Endometriosis

What is Endometriosis?
Endometriosis is the presence of endometrial cells outside the endometrial cavity. Endometrial lesions are most commonly found in the pelvis, on the ovaries and on the ligaments that support the uterus.

Symptoms
- Pain
- Dysmenorrhea
- Dyspareunia
- Dysuria (painful urination)
- Dyschezia (painful bowel movements)
- CPP (Chronic Pelvic Pain)
- Bleeding
- Menorrhagia
- Clotting
- Long periods
- Irregular periods
- Premenstrual spotting/discharge
- Subfertility/Infertility
- Asymptomatic

Other symptoms include fatigue and bloating.

How does Endometriosis develop?
The exact cause of Endometriosis has not been established, however the most commonly accepted reasons are:
- Retrograde menstruation when the endometrium flows backwards through the fallopian tubes and into the abdomen.
- Coelomic metaplasia cells lining the pelvic organs can change their structure and function to become endometrial cells when influenced by certain conditions.
- Altered immunity development may be related to a deficiency in the immune system’s ability to recognise the presence of endometrial tissue in abnormal locations.

How to treat Endometriosis
Endometriosis is a recurrent ongoing chronic condition, however the main goals are to alleviate pain, prevent progression and protect fertility. The type of treatment chosen depends on the severity of symptoms and the location, size, number of lesions and reproductive plans. Treatment is either surgical or medical:

**Surgical Treatment**
- Helps to relieve pain in 70-85%
- Laparoscopy is the gold standard for diagnosis and treatment.

**Medical Treatment**
- Helps to relieve symptoms in 85%
  1. COCP (Combined Oral Contraceptive Pill)
  2. Progestogens
  3. GnRH Analogues

Effects on fertility
Endometriosis at all stages affects fertility.
- Distortion of anatomy – altering the normal tubo-ovarian anatomy
- Macrophage/cytokine effects on egg, sperm, embryo – altered fertilisation and implantation
- Inflammatory changes in the pelvis

Who to refer?
It is recommended to refer a patient to a fertility specialist for further investigations when a patient has suspected Endometriosis and fertility problems. Please download a Fertility Referral Form from the Doctor’s Portal at mivf.com.au/doctors
Uterine Fibroids

What are Uterine Fibroids?

Uterine fibroids are benign tumours which grow from cells forming the muscle of the uterus. Uterine fibroids are also called leiomyoma or myoma of the uterus.

Fibroids are usually found in or around the body of the uterus.
- **Submucosal** in the uterine cavity
- **Intramural** within the wall of the uterus
- **Subserosal** on the outside of the uterus

Symptoms

- Nil
- Pressure
- Bladder/bowel pain
- Discomfort
  - Bleeding – Menorrhagia/
  Abnormal vaginal bleeding
- Infertility

How do Uterine Fibroids develop?

The cause of fibroids is not yet known, however hormonal and genetic factors could play a crucial role.

How to treat Uterine Fibroids

Surgical Treatment

- Hysteroscopy
- Laparoscopic or open Myomectomy
- Hysterectomy (if family is complete)

Effects on fertility

The size, location and number of fibroids will determine the effect on fertility. Uterine fibroids can:

- Cause changes in the shape of the uterus which can interfere with the movement of the sperm or embryo. Submucosal fibroids are the most critical, reducing implantation and increased miscarriage.
- Block the fallopian tubes
- Impact the size of the lining of the uterine cavity
- Size of Intramural fibroids can impact if over 7cm

Who to refer?

It is recommended to refer a patient to a fertility specialist for further investigations when a patient has suspected Uterine Fibroids and fertility problems. Please download a Fertility Referral Form from the Doctor’s Portal at mivf.com.au/doctors