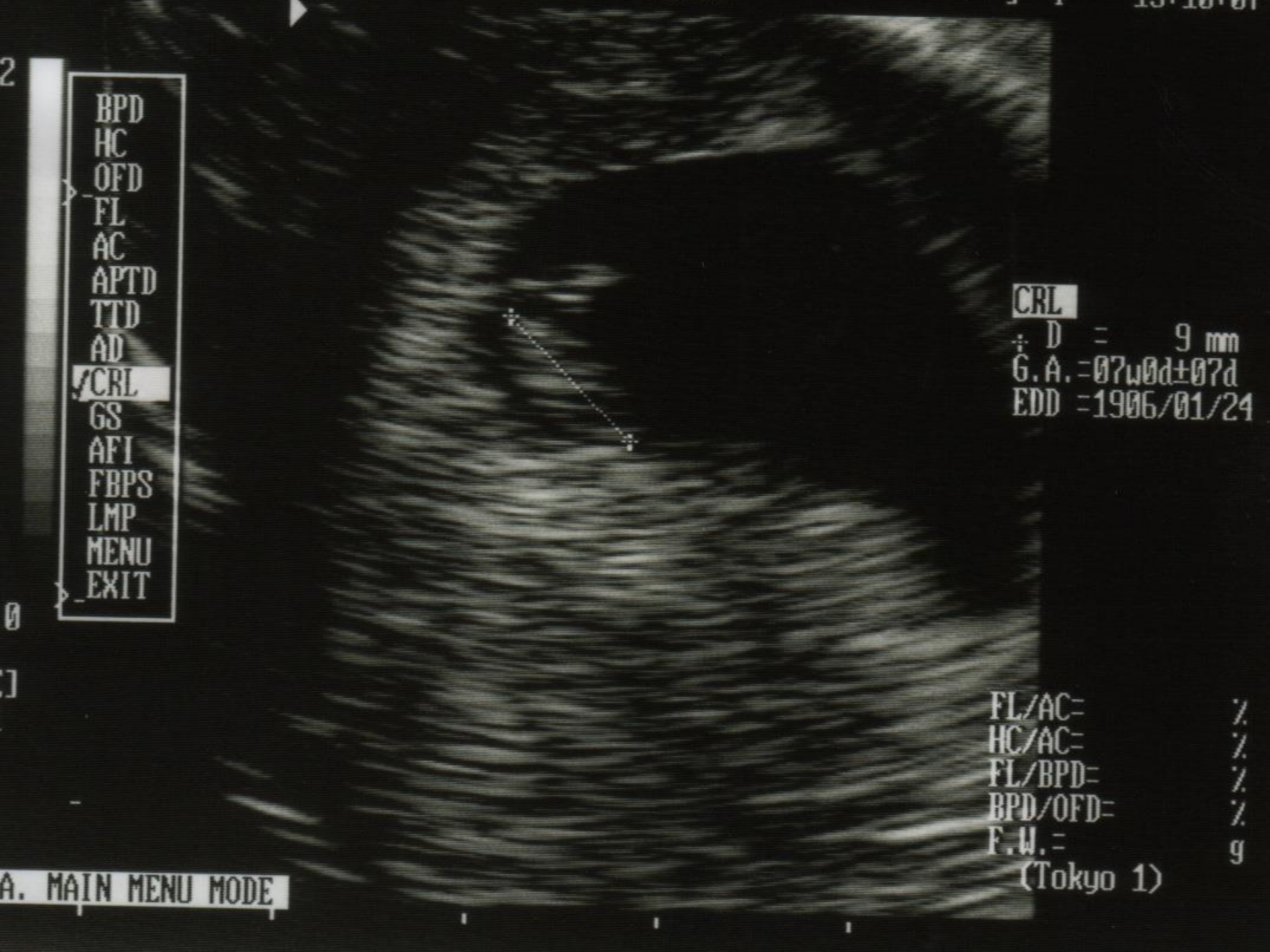
G.A. MAIN MENU MODE


It does’nt always look pretty!


3/12 later at 2nd laparoscopy
Methylene blue
Dextran 70


BPD
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A. MAIN MENU MODE

And so to sumarise

- Don’t be frightened to open Pandora’s box and initiate discussion about endometriosis.
- To operate on stage I disease is preferable, thus need early.
- We do not know the natural history of suppressing symptoms on disease progression other than the COC does not prevent it

And so to sumarise

- For some patients medical management may be all we can offer
- IVF is costly but may be the best fertility option when advanced surgical facilities not available and pre treatment with GnRH antagonists may improve conception rates

And so to sumarise

- The scale of the problem is massive
- Excisional surgery is the best option at present to improve outcomes but logistics prevents access for many
- We need new medical therapies that are effective in improving quality of life, improving fertility, preventing disease progression and reducing the number that come to surgery