

Treatments For Endometriosis

There is no cure for **endometriosis**, but there are many options to help you manage the symptoms of this chronic disease.

Treatment should take into account your age, the severity of your symptoms, and the progression of your disease, as well as your long-term family planning goals. Not all types of treatment will work well for every patient. Symptoms are likely to return if you decide to discontinue prescribed treatment.

Non-Prescription Pain Relief Options

- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen or naproxen
- Heating pads, heat wraps, or a warm bath to help relax muscle tension and cramping
- Yoga, stretching, and regular low-impact exercises to help strengthen your pelvic area muscle groups
- Rest, relaxation, and meditation to help reduce stress
- Increased fiber in your diet (fruits, vegetables, beans, and lentils) to help minimize excess estrogen that can aggravate symptoms

Prescription Pain Relievers

- Some high-dose NSAIDs require a medical prescription
- Muscle relaxants
- Antidepressants and **anticonvulsants**

DID YOU KNOW?

Antidepressants and anticonvulsants prescribed in small doses can help treat pain. Ask your doctor if this can help you manage your endometriosis symptoms.



Hormone Therapies

These can be used to regulate your body's natural hormone production and/or function to help prevent new endometriosis **implants** and reduce pain and associated symptoms. As with any treatment, discuss potential side effects with your health care provider to determine the best option for you.

- **Hormonal contraceptives** (birth control pills, patches, vaginal rings) can make your periods lighter and shorter and may reduce pain associated with endometriosis.
- **Progestin therapies** (pills, contraceptive implants and injections, and IUDs with levonorgestrel) may reduce endometriosis pain by making periods lighter or stopping them altogether.
- **Gonadotropin-releasing hormones (GnRH) receptor agonists** (injections and nasal sprays) regulate estrogen levels to reduce endometriosis pain and bleeding and the size of endometriosis implants.
- **GnRH receptor antagonists** (pills and injections) control estrogen levels to reduce endometriosis pain.
- Danazol (synthetic androgen that can be taken orally or vaginally) can reduce pain by causing endometrial implants to shrink.

Other Types of Treatment

- **Pelvic floor** physical therapy
- Transcutaneous electrical nerve stimulation (TENS) to treat pain in targeted areas
- Nerve blocks (local anesthetic injections) to target specific regions of pain at the nerve sources
- Muscle injections (e.g., botulinum toxin) to treat pelvic muscle spasms and pain
- **Cognitive behavioral therapy** to identify coping mechanisms to help reduce stress-aggravated pain

Treatments (cont.)

Do I Need Surgery?

If your endometriosis symptoms are poorly controlled despite medication or other forms of treatment, surgery to remove areas of endometriosis growth and scar tissue may be helpful. For patients with moderate to severe symptoms, this type of surgery can be an appropriate but temporary fix, as pain is likely to return over time. Taking hormonal therapy after surgery, however, may eliminate or delay the return.

At one time, surgery to remove the uterus (hysterectomy) and/or ovaries (oophorectomy) was considered the most effective treatment for endometriosis. However, experts are moving away from this approach and focusing on less invasive treatment options, such as the medication, hormonal therapies, and other treatments previously mentioned. The surgical removal of your ovaries also depletes your body of estrogen and results in menopause.

Before Committing to Surgery, Ask Your Provider:

1. What type of surgery do you recommend? Why?
2. How long will the surgery last? What is a reasonable expectation for recovery time?
3. What common complications might I have to anticipate?
4. What happens if my endometriosis pain persists after the procedure?
5. How will surgery affect my future chances of getting pregnant?

65% OF WOMEN

*report pain relief
after surgery*

HOWEVER

20–40% OF PATIENTS

*can experience endometrial
implants again within 5
years of surgery*

