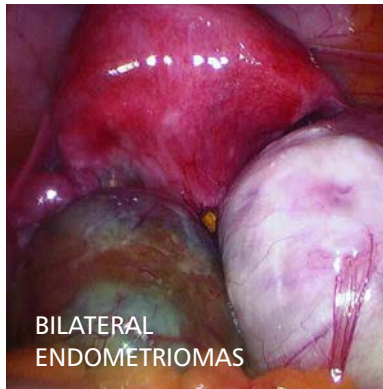


womb and ovaries) is recommended. In 95% of cases the surgical treatment of endometriosis is performed laparoscopically, leading to a faster recovery, minimal skin scarring, short hospital stay (day case or one overnight stay following surgery) compared to laparotomy (open surgery)

Complimentary approaches

- Dietary changes – a diet to improve liver function and reduce oestrogen levels would include the following: plenty of fresh fruit and vegetables (vitamin C and carotenoids); reduced fat and protein, including dairy produce, fatty meats and fast foods; avoidance of artificial additives, caffeine and alcohol; plenty of fibre and water
- Nutritional supplements – fish oils (omega 3 fatty acids)
- Herbal medicine –
Vitex agnus castus (chasteberry),
Angelica sinensis (dong quai),
Dioscorea villosa (wild yam),
Taraxacum officinale (dandelion),
Silibum marianum (milk thistle),
Arctium lappa (burdock)
- Homeopathy – Lachesis, Graphite, Nux vomica
- Chinese herbal medicine – Dan shen (sage),
Chi shao (red peony root), Tao ren (persica seed),
Hong hua (safflower), San leng (bur-reed rhizome)
- Acupuncture
- Group therapy – discussion of problems and treatments with women in similar situations in a support group scenario



**For enquiries and appointments
Tel: 0161 827 7863**

www.lucianonardo.com



Consulting Suites

First Floor
Alexandra Buildings
28 Queen Street
Manchester M2 5HX
Tel: 0161 827 7863

The Alexandra Hospital

Mill Lane
Cheadle
Cheshire SK8 2PX
Tel: 0161 495 7000/1/2/3

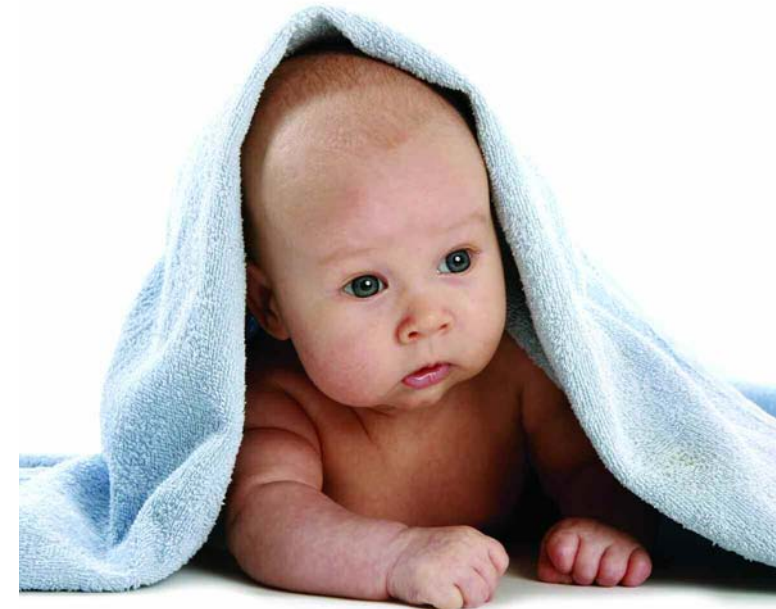
Fitzroy Square Hospital

14 Fitzroy Square
London W1T 6AH
Tel: 0800 404 6697

The London Independent Hospital

1 Beaumont Square
Stepney Green
London E1 4NL
Tel: 0207 780 2432

Endometriosis



Mr Luciano G. Nardo

Consultant in Gynaecology,
Reproductive Medicine & Surgery

Endometriosis

What is Endometriosis?

