



**EXCESSIVE
PERIOD
PAIN
COULD
MEAN
SOME
-THING
MORE
PAINFUL.**



ENDOMETRIOSIS

Aster

HOSPITAL MANKHOOL



Introduction

SO, WHAT EXACTLY IS
ENDOMETRIOSIS?



ARE THERE ANY
OBVIOUS SYMPTOMS?



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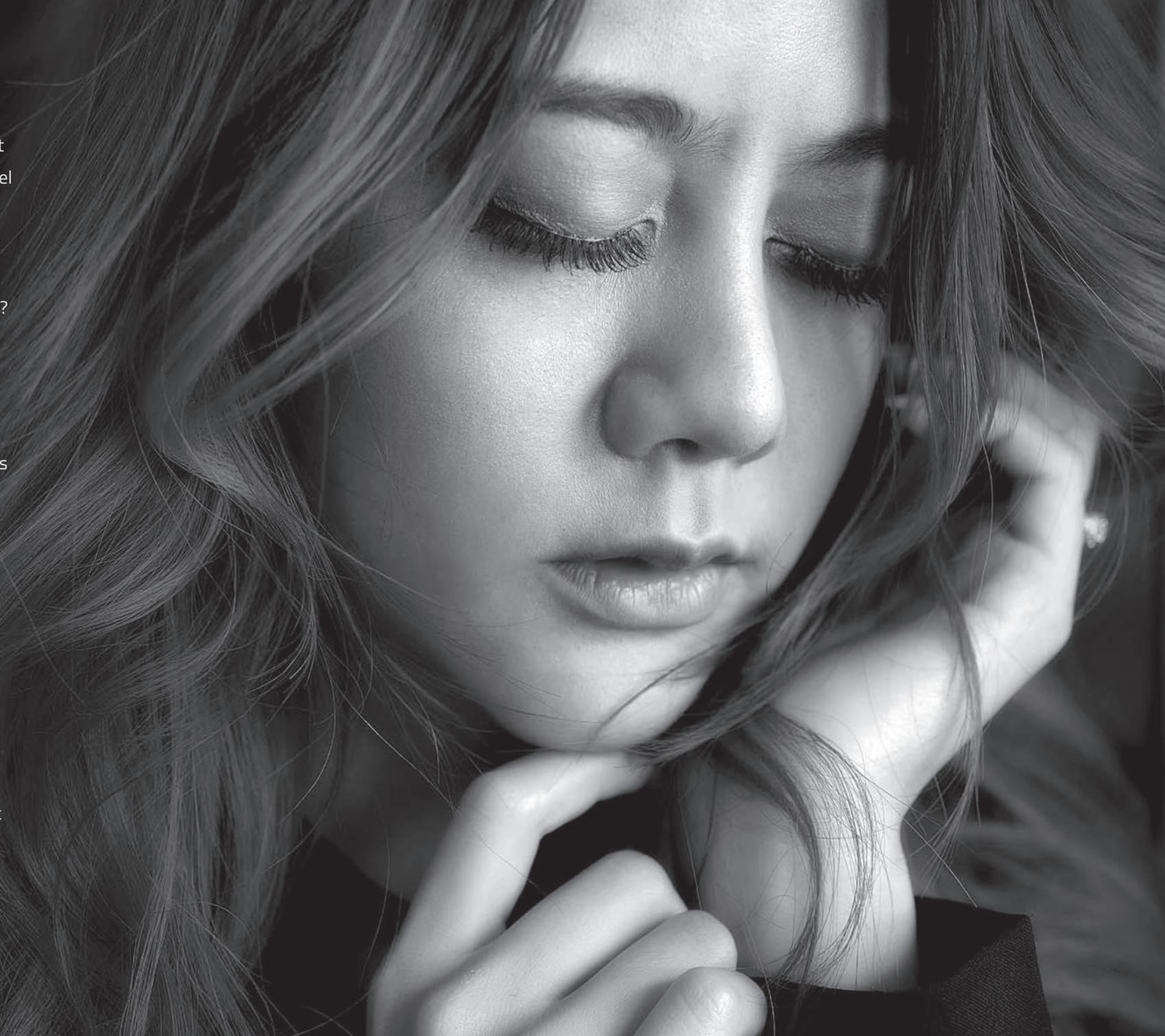
WHY PUT UP WITH
PAIN WHEN YOU CAN
PUT AN END TO IT?

WE'LL END THE PAIN OF ENDOME- -TRIOSIS SO YOU CAN BEGIN A NEW LIFE.

Do you experience severe discomfort during menstrual periods? Do you feel severe pain in your pelvis or abdomen? Do you have painful urination and bowel movements? Have you had repeated miscarriages? If your answer is yes to any or all of these, chances are you might be suffering from Endometriosis.

But don't worry. The disease is not as scary as it sounds and can be easily treated with proper care and medication.

This booklet aims to educate you more about Endometriosis – what it is, why does it occur, how to treat it and more. It comes to you with the assurance of our expert healthcare team at Aster, who are on hand to provide you with effective treatment and management, letting you live a full, worry-free, healthy life.



So, what exactly is Endometriosis?

Endometriosis occurs when the tissue that lines the inside of a woman's uterus – the endometrium – begins to grow outside the uterus. It causes severe pain, bleeding and discomfort during menstrual periods, leading to repeated miscarriages.

