

Treatment cont'd

Surgical Treatment

Laparoscopy (Keyhole Surgery) – This surgical procedure is done under anaesthesia and a laparoscope (a special tube with a camera and light) is inserted in a tiny incision in the abdomen. The surgeon examines the extent of the disease and cut out (excises) all the endometriosis tissue, if present. Other tiny incisions on the abdomen are necessary for this. It is critical that a skilled surgeon is secured for this surgery. The two main factors determining a successful surgery are the skill of surgeon and thoroughness of the surgery.

Hysterectomy – This surgical procedure removes part or all of the uterus. It may be considered for severe and painful cases of endometriosis. While it may help or eliminate the symptoms for some patients, a hysterectomy is **not** a cure for endometriosis. Many factors are to be seriously considered before deciding on a hysterectomy.

Oophorectomy – This surgical procedure removes one or both ovaries. Several factors are considered before deciding on the removal of the ovaries, the major being the severity of the damages to the ovary that is usually caused by an endometrioma(s). The removal of both ovaries induces menopause. Hormone Replacement Therapy (HRT) is recommended but is dependent on several factors.

All surgeries have risks. These risks are to be thoroughly discussed with medical practitioners and properly understood before consenting to surgery.

Complementary Therapies – These include nutritional / dietary approaches, physical therapy, acupuncture among others to help manage the symptoms of endometriosis.

Taking Action

Spotted a red flag? Be an endometriosis sister's keeper and tell her about endometriosis? Severe period pain is not normal! Early diagnosis is key!

MARCH IS ENDOMETRIOSIS AWARENESS MONTH

Vision

To be the most effective and reputable endometriosis non-profit organisation in the Caribbean.

Mission

To forge a permanent bond that spreads hope through information, support and empowerment to all those affected by endometriosis.



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The TTEA is a member of the



World Endometriosis
Organisations

Reviewed by Dr. Brian Brady



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**Valuing human life,
hoping for a cure,
taking action together.**

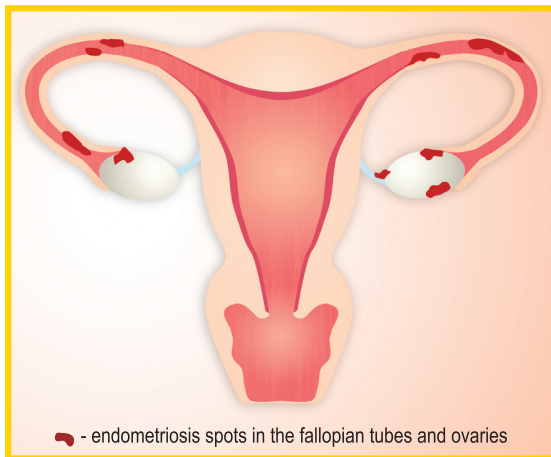
Endometriosis

**Endometriosis is very prevalent.
1 in 10 women is affected by it.**

Endometriosis occurs when tissue similar to the lining of the uterus grows in other areas of the body. It can be found anywhere in the body but it is commonly found in the pelvic area on:

- the lining of the pelvis,
- the ovaries,
- the fallopian tubes,
- the areas between the vagina and rectum,
- the rectum,
- the Pouch of Douglas,
- the bowel, or
- anywhere in the pelvic area

It is also found inside the ovary. A cyst of endometriosis found in the ovary is referred to as a chocolate cyst or an endometrioma.



Endometriosis has been found in the lungs, diaphragm and other peripheral organs. Because the endometriosis tissue should not be there, many problems are likely to develop including scar tissue and adhesions.

This painful and life-intefering disease affects girls and women of reproductive age. Girls and women are urged **not** to ignore the signs and symptoms.

Causes

The cause of endometriosis is still unknown but there are a number of theories postulating genetic, immunological and environmental factors. Some studies are suggesting a strong link to genetic factors.

Signs and Symptoms

The most common symptoms and signs of endometriosis are painful period and chronic pelvic pain. Other common symptoms and signs include the following:

Painful, sometimes distressing cramps which may include the rectum and legs during period; the pain may get progressively worse over time.

Mild to severe intermittent or chronic lower back, pelvic and abdominal pain.

Painful intercourse.

Infertility or Sub-fertility.

Alternate bowel movements (diarrhoea / constipation) that are frequent and sometimes painful with period.


Urinary urgency and frequency and sometimes painful urination and voiding.

Vomiting and nausea.


Tiredness and low energy.

RED FLAGS

Does your period prevent you from doing daily activities?

Yes = 

Do pain killers help with the pains associated with your period?

No = 

Diagnosis

While there are many suspected cases of endometriosis, the disease is only confirmed by surgery. In keeping with international best practice, endometriosis is diagnosed by keyhole (laparoscopy) surgery. This involves the insertion of a device to view the pelvic cavity. This is done by an experienced gynaecologist. The endometriosis tissue should be cut out (excised) and sent to the lab for confirmation (histology).

Treatment

Currently, there is no medication that cures endometriosis but the disease can be treated and according to international best practice, a multi-disciplinary approach involving medical and surgical treatments and self-management is most effective.

Medical Treatment

There exists no medication that cures endometriosis. However, there are those that may treat the symptoms of endometriosis. The medical practitioner should prescribe the medications that best suit the needs of the patient.

Here are some medications commonly used:

Pain killers	Non-steroidal Anti-inflammatory Drugs (NSAID) are usually recommended and are to be taken before the pain comes on too strong.
Hormone treatment	These include Oral Contraceptive Pills (OCP), GnRH analogues, intrauterine device or system, progestin and other hormone medication may be reommended

Medical treatments are used in conjunction with surgery very often to manage endometriosis.

Endometriosis patients are to understand the benefits and side effects for each medication before starting treatment.