

Frequently Asked Questions

Endometriosis:

Q: What is endometriosis?

A: Endometriosis is a condition where tissue similar to the lining of the uterus is also found elsewhere in the body, mainly in the abdominal cavity.

Q: What are the symptoms of endometriosis?

A: The most common symptom of endometriosis is pelvic pain. The pain often occurs with menstruation, during ovulation, and/or in connection with sexual intercourse. However, a woman with endometriosis may also experience pain at other times during her monthly cycle. Another symptom is infertility. Some women with endometriosis also experience severe fatigue.

Q: How is endometriosis diagnosed?

A: The only way to diagnose endometriosis with certainty is to use a minor surgical procedure called laparoscopy. However, many physicians are able to "diagnose" endometriosis based on a woman's symptoms and start treatment on that basis.

Q: Why does endometriosis cause pain and health problems?

A: Growths of endometriosis are benign (not cancerous), but they still can cause many problems. Tissue and blood that is shed into the body can cause inflammation, scar tissue, and pain. As endometrial tissue grows, it can cover or grow into the ovaries and block the fallopian tubes. Trapped blood in the ovaries can form cysts as well as cause inflammation scarring (adhesions) that sometimes bind organs together. This scar tissue may cause pelvic pain and make it difficult for women to get pregnant. The growths can also cause problems in the intestines and bladder.

Q: Who gets endometriosis?

A: Endometriosis is one of the most common health problems for women, affecting more than 5 million women in the United States. It can occur in any teen or woman who has menstrual periods, but it is most common in women in their 30s and 40s.

Q: What can raise my chances of suffering from endometriosis?

A: You are more likely to get endometriosis if you have:

- Never had children
- Menstrual periods that last more than seven days
- Short menstrual cycles (27 days or less)
- A family member (mother, aunt, sister) with endometriosis
- A health problem that prevents normal passage of menstrual blood flow
- Damage to the cells in the pelvis from an infection

Q: How can I reduce my chances of getting endometriosis?

A: Keep lower estrogen levels in your body. Try:

- Exercising regularly
- Keeping a low amount of body fat
- Avoiding large amounts of alcohol and drinks with caffeine

Q: Why is it important to find out if I have endometriosis?

A: Studies show that women with endometriosis skip school, work, and social events. This health problem can strain relationships with your partner, friends, children, and co-workers. Plus, endometriosis can make it difficult for a woman to get pregnant. When endometriosis causes fertility problems, surgery can boost the chances of getting pregnant.

Q: How do I know that I have endometriosis?

A: If you have symptoms of the disease, talk with your doctor or obstetrician/gynecologist (OB/GYN). Sometimes endometriosis is mistaken for other health problems that cause pelvic pain, and the exact cause might be hard to pinpoint.

Q: Is endometriosis a sexually transmitted disease or infectious?

A: No. Endometriosis cannot be transferred from one human being to another. The cause of endometriosis is not yet known, but it is not an infectious disease.

Q: Is endometriosis inherited?

A: The cause of endometriosis is not yet known, but research does show that first-degree relatives (daughters, nieces, sisters) of women with the disease have a seven-fold risk of developing endometriosis.

Q: Will I be able to have children?

A: It is estimated that 30-40% of women with endometriosis may have difficulties in becoming pregnant. This, however, means that 60-70% will have no problems. If fertility is a great wish, then please discuss your symptoms with your physician so that together you can develop the best treatment plan for you.

Q: Is there a cure for endometriosis?

A: No. But it can be treated. It is possible to manage symptoms for many women through a combination of treatments.

Q: How is endometriosis treated?

A: There is no cure for endometriosis, but there are many treatments for the pain and infertility it causes. Talk with your doctor about what option is best for you. The treatment you choose will depend on your symptoms, age, and plans for getting pregnant.

- **Pain Medication** — For some women with mild symptoms, doctors may suggest taking over-the-counter medicines for pain.
- **Hormone Treatment** — When pain medicine is not enough, doctors often recommend hormone medicines to treat endometriosis. Only women who do not wish to become pregnant, can use these drugs.
- **Surgery** — Surgery is usually the best choice for women with severe endometriosis with many growths, a great deal of pain, or fertility problems.

Q: Will a hysterectomy cure endometriosis?

A: Some women choose, as a last resort, to have a hysterectomy. However, this does not guarantee complete pain relief. If you opt for a hysterectomy, it is important that all endometriosis is removed at the same time.

Q: Will pregnancy cure endometriosis?

A: No. Some women find that their pain symptoms are reduced during pregnancy, but this is not the case for everyone. In most cases, endometriosis will return after giving birth and the mother stops breast-feeding.

Q: Is endometriosis cancer?

A: No. Endometriosis cysts are sometimes referred to as "benign tumors" because they may "behave similarly" to cancer, but endometriosis is not the same disease. In very rare cases, endometriotic implants can lead to cancer, but this is very, very rare.