

## ***If You Think you May have Endometriosis (#43)***

Endometriosis affects between 10-15% of women ages 25-44. It is estimated that 25-50% of women with infertility experience endometriosis. Early diagnosis and treatment is important. If you think you may have this disease, consider the following questions.

- Do you have painful, heavy menstrual cycles?
- Do you experience back pain or pelvic pain during menstrual bleeding that is only relieved by non-steroidal anti-inflammatories like Motrin, Advil, etc., and not by aspirin alone?
- Do you have bowel or bladder symptoms (constipation, diarrhea or frequent urination) around the time of ovulation or just before you start your period?
- Is intercourse painful in certain positions or with deep penetration?
- Do you have a family history of endometriosis, i.e., your mother, grandmother or sisters have endometriosis?

### **Questions to Ask Your Doctor if you have Endometriosis and are Considering Treatment:**

- Discuss laparoscopy and/or medications to treat endometriosis.
- If you are having surgery, ask how many cases of infertility surgery they do a year (150 – 200 cases is good).
- If you are having surgery, ask if the doctor is certified by the American Association of Gynecological Laparoscopists or by the Accreditation Council for Gynecological Endoscopy. (1-800-554-2245)
- If you are having surgery, ask if the doctor will videotape the surgery; this is usually a good idea.
- Discuss a treatment plan for the first 6 months after surgery or drug treatment to optimize chances of conception. It is felt that the best “window of time” in which to conceive is the first six months following drug treatment or surgery for endometriosis.
- Ask if your ovarian reserve is normal, especially if you are over age 35: this is tested by assessing blood samples on cycle day 3 for FSH and estradiol levels. If either is elevated, your doctor may not want to use long-acting Lupron, but may use a surgical approach and then either fertility drugs or in vitro fertilization to optimize chances for conception.
- Ask your doctor to evaluate your luteal phase (the 12-14 days after ovulation) as women with endometriosis may need medications to improve the luteal phase.
- If you are considering in vitro fertilization, ask your clinic about success rates for women with this specific diagnosis.

- Discuss the miscarriage rate for women with endometriosis.
- If you are on long-acting, once a month injections of Lupron, ask about using calcium, magnesium and vitamin D or whether "estrogen add-back" therapy would be helpful to prevent osteoporosis. Also ask to have a bone density test done during treatment and after stopping treatment as bone loss can continue after stopping the medication. In "add-back" therapy, small doses of estrogen are given simultaneously with the Lupron.

Contact the Endometriosis Association 800-492-ENDO or [www.endometriosisassn.org](http://www.endometriosisassn.org) for valuable information on dietary as well as medical management of endometriosis.

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