

△ GENERAL INFORMATION

This is a condition in which the tissue lining the inside of the uterus (the *endometrium*) is found in places *outside* the uterus, mostly in the pelvis (Fig. 1). Endometriosis is seen in younger women. The cause is not truly known.

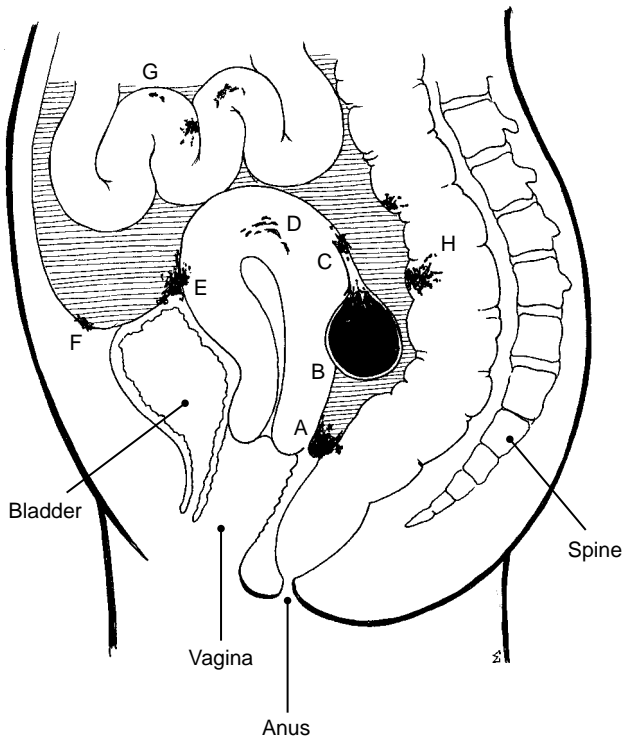


Figure 1. Tissue that normally lines the inside surface of the uterus (the *endometrium*) can, in some patients, be found outside the uterus. Most commonly, this tissue is found in the pelvis, although it can be anywhere in the abdominal cavity, and even, occasionally, outside the abdominal cavity. A, Behind the uterus (posterior cul-de-sac); B, old blood collected in the ovary forms a cyst; C, in the fallopian tube; D, in the wall of the uterus; E, between the uterus and the bladder; F, on the lining (peritoneum) of the abdominal wall; G, on the surface of the small intestine; H, surface of the colon.

COMMON SIGNS AND SYMPTOMS

- Mild (to severe) pain in the pelvis shortly before and usually during the first few days of the menstrual period.
- Low back pain.
- Pain during sexual intercourse.
- Abdominal cramps.

DIAGNOSIS

- In a young woman with a number of the above symptoms, the diagnosis can be suspected, but usually it is necessary to follow the patient for a while to be fairly certain.
- Some or all the following tests will need to be done:
 - **Laparoscopy:** It is done with a *laparoscope* that is an optical instrument about as big around as your

little finger with a light at its tip. Under general anesthesia, a small incision is made at your navel, and the instrument is inserted into the abdomen. All the organs inside the pelvis can be looked at directly. If necessary, a small piece of tissue is taken (a *biopsy*) for examination in the laboratory.

- **Ultrasound:** Harmless sound waves are aimed at the area of your pelvis. The sound waves bouncing back (the echoes) from this area are seen as a picture on a screen. Ultrasound is a convenient and painless way to examine organs and tissues in the pelvis.
- **CT scan (computed tomography scan):** These special x-rays are taken by a machine that is shaped like a huge doughnut. You will lie on a table inside the hole in the "doughnut." The x-rays are taken as half-inch slices through the area of your pelvis. This makes it possible to see fine details in the tissues in your pelvis.

○ TREATMENT

- Treatment depends on how much and where the endometriosis is located, your age, and whether you wish to have children (because in severe cases one of the treatments is to remove the uterus and ovaries).
- Generally, nonprescription pain medicines can help make the symptoms tolerable.

Hormone Therapy: A number of combinations of hormones can be effective. All of them have some side effect on most patients. The condition may come back when these hormones are stopped.

Surgical Therapy: Several operations are available for specific situations:

- Through the laparoscope, areas in the pelvis that cause the most trouble can be treated with laser.
- Sometimes the ovaries become ballooned (*cystic*) and painful from the old blood building up in them each month. Part, or all, of the ovaries can be removed by an operation.
- The uterus, tubes and ovaries can be removed.

After careful consideration, the recommendation is that you have an operation.

PREOPERATIVE PREPARATION

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- Do not eat or drink anything for 8 hours before the operation.
- Do not douche or use a tampon on the day of the operation.

□ OPERATION

- The planned operation was discussed with you in detail during your office visit.
- You will be asleep during the operation.

POSTOPERATIVE CARE

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.

- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- Pain will be controlled with medicine.
- You should be able to go home in about 2 to 4 days.
- As with any operation, complications are always possible. Although they are uncommon with your type of operation, they can include wound infection, bleeding, and injury to the intestines, among others.
- Arrangements will be made for your medicine, follow-up office visit, and stitch removal.

⊕ HOME CARE

- You may walk about as you wish, even climb stairs.
- Take medicine as prescribed for your pain.
- You may eat as you did before the operation.
- Unless instructed otherwise, you may shower as you wish and with any dressings on or off. There may be

narrow strips of tape across the incision. It's all right if they get wet. They will be removed in the doctor's office. After you dry yourself, replace any dressings with clean, dry ones.

- Include plenty of roughage and liquids in your diet to help avoid constipation.
- Do not drive a car until you can move freely and without pain.
- You may return to work when you feel up to it.
- At your follow-up visit let's talk about when you can resume sexual intercourse.

📞 CALL OUR OFFICE IF

- You develop any unusual signs or symptoms.
- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.