

## PRESENTING SYMPTOMS

- DYSMENORRHOEA
- DEEP DYSPARUENIA
- PELVIC/ABDOMINAL PAIN
- VISIBLE LESIONS
- DYSCHIEZIA
- IBS
- INFERTILITY

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## CLUES TO DIAGNOSIS IN THE SURGERY

- PERI PERIOD PAIN
- MITTLESCHMERZ
- IBS
- COLONOSCOPY IN A FEMALE UNDER 40
- PR BLEEDING WITH PERIODS
- HAEMATURIA WITH PERIODS
- SHOULDER PAIN WITH PERIODS
- DYSMENORRHOEA UNRESPONSIVE TO OCP
- FAMILY HISTORY

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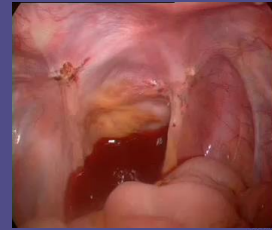
## EXAMINATION AND INVESTIGATION

- DO A VAGINAL EXAMINATION
- USS
- CA125
- CT/MRI NOT HELPFUL EXCEPT WITH ENDOMETRIOMAS

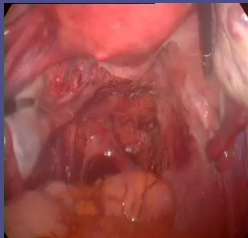
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## LAPAROSCOPY- THE GOLD STANDARD



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## COCHRANE AND ENDOMETRIOSIS SURGERY

1. Laparoscopic Surgery