

Patient information from BMJ

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Endometriosis: what treatments work?

Endometriosis happens when tissues that make up the lining of your womb spread and grow outside your womb. It can cause pain, and it can make it harder to get pregnant. But there are treatments that can help.

What treatments work?

The lining of your womb is called the endometrium. Each month, the lining grows thicker as part of your monthly cycle, when your body makes more of the hormone oestrogen.

Sometimes tissue from the endometrium starts growing in other parts of the inside of your body. This is called endometriosis. No one knows for certain why it happens.

Endometriosis most often grows around your ovaries, fallopian tubes, the outside of your womb or the lining of your pelvis. It can also grow around your rectum and bladder.

Women with endometriosis are more likely to have difficulty getting pregnant than other women.

Treatments for endometriosis are different depending on whether or not you want to get pregnant. For more on fertility treatments for women with endometriosis, see our leaflet: *Fertility treatments: what treatments work?*

Things you can do for yourself

If your main symptom is painful periods, you could try painkillers first, such as non-steroidal anti-inflammatory drugs (NSAIDs). An example is ibuprofen. Aspirin and paracetamol may help too. You may find a hot water bottle or a warm bath is comforting.

Medicines

If you don't want to get pregnant, your doctor may suggest you try contraceptive pills first. Some women find they work for all kinds of endometriosis pain, including painful periods, continuous pain, and pain during sex.

Contraceptive pills can have side effects, but they are usually mild. Some women get headaches, put on weight, feel bloated, have mood changes, and get tender breasts.

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Women taking contraceptive pills are slightly more likely to get a blood clot in the veins in their legs.

If you still get pain despite taking contraceptive pills, your doctor may suggest you try a different type of hormone treatment. There are several different types, all with different side effects.

Talk to your doctor about which type might suit you best. You can't usually get pregnant while taking these types of hormonal medicines.

Surgery

Surgery to remove endometriosis may help with the pain. The type of surgery you are offered will depend partly on whether you want to get pregnant in the future.

For example, the main reason that some women with endometriosis have surgery is to help them get pregnant.

But if pregnancy is not an issue for you - for example, if you have already had a family - your doctor might suggest a hysterectomy, which is an operation to remove the womb completely.

For most women, including those who still want to become pregnant, the operation removes only the patches of endometriosis. This is often done using keyhole surgery. This is quicker than open surgery.

The surgeon may use laser treatment or heat treatment to get rid of patches of endometriosis. The surgeon also cleans up any scars and, where possible separates organs that are stuck together.

Any operation has risks. Some side effects are more serious, but much less common. These include damage to your bowel or your bladder, bleeding inside your body, infections, or adhesions (tissue that sticks to organs and stops them working properly).

Some women have hormone treatments after surgery to remove endometriosis. This may make the benefits of the operation last longer. Other women have hormone treatments before surgery to remove endometriosis, to make the operation easier for the surgeon to carry out.

For more background information on endometriosis see our leaflet *Endometriosis: what is it?*

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