

## Dr Gopalan Poovalingam

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Dr Gopalan Poovalingam has provided superior specialised gynaecology management to women for over a decade. With his advanced gynaecological expertise and his extensive additional urogynaecological training, he has successfully treated many women with complex issues such as heavy bleeding, painful periods, endometriosis, infertility, uterine fibroids and menopause.

### Melbourne Gynaecology

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### WHAT IS ENDOMETRIOSIS?

Endometriosis is a progressive and chronic condition where tissue similar to the lining of the uterus is also found elsewhere in the body. It most commonly occurs in the pelvis and can affect a woman's reproductive organs (these are typically the years between the onset of menstruation until menopause). Studies suggest that endometriosis affects one in nine Australian women of reproductive age. The endometrial tissue cells may:

- be found on organs, usually in the pelvis
- start to grow and form patches or nodules on pelvic organs or on the peritoneum (the inside lining of the abdomen and pelvis)
- have the same cyclical/menstrual changes outside the uterus as inside the uterus
- may bleed at the same time as your period (menstruation).

### WHAT CAUSES ENDOMETRIOSIS?

The causes of endometriosis are not known, but there are some things that put women at greater risk such as:

- retrograde menstruation which is when, instead of menstrual (period) blood flowing out of the body as usual, some travels backwards along the fallopian tubes and into the pelvis. This blood can contain cells from the endometrium. In some women, these endometrial cells stick onto the surfaces of pelvic organs and start growing.
- normal pelvic tissue can turn into endometriosis. This is called metaplasia.
- family history. Women who have a close relative (mother/sister) with endometriosis are up to seven to ten times more likely to develop the condition.

### WHAT ARE THE SYMPTOMS?

Each woman with endometriosis will experience different symptoms. How severe the symptoms are does not relate to how serious the disease is, but where the endometriosis is. Common symptoms include:

- abdominal or pelvic pain before and during a period. The pain can be felt in the thigh or leg and may get worse over time. For some women, the pain is so severe they cannot participate in education, work or sport
- pain during and after sexual intercourse
- pain opening bowels/passing urine during a period
- heavy period or irregular bleeding sometimes with clots. Bleeding for longer than normal (more than five days) or before a period is due can also signal endometriosis
- bleeding from the bladder or bowel, or changes in urination or bowel movements, such as needing to urinate more frequently
- feeling bloated, with or without pain
- being tired, especially around the time of your period
- having anxiety or depression related to the pain
- not being able to get pregnant. It is estimated that 30 to 40 per cent of women with endometriosis may have difficulties in becoming pregnant.

### HOW IS ENDOMETRIOSIS DIAGNOSED?

A laparoscopy (keyhole surgery) is the only way to diagnose endometriosis. A thin tube (telescope) with a light (laparoscope) is inserted into the abdomen through a small cut in the belly button, to allow the gynaecologist to see if there is any endometrial tissue within the pelvis. These tissues will be removed and examined to confirm a diagnosis. However, many doctors may start treatment based on symptoms. Pelvic ultrasound may help to rule out other pelvic conditions.

### HOW IS ENDOMETRIOSIS TREATED?

Treatment of endometriosis is individualised based on multiple factors (including age, symptoms, severity of endometriosis, desire for pregnancy/fertility disorders). Endometriosis can be treated using medical treatment (combined oral contraception pills or progestin pills, hormonal intrauterine device or injectable hormonal medication), surgery, complementary treatment (psychology/physiotherapy) or a combination of these methods.

Success of the surgery is dependant on the severity of the endometriosis and expertise of the surgeon. Endometriosis is a chronic condition that can linger/recur (despite hands/on treatment) until women reach menopause. Hence, treatment and follow up needs to be continued.

As with any other medical disorder, prognosis and outcome of a patient with endometriosis depends on early detection. The earlier the patient is diagnosed and treated, the better the outcome in terms of symptoms as well as protection of the reproductive organs.

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