



Mild endometriosis doesn't always need treatment. You are usually offered treatment to help relieve the symptoms rather than to 'cure' the disease itself.

What happens if endometriosis isn't treated?

If left untreated, some endometriosis will improve without help but most will stay the same. Some will become more severe without treatment.

For most women with endometriosis, the symptoms will settle once they go through the menopause. Deciding whether or not to treat endometriosis is often a matter of balancing the risks of the treatment against the effect the endometriosis is having on your life.

What are the treatments?

Endometriosis can be treated medically (with drugs or medicine) or with surgery. Sometimes both medicine and surgery are used. Some women also benefit from alternative therapies. Medications range from pain relief drugs (such as paracetamol and non-steroidal anti-inflammatories) to hormonal treatments that suppress ovulation and menstruation).

Surgery can be used to remove or burn the endometrioses. The most common surgery used is laparoscopy (key-hole surgery).

If the ovaries contain cysts of endometriosis these are best treated surgically as they are unlikely to disappear on their own and they can't be treated with medicine.

Treatment for infertility

Surgery has been shown to improve fertility for women with mild endometriosis. Treating more severe endometriosis, especially if there are cysts in the ovaries, also appears to improve fertility, although this hasn't been fully proven.

Medication has not been shown to improve fertility.

Other causes of infertility should be looked for and treated.

Treatment for pain

When pain is the main problem, the treatment aims to relieve symptoms and lessen the pain. The main treatments are:

- simple pain relievers (paracetamol etc)
- hormonal treatments (the pill etc)
- surgery.

Simple pain relievers

Many women will experience some relief of symptoms with over-the-counter drugs such as paracetamol (Panadol) and non-steroidal anti-inflammatories (Ponstan, Nurofen, Naprogesic, etc).

Hormonal treatments

Hormone treatments are used to suppress the normal menstrual cycle, which in turn stops or slows endometriosis growth. The simplest way to achieve this is with "the pill". Other hormonal therapies, that have been shown to be effective in reducing endometriosis related pain, are also available.

Some women will experience side effects with hormonal treatments.

Surgery

Surgery may be offered initially to help make the diagnosis. Some women are offered surgery because they don't want to take medicine or because medicines haven't worked.

The aim of laparoscopy (key-hole surgery) is to make the diagnosis and treat all visible endometriosis. This is done with laser or diathermy, which destroys the endometriosis by burning it. Alternatively the deposits of endometriosis can be cut away.

In a small group of women who have severe symptoms that are not relieved by medical or other surgical treatment, more extensive surgery such as hysterectomy and removal of the ovaries may be considered.

Sometimes the endometriosis affects the wall of the bowel. When this is causing significant symptoms it may be suggested that the affected piece of bowel is removed. This would involve a bowel surgeon and is uncommon.

Treatment options

Doing nothing (no treatment)

Advantages

- no side effects of drugs
- no risks of surgery
- symptoms may improve on their own.

Disadvantages

- most symptoms continue
- some symptoms may get worse.

Simple Pain Relief (Paracetamol, Nurofen)

Advantages

- easy to get
- side effects uncommon

Disadvantages

- often not effective
- stomach ulcer risk with Nurofen etc.

Progesterone-like medications

Advantages

- reduced pain
- irregular or no periods
- stops endometriosis growth in most cases
- some are contraceptive.

Disadvantages

- side effects – weight gain, moodiness, acne, increased hair, cramps, breast tenderness
- symptoms may recur when treatment is stopped
- may not fix pain
- doesn't improve fertility
- shouldn't get pregnant while on drug
- not all contraceptive.

Menopause-causing medications

Advantages

- no periods
- reduced pain
- stops endometriosis growth in most cases.

Disadvantages

- side effects - hot flushes, sweats
- bone thinning if used for more than six months
- symptoms may recur when treatment is stopped
- shouldn't get pregnant while on drug
- not a contraceptive
- may not fix pain.

The combined contraceptive pill

Advantages

- contraceptive
- reduced pain
- can be taken to reduce or stop periods.

Disadvantages

- side effects – nausea, weight gain
- shouldn't get pregnant while on it
- small risk of clots in legs or lungs.

Mirena IUD

This is still an experimental treatment for endometriosis, but may be useful if contraception needs and symptoms warrant it.

Laparoscopy

Advantages

- a definite diagnosis
- a long-term cure in up to 70% of women
- no need to use medications long-term.

Disadvantages

- not all endometriosis can be treated this way
- there are risks of surgery
- may not cure the pain
- recurrent endometriosis in 30% of women.

Hysterectomy and removal of endometriosis

Advantages

- achieve long-term cure in over 90% of women
- no need to use medications
- no more periods.

Disadvantages

- risks of surgery greater than laparoscopy
- removes fertility
- some women grieve for uterus loss
- may need HRT if ovaries removed
- may not cure pain.

Alternative and complimentary therapies

There are various treatments available that can either compliment your medical treatment or are an alternative to medical treatment. The most popular is traditional Chinese medicine and herbal preparations. Some women experience improvement of their symptoms with these but there is no scientific evidence yet that says that Chinese medicines can reduce symptoms or improve fertility.

If you use complementary treatments it is wise to discuss their use with your doctor as they may interfere with other prescribed medications. The Pharmaceutical Benefits Scheme (PBS) does not cover the costs of alternative or complimentary therapies.

When treatment doesn't improve symptoms

The ultimate treatment of endometriosis is hysterectomy – which is the removal of the uterus (womb) and the removal of the ovaries and all endometriosis. This is major surgery and means there is no possibility of further pregnancy. Unfortunately, some women will still have symptoms even when it is clear that all endometriosis has been effectively treated.

It is also possible that when medications or surgery do not improve symptoms, the symptoms may not be due to endometriosis. In this situation you may need further investigations to look for other possible causes for your symptoms.

Some women will never find a cause for their pain and will be treated purely to reduce symptoms and improve their quality of life

If it's not endometriosis, what is it?

Pelvic pain can be caused by a number of gynaecological conditions including:

- adenomyosis (a condition in which the lining of the uterus burrows into the muscle of the uterus)
- pelvic infection such as Chlamydia
- scar tissue (adhesions) caused by previous surgery
- infection or old pelvic inflammatory disease
- cysts on the ovary.

Pelvic pain can also be caused by other non-gynaecological conditions such as:

- irritable bowel syndrome
- inflammatory bowel disease (eg Crohn's disease)
- a bladder problem such as chronic infection or inflammation.

A woman with pelvic pain might not have a recognised physical cause, but it may sometimes be due to or worsened by psychological factors including previous sexual and physical abuse.

Finally, it may occur in women who seem have normal reproductive and hormonal health. Doctors may not know what is causing the pain.

Where to get more information

Women's Health Information Centre (Victoria only)
Royal Women's Hospital
Tel: (03) 8345 3045 or 1800 442 007 (rural callers)
Email: whic@rwh.org.au

Endometriosis Association of Victoria
Web: <http://www.endometriosis.org.au/>

Related fact sheets

- Endometriosis – information for women
- Treating Endometriosis with Laparoscopy
- Contraception – IUD

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