

OBSTETRICS &
GYNAECOLOGY

Understanding endometriosis

Endometriosis is a painful gynaecological disorder that causes excessive menstrual bleeding and cramps. It can start in the teenage years and has long term consequences for fertility.



While it is common to suffer from cramps and the occasional heavy period, chronic severe pain and excessive menstrual bleeding could signal a condition called endometriosis.

What is endometriosis?

Endometriosis refers to an abnormal growth of cells similar to the lining of the womb (called the endometrium). Instead of being isolated in the womb, endometrial cells can appear in other places, such as the ovaries, the outside of the womb, the pelvis, bladder and ureters or bowel.

These displaced tissues continue to thicken, break down and bleed with each menstrual cycle, causing problems. For instance, when the condition occurs inside the ovaries, cysts called endometriomas may form. This can prevent the eggs from developing, prevent normal release of eggs and deplete the ovarian reserve. Displaced endometrial tissues can also obstruct the fallopian tube and prevent sperm from reaching the egg. The condition also leads to inflammation, creating scar tissue and adhesions that cause pelvic tissues and organs to stick to each other. These symptoms may make sex painful and undesirable.

Who gets it?

The condition affects about one in 10 women and symptoms typically present between the ages of 25 and 40. It is important to seek help early because undiagnosed and untreated endometriosis can affect organs in the pelvis and reproductive system. Long-term inflammation, scar tissue and cyst formation due to endometriosis can damage the fallopian tubes and ovaries and can make it more difficult to get pregnant. It is estimated that about 30–50% of women with endometriosis have difficulty getting pregnant. This is why endometriosis is more than



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an issue of painful or heavy periods; it is also an issue of fertility that requires early medical intervention.

While most women who have endometriosis do not have symptoms, some may experience these problems:

- Excessive menstrual bleeding
- Pelvic pain that occurs during or just before menstruation and eases after menstruation
- Pain felt deep inside the vagina during or after sexual intercourse
- Pain during bowel movement

Diagnosing endometriosis

If you suspect that you have endometriosis, you may undergo a series of tests. These include a pelvic exam to palpate (manually feel) for cysts or scars in the ovaries or uterus. Another examination is an ultrasound done externally against your abdomen or inside the vagina for a transvaginal ultrasound. This imaging can be used to identify cysts associated with endometriosis.

The most definitive test for endometriosis is diagnostic laparoscopy, which involves inserting a small tube-like instrument (called a laparoscope) through a tiny incision while you are under general anaesthesia. The laparoscope is equipped with a camera and allows your doctor to view the tissues and take samples for a biopsy. This form of diagnosis can provide information about the location, extent and size of the displaced tissues.

Treatment options

Endometriosis can be treated with medications and/or endometriosis surgery. Treatment depends on the extent of the problem, your age, whether you wish to get pregnant and balancing the side effects/ complications of drugs or procedures. Medications include painkillers to manage the discomfort. Other women may prefer to take hormone therapy that works by mimicking pregnancy, thus alleviating the symptoms of endometriosis pain. This method is most effective because endometriosis tends to resolve once menstruation ceases.

Those with minimal to moderate endometriosis may opt for laproscopic surgery to surgically remove displaced tissues. For women who wish to become pregnant, it is important to discuss the impact of endometrial surgery on fertility. In cases of mild to moderate endometriosis, removal of endometriosis deposits or endometriotic ovarian cysts can improve the chance of natural conception. In others, in vitro fertilisation (IVF) may be recommended before surgery to avoid affecting fertility due to surgical complications. In severe cases, a hysterectomy combined with the removal of the ovaries is another option, but this is only a last resort — and for women who no longer wish to bear children. 

