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# Endometriosis

## Information and advice



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## Contact Us

### Luz Hughes

Specialist Nurse, Pelvic Pain and Endometriosis

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Tel. No. **01932 722655 / 07824 866696**

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## Further Information

We endeavor to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you remain concerned, PALS can also advise upon how to make a formal complaint.

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## Websites

### [www.endometriosis-uk.org](http://www.endometriosis-uk.org)

Endometriosis UK is the leading national charity dedicated to providing support for women who suffer with this disease.

### [www.healthunlocked](http://www.healthunlocked)

On this site you can post your questions about endometriosis and your treatment directly to other women who are going through the same experience

### [www.shetrust](http://www.shetrust)

We offer help, information and support to women with endometriosis and everyone else interested, to be able to make informed choices about conventional, nutritional and complementary therapies available

### [www.cemig.org.uk](http://www.cemig.org.uk)

For information relating to all aspects of endometriosis and treatments available at Ashford and St. Peters Hospitals

### [www.rcog.org.uk/en/patients/patient-leaflets/endometriosis](http://www.rcog.org.uk/en/patients/patient-leaflets/endometriosis)

This information is for you if you have been diagnosed with endometriosis or suspect you may have endometriosis. It covers: Symptoms of endometriosis, causes of endometriosis, getting a diagnosis, what happens when you see a specialist, the types of test you may be offered, making a decision about treatment, etc.

## What is Endometriosis?

Endometriosis is where tissue similar to the lining of the womb grows outside the womb, on the lining of inside of pelvis, on ovaries, bowel and many other organs. The cause is not known. Research shows that on average, it takes 7 years from the time of onset of pain to diagnosis.

Sometimes there are no symptoms and it is found by chance when a woman is having an operation. However, for many women it can be a very painful condition and it is diagnosed when these symptoms are investigated. In other cases it is identified in women who are having difficulty getting pregnant.

Endometriosis affects more than 2 Million women in the UK. That is around one in ten women in their reproductive age. So it is very common.

CEMIG is one of only 14 specialist centres in the UK accredited by the British Society for Gynaecological Endoscopy (BSGE).

We treat women with all grades of endometriosis, from mild disease to the more severe form involving the bladder and bowel.

Surgical treatment of severe endometriosis requires special skills in advanced laparoscopic surgery and needs to be performed by a gynaecologist who is specially trained for this type of surgery and in a centre where other experienced surgeons (such as laparoscopic bowel surgeons) with expertise in this field are available.

CEMIG has a dynamic multidisciplinary team that has the experience and knowledge to provide high quality, evidenced based care. The team includes surgeons, an endometriosis specialist nurse and a pain consultant.

The CEMIG team understands the difficulties you face living with endometriosis and chronic pelvic pain, physically and emotionally, and you will be fully involved with all decisions regarding your treatment.

### **What do we offer?**

- Two Consultant Gynaecologists, both experts in the diagnosis and treatment of endometriosis.
- Specialist nurse for endometriosis and pelvic pain.
- Advanced ultrasound and MRI diagnostics.
- Dedicated pelvic pain service.
- Telephone advice line
- Ongoing support via self-help groups, Twitter and Facebook

### **Further Information and support**

#### **Support Group**

Our support group exists in order to provide information and support to women who suffer from endometriosis and their loved ones.

Whether you have just been diagnosed or have been living with endometriosis for years, these meetings are an opportunity to meet others living with the condition, to share experiences and to raise awareness together.

Meetings are held on the last Tuesday of the month. The groups are facilitated by Luz, an Endometriosis Specialist Nurse and Angela a trained group leader from Endometriosis UK.

We look forward to meeting you.

**For more details email:-**

[chertseyandsurreyendogroup@gmail.com](mailto:chertseyandsurreyendogroup@gmail.com)

Or telephone Luz on **07824 866696**

(Meetings are held in the Stephanie Marks Diabetes Centre, St Peters Hospital, Guildford Road, Chertsey, Surrey, KT16 0PZ.)

## Surgery

Surgery can be used to remove or destroy areas of endometriosis tissue, which can help improve symptoms and fertility.

Depending on your individual circumstances, Laparoscopy and Hysterectomy are the main surgeries offered to patients.

## Diet and Lifestyle

Women with endometriosis may also benefit from eating a healthy, balanced diet and taking regular exercise. Complementary therapies may also help control your symptoms.

For more information about the treatments available please visit our website at [www.cemig.org.uk](http://www.cemig.org.uk) or contact Specialist Nurse Luz Hughes (Details on contact us page)

## Symptoms

Symptoms of endometriosis vary from person to person. Some women have no symptoms at all.

The most common symptoms include:

- Painful or heavy periods
- Pain in the lower abdomen (tummy), pelvis or lower back
- Pain during sexual intercourse
- Bleeding between periods
- Fertility problems

The experience of pain varies between women. Most women with endometriosis get pain in the area between their hips and the tops of their legs. Some women have this all the time, while others only have pain during their periods, when they have sex or when they go to the toilet.

Other symptoms may include:

- discomfort when urinating
- bleeding from your back passage (rectum)
- bowel blockage (if the endometriosis tissue is in the intestines)

How severe the symptoms are depends largely on where in your body the endometriosis is, rather than the amount of endometriosis you have. A small amount of tissue can be as painful as, or more painful than, a large amount.

## **Deciding which treatment**

Your gynaecologist will discuss the treatment options with you and outline the risks and benefits of each.

When deciding which treatment is right for you, there are several things to take into consideration, including:

### **Your age**

Whether your main symptom is pain or difficulty getting pregnant. Whether you want to become pregnant (some treatments may stop you getting pregnant)

### **How you feel about surgery**

Whether you have tried any of the treatments before.

Treatment may not be necessary if your symptoms are mild and you have no fertility problems. In about a third of cases, endometriosis gets better by itself without treatment.

One course of action is to keep an eye on symptoms and decide to have treatment if they get worse.

Support from self-help groups can be very useful if you are learning to manage endometriosis

## **Treatments**

### **Pain Management**

Learning to manage your pain rather than the pain managing you is a very important factor in your care, you will be given advice on how to take medications in conjunction with other treatments and lifestyle changes to improve your quality of life.

### **Hormone Treatments**

The aim of hormone treatments is to limit or stop the production of oestrogen in your body.

This is because oestrogen encourages endometriosis to grow and shed. Without exposure to oestrogen, the endometriosis tissue can be reduced, which helps to ease your symptoms. However, hormone treatment has no effect on adhesions ('sticky' areas of endometriosis, which can cause organs to fuse together) and cannot improve fertility.

Hormone treatments stop the production of oestrogen by putting you in either an artificial state of pregnancy or an artificial state of menopause, which stops your periods.

Once your periods have stopped, the endometriosis is no longer aggravated. However, it is important to note that some of these treatments are not contraceptives.