

depends on several factors such as the location(s) and extent of the endometrial tissues, the severity of the symptoms, the age of the patient, and the suitability of a treatment. Once all the factors have been identified, treatment can begin. When the condition is mild, no treatment may be necessary other than painkillers. If the condition is painful women have two options: treatment with drugs or surgery. If the drug treatment is not successful, or if the condition is very severe and widespread, surgery to remove the endometrial tissues may be recommended. Sometimes, endometriosis may return following surgery. However, when women reach menopause, endometriosis ceases to be a problem.

Does it affect the ability to have children?

Endometriosis may be associated with infertility. There is still, however, not enough evidence to say that endometriosis causes infertility.

Can the risk be minimized?

Some doctors believe that exercise may help minimize the development of retrograde menstruation which can lead to endometriosis.

The CU Healthy Program gratefully acknowledges Berlex Canada's START SMART education program as a resource for the information in this brochure

CU Healthy

HCS wants to CU Healthy! The Health Promotion Team at HCS tries to achieve this through our:

- Resource Centre
- Student Peer Interns
- Health Promotion Advisory Committee
- Website (carleton.ca/health)
- Facebook page
- Newsletters, class presentations, workshops and more . . .

The Health Promotion Team promotes healthy lifestyles and wellness and can provide you with information about stress, colds, nutrition, sexuality, alcohol, etc. Contact the Resource Centre for more information at 613-520-2600 ext. 6544 or cu_healthy@carleton.ca.



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Endometriosis



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What is it?

Endometriosis is a condition in which tissue resembling the lining of the inside of the uterus is implanted outside of it. It is found most commonly on the reproductive organs such as the ovaries, the fallopian tubes and the outer walls of the uterus. It can also be found in other areas of the body, such as the intestines, although this is rare.

The lining inside of the uterus is called the endometrium. Normally, every month, hormones cause the endometrium to thicken in preparation to receive a fertilized egg. If no fertilized egg arrives, the endometrium sheds and leaves the uterus as menstrual flow through the vagina.

In endometriosis, endometrial tissues outside the uterus respond to the same hormones. They thicken, shed and bleed, but have no way of leaving the body. This may result in the symptoms described below.

How common is it?

Endometriosis affects women of all ages from the start of menstruation to its cessation. Approximately 10% to 15% of women will develop endometriosis before they reach menopause.

What factors influence the risk of developing endometriosis?

Women who have a first degree relative with endometriosis are approximately seven times more likely to develop this condition than those who do not have affected relatives. Women who started menstruating before age 12, who have menstrual cycles shorter than 27 days, and who have a menstrual flow of 7 days or more, have twice the risk of developing endometriosis.

Causes

The cause of endometriosis is unknown. One widespread theory is that it results from retrograde menstruation, a process by which parts of the endometrium are carried backwards into the fallopian tubes and inside the abdomen during the menstrual period. These parts implant and begin to grow outside the uterus.

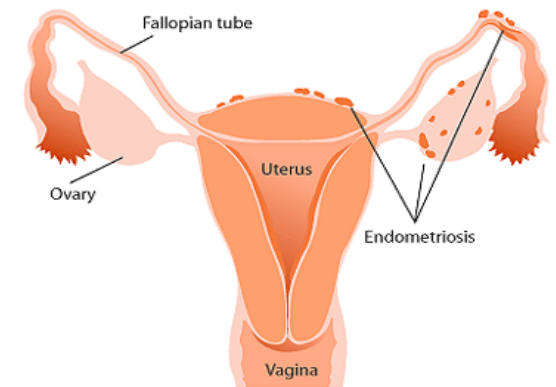
Symptoms

The most common symptom of endometriosis is pain before and during menstrual periods (usually worse than “normal”), as well as during or after sexual activity. While the pain associated with

endometriosis can be disabling, some women with endometriosis have no pain at all. Less common symptoms that may occur during menstrual periods are: fatigue, painful bowel movements, lower back pain, diarrhea, constipation and other intestinal upsets. Other symptoms include profuse menstrual bleeding and unexplained infertility.

How is it detected?

A doctor can detect endometriosis by performing a fairly painless and simple surgical technique called laparoscopy. In this procedure, a small opening is made in the abdomen and the doctor uses an instrument to see if and where endometrial growths are located. Most women undergo the procedure early in the morning and are back home in the afternoon.



How is it treated?

There is no cure for endometriosis. Treatments aim at relieving the pain and improving fertility. The choice of treatment