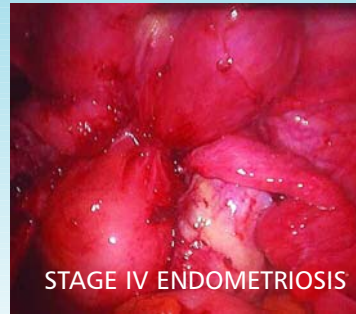
The lining of the womb, known as endometrium, breaks down on a monthly cycle (menstrual period). Endometriosis is a condition whereby patches of the endometrium grow outside the uterus in other areas. These patches behave like the normal womb lining (shed on a monthly basis), but cause pain, subfertility and inflammation. One in ten women suffers from endometriosis during their reproductive age (16-45 years). Endometriosis is a condition that usually worsens with time and may reoccur after treatment.

The usual site for this to happen is elsewhere in the pelvis, involving the ovaries, the space behind the uterus (known as pouch of Douglas), the tubes, the bowel and the bladder. In this situation the patches respond to the female hormones and shed like the lining of the womb, and the endometrium and blood have nowhere to go. It builds up to cause cysts and scar tissue (adhesions). It can also happen in other parts of the body such as the muscle layer of the womb (when it is known as adenomyosis) or more rarely away from the pelvis in the upper abdomen and the lungs.

Sometimes endometriosis can develop from within, cover or grow into the ovaries and may form cysts which are called endometriomas (or endometriotic cysts or chocolate cysts). Endometriosis is divided in to four stages, with stage I being the least severe and stage IV the most severe.

What can I do about Endometriosis?

If you suspect you have endometriosis it is important you seek referral to a gynaecologist with special



interest and expertise in this field. A confirmed diagnosis of endometriosis is only possible after undergoing a laparoscopy also called keyhole surgery (i.e., a small camera through a small incision in the abdominal wall under general anaesthesia). The same keyhole approach is used to treat endometriosis. In most cases the presence of an endometrioma is diagnosed by ultrasound scan. The type of subsequent treatment will depend on the age of the woman, the severity of the symptoms, the severity of the condition and whether fertility is an issue.

What are the symptoms of Endometriosis?

The most common symptom is pain in the pelvic area at the time of the period. The degree of pain can vary with some women having severe debilitating pain.

Other symptoms can also occur:

- Pain at the time of intercourse
- Pain during ovulation
- Painful periods
- Unspecific lower abdominal pain
- Heavy, prolonged or irregular bleeding
- Spotting before or after periods
- Fatigue and lethargy
- Difficulty getting pregnant (subfertility)

If the patches are in other parts of the body there could be rectal bleeding (if sited in the bowel), blood

in the urine (if sited inside the bladder), or even coughing up blood (if sited in the lungs). The severity of the symptoms bears no relationship to the extent of the condition. Some women have a significant amount of endometriosis and are symptoms-free.

Why have I got Endometriosis?

No-one is certain how it occurs and why some women are affected while others not. The most widely believed theory is that during menstruation some of the endometrium travels backwards through the Fallopian tubes and out into the pelvic cavity, instead of downwards through the vagina. It is also possible that endometriosis has some genetic links as shown by members of the same family suffering from endometriosis.

Treatment of Endometriosis Conventional approaches

- Anti-inflammatory drugs – for pain relief only
- Combined oral contraceptive pill – taken continuously for 6 months, no breaks, to stop the periods
- Progestogens – taken continuously for 6 months to stop the periods
- GnRH analogues – these drugs are given to interfere with the fluctuations of the cyclical female hormones. A state of “pseudo-menopause” is created and any menopausal side effects can be counteracted by taking hormone replacement therapy.
- Surgery – is the most effective treatment. It involves laser, diathermy or excision of endometriosis patches (also known as deposits). In some cases, especially if fertility is no longer an issue and in severe debilitating cases of endometriosis hysterectomy and oophorectomy (removal of the