Misplaced endometrial tissue behaves like endometrial tissue in the uterus. It responds to the monthly rise and fall of female hormones. At the time of menstruation, endometrial tissue outside the uterus also can ooze blood, and cause pelvic or abdominal pain. If the misplaced endometrial tissue enlarges to cover or grow into the ovaries, or if it blocks the fallopian tubes, it can interfere with a woman's fertility by blocking the passage of an egg from the ovaries into the uterus. Endometrial tissue on the ovaries may form into large fluid-filled cysts. These are called endometriomas.



What causes Endometriosis?

While no one is sure of what causes Endometriosis, it is generally believed that gynaecological conditions and genetics contribute to the development of the disease. In many cases, it could be hereditary.

A woman may have an increased risk of endometriosis if:

- She has a heavy menstrual flow
- She has a short menstrual cycle (27 days or less)
- She has a close female relative with endometriosis

A woman's risk is probably lower than average if:

- She is slightly underweight
- She exercises regularly
- She has had multiple pregnancies
- She has used oral contraceptives

Are there any obvious symptoms?

Although many women with Endometriosis may not feel any symptoms, you need to watch out for the following:

- Severe discomfort, usually with heavy flow, during menstrual periods
- Pain in the pelvis or abdomen, usually just before or during menstruation, but sometimes throughout the month
- Backache
- Pain during or immediately after sexual intercourse
- Vaginal spotting before menstruation begins
- Bowel symptoms, such as:
 - Painful bowel movements
 - Diarrhea
 - Constipation
 - Rarely, blood in the stool
 - Painful urination, or rarely, blood in the urine
 - Infertility or repeated miscarriages

If you experience any of the above symptoms, please see your doctor at the earliest.



How is the diagnosis done?

Your doctor will first review your symptoms and go through your medical, gynaecological and family history of Endometriosis, if any. You might then undergo a physical and pelvic exam. During the pelvic exam, your doctor may be able to feel the following signs of Endometriosis.

- Endometrial tissue embedded in the ligaments of your pelvis
- Displaced pelvic organs
- How freely your pelvic organs may be moved
- An ovarian endometrioma—a deposit of endometrial tissue on your ovaries

To confirm the diagnosis, your doctor may need to do a pelvic laparoscopic surgery. In this surgery, doctors operate through two or three tiny incisions. The surgery can identify endometrial tissue inside your pelvis or abdomen. Abnormal tissue may be removed for biopsy during the surgery.

Can Endometriosis be prevented?

The answer is no. There is no way to prevent Endometriosis. However, the condition may temporarily stop progressing if you use oral contraceptives or become pregnant.

Is Endometriosis lifelong?

Without treatment, Endometriosis is a long-term problem. It usually lasts until menopause. After menopause, areas of misplaced endometrial tissue tend to become smaller, and are less likely to cause symptoms. That is particularly true if your symptoms have come only during menstrual periods.





Can Endometriosis be treated?

The answer is yes. If you seek medical aid early, there are several treatment options available that can help you overcome Endometriosis and help you lead a less painful and normal life. Some of the treatments include:

Pain Management

For mild pelvic or abdominal pain, your doctor may recommend a non-prescription pain medication.

Treatments that control hormone levels

Some treatments relieve pain by controlling levels of female hormones, particularly if your symptoms occur mainly or only during menstrual periods. These include:

- Oral contraceptives
- Progestins
- Progesterone antagonists
- Danazol (Danocrine)
- Gonadotropin-releasing hormone (GnRH) agonists. GnRH agonists temporarily, but dramatically, decrease levels of female hormones. Since these hormones encourage the inflammation within patches of Endometriosis that cause the symptoms of the disease, decreasing the levels of these hormones often improves the symptoms.

- Aromatase inhibitors—drugs used to treat breast cancer, that seem to decrease the amount of estrogen in patches of Endometriosis. The two most commonly used aromatase inhibitors are anastrozole and letrozole.

Conservative surgical treatments

During laparoscopy, your doctor will destroy small areas of extra endometrial tissue that are implanted outside the uterus. He may burn them away or use a laser to vaporize them. Your doctor also may trim away tissue that is displacing your pelvic organs. These procedures often can be done during a diagnostic laparoscopy session.

For more extensive endometriosis, you may need traditional abdominal surgery. This is done through a larger incision. The larger incision provides more room to reach and treat all areas of endometriosis inside your pelvis and abdomen.

Hysterectomy

The doctor may treat Endometriosis by removing the uterus, ovaries and fallopian tubes.

Hysterectomy is a last resort when other measures have failed. It is only performed in women with severe disabling pain who no longer want to become pregnant.

The treatment option that is best for you depends on several factors. These include the severity of your symptoms and your plans for pregnancy.

Why put up with pain when you can put an end to it?

Life can be absolutely normal, especially when Endometriosis is diagnosed and treated early. Medical and surgical treatments can relieve the pain of endometriosis in most women. Remember, symptoms of Endometriosis go away after menopause, as long as you take timely measures.



CONTACT US

To find out how we can help you overcome the pain of Endometriosis, visit your nearest Aster Hospital today. Our doctors are always on hand to offer you the best of personal care.

WE'LL BE GLAD TO HEAR FROM YOU

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