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ENDOMETRIOSIS

GP Teaching June 2023



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Endometriosis

Guideline of European Society of Human
Reproduction and Embryology

2022
ESHRE Endometriosis Guideline Development Group

INTRODUCTION - Demography

Barnsley
Population

- 245 , 000

Male : Female

- 100 male : 108 Female (0.97 (F: M)) /
Fertility 1.63 (1.62 National) /

Age group

- 40 years

HOSPITAL SERVICE – GOPD CLINIC

GENERAL

- 4 Consultant & 1 nurse lead per week (4179)



Specialist – 6 – 7 per week

- Colposcopy / OPD Hysteroscopy / 2 week wait / Vulval / Urogynaecology / TOP








****Opportunity

- PELVIC Pain (Endometriosis) / Menopausal Health

SERVICE – Organisation – Gold Standard

- a [managed clinical network](#)
 - including GPs, practice nurses, school nurses and sexual health services), gynaecology services (see the [recommendation on gynaecology services](#)) and specialist endometriosis services (see the [recommendation on specialist endometriosis services \[endometriosis centres\]](#)).

Gynaecology services for women with suspected or confirmed endometriosis should have access to:

- a **gynaecologist with expertise** in diagnosing and managing endometriosis, including training and skills in laparoscopic surgery 
- a **gynaecology specialist nurse** with expertise in endometriosis 
- a **multidisciplinary pain management service** 
- a healthcare professional with an interest in **gynaecological imaging** 
- fertility services 

NICE Recommendation

- **Specialist endometriosis services (endometriosis centres)**
- 1.1.4 Specialist endometriosis services (endometriosis centres) should have access to:
 - gynaecologists with expertise in diagnosing and managing endometriosis, including advanced laparoscopic surgical skills
 - a colorectal surgeon with an interest in endometriosis
 - a urologist with an interest in endometriosis
 - an endometriosis specialist nurse
 - a multidisciplinary pain management service with expertise in pelvic pain
 - a healthcare professional with specialist expertise in gynaecological imaging of endometriosis
 - advanced diagnostic facilities (for example, radiology and histopathology)
 - fertility services.

Background

- Chronic Inflammation
- Oestrogen dependent
- 2 to 10% gen population & 50% in Subfertile group
- 190 million
- Affects : social / sex / educational / families / emotional
- Healthcare costs similar to DM/Rheumatic disease & GI tract disease
- Diagnosis – average delay of 6 to 8 years



DIAGNOSIS

SUSPECT

ASSESS

TEST

TREAT



PRESENTATIONS

Pelvic Pain

Subfertility

Other



Deep dyspareunia

Pelvic pain

Dysuria

Painful Rectal bleeding

Subfertility

Scar tenderness

Questionnaire not evident

Clinical Examination & Tests

History as above

Clinical Examination – PV (?
Nodules

Imaging – US or MRI

NO biomarkers

Management

NSAID & other analgesics

COCP (Back to Back) / Progesterone

GnRH analogues

Mirena

Laparoscopy

- Medical treatment failure
- Normal US

Surgical Rx

Endometriosis Ablation – NO

Endo Excision – Weak evidence

Deep Endometriosis – Endo Centre

IUS after Surgery – 18 to 24 months

Ovarian Endometriosis (Endometrioma)

- Cystectomy better than Drainage

Other Support



PAIN CLINIC



NURSE SPECIALIST



MENTAL HEALTH

Diagnosis

- The diagnostic delay of endometriosis is a hallmark of a disease that can have at times crippling effects
- There exists no convincing correlation between the extent of the disease categorised and the severity of symptoms
- Laparoscopic identification of endometriotic lesions with histological verification has been described as the diagnostic gold **standard in the past**. However, advances in the quality and availability of **imaging modalities** for some forms of endometriosis on the one hand and the operative risk, limited access to highly qualified surgeons and financial implications call for the urgent need for a refinement of this **outdated dogma**.

APPG REPORT



CHANGES



Diagnosis :



Laparoscopy is no longer the diagnostic gold standard and it is now only recommended in patients with negative imaging results and/or where empirical treatment was unsuccessful or inappropriate



Treatment : Danazole



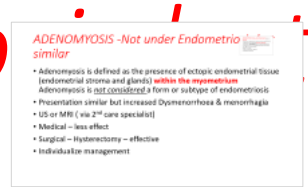
Other – Aromatase Inhibitors

- In women with endometriosis-associated pain refractory to other medical or surgical treatment, it is recommended to prescribe aromatase inhibitors, as they reduce endometriosis-associated pain. Aromatase inhibitors may be prescribed in combination with oral contraceptives, progestogens, GnRH agonists or GnRH antagonists.

Non –
pharmacological

Mental Health

ADENOMYOSIS -Not under Endometriosis similar



- Adenomyosis is defined as the presence of ectopic endometrial tissue (endometrial stroma and glands) **within the myometrium**
Adenomyosis is not considered a form or subtype of endometriosis
- Presentation similar but increased Dysmenorrhoea & menorrhagia
- US or MRI (via 2nd care specialist)
- Medical – less effect
- Surgical – Hysterectomy – effective
- Individualize management

EXTRAPELVIC ENDOMETRIOSIS



Rectum &
Bowel

Lungs

Bladder

MDT
approach

Bowel –
Surgery

Thorax –
Medical

Adolescence



In adolescents, clinicians should take a careful history to identify possible risk factors for endometriosis, such as a positive family history, obstructive genital malformations, early menarche, or short menstrual cycle



Clinicians may consider endometriosis in young women presenting with (cyclical) absenteeism from school, or with use of oral contraceptives for treatment of dysmenorrhea. –



Symptoms :chronic or acyclical pelvic pain, particularly combined with nausea, dysmenorrhea, dyschezia, dysuria, dyspareunia - cyclical pelvic pain.

Menopause



1



2



3



4

Clinicians should be aware that endometriosis, can still be active/symptomatic after menopause.

Clinicians may consider surgical treatment for postmenopausal women presenting with signs of endometriosis and/or pain to enable histological confirmation of the diagnosis of endometriosis.

Clinicians should acknowledge the uncertainty towards the risk of malignancy in postmenopausal women. If a pelvic mass is detected, the work-up and treatment should be performed according to national oncology guidelines.

For postmenopausal women with endometriosis-associated pain, clinicians may consider aromatase inhibitors as a treatment option especially if surgery is not feasible. ⊕

Endometriosis & CAncer



Very low risk of Endo cancer

Although endometriosis is associated with a higher risk of ovarian, breast, and thyroid cancers in particular, the increase in absolute risk compared with women in the general population is low.

DO NOT DO



Pelvic MRI

Ca 125





And they were telling me that
I was making it up.

THANK YOU

- Q&As