# FACT SHEET: ENDOMETRIOSIS



#### What Is It?

Endometriosis is a condition where **tissue similar to the uterine lining grows outside the uterus**, commonly on the ovaries, fallopian tubes, and surrounding pelvic organs. This tissue responds to the menstrual cycle, and can lead to **inflammation**, **pain**, **and scarring**. Endometriosis affects approximately **1 in 10 women and individuals assigned female at birth (AFAB)**. There are four stages of endometriosis:

#### Stage 1 (Minimal):

Few superficial implants, minimal scar tissue, considered the least severe.

#### Stage 2 (Mild):

More implants, deeper lesions in the pelvis, possible development of filmy adhesions.

#### Stage 3 (Moderate):

Many deep implants, potential presence of ovarian endometriomas (cysts), thicker scar tissue and adhesions.

#### Stage 4 (Severe):

Extensive deep implants, large ovarian cysts, dense adhesions that may involve organs like the bowel and bladder.



## **Possible Symptoms**

- Severe pelvic pain
   (especially before and during periods)
- Pain during or after intercourse
- Chronic fatigue
- ♦ Heavy or irregular periods
- Digestive issues

   (bloating, constipation, diarrhoea)
- Difficulty conceiving (infertility in some cases)

#### Important points to remember:

- The staging system is based on a point system, where higher points indicate more severe disease.
- The severity of symptoms does not always directly correlate with the stage of endometriosis.



## **Triggers & Risk Factors**

The exact cause is unknown, but possible factors include:

- ♦ Genetics (family history of endometriosis)
- Retrograde menstruation

   (when menstrual blood flows backward)
- ♦ Immune system dysfunction
- Hormonal imbalances (high oestrogen levels)



## **Diagnosis**

- Pelvic exam to detect cysts or abnormalities
- Ultrasound or MRI for imaging pelvic organs
- Laparoscopy (minimally invasive surgery for definitive diagnosis)



## **FACT SHEET: ENDOMETRIOSIS**



### **Treatment & Management**

#### **♦ Medications**

- Pain relievers (NSAIDs like ibuprofen)
- Hormonal therapies (birth control pills, GnRH agonists, progestin-only treatments)

#### Lifestyle Adjustments

- · Anti-inflammatory diet (reducing dairy, sugar, and processed foods)
- Regular exercise and stress management (yoga, meditation)

#### Surgical Options

- · Laparoscopic surgery to remove endometriosis tissue
- In severe cases, hysterectomy (removal of the uterus) may be considered



## Support in the Workplace

- ♦ Flexible work hours or remote work during flare-ups
- Accessible restrooms and rest areas
- Open discussions about endometriosis to reduce stigma



## Impact on Work & Daily Life

Endometriosis can lead to chronic pain, fatigue, and emotional distress making it difficult to maintain productivity and requiring frequent medical appointments and sick leave.

## **RESOURCES**

#### Websites

- Endometriosis Foundation of America www.endofound.org
- The Endometriosis UK www.endometriosis-uk.org
- National Women's Health Network www.nwhn.org

#### ♦ Apps

- Flutter Tracking symptoms and treatments
- Menstrual and symptom tracking

#### **♦ Books**

- Endometriosis: A Key to Healing **Through Nutritions** by Dian Shepperson Mills
- The Endometriosis Health & Diet Program by Andrew S. and Danielle Cook
- Beating Endo: A Patient's Treatment Plan for Endometriosis by Dr. Iris Kerin Orbuch
- Know Your Endo: An Empowering Guide to Health and Hope With **Endometriosis** by Jessica Murnane

#### **♦ Online Support Groups & Forums**

 Facebook Endometriosis Support Groups such as endometriosis.uk.org NancysNookEndoEd

 Instagram pages such as @endowarriors @jen.dometriosis



© Over The Bloody Moon. All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher. For permission requests, email lesley@overthebloodymoon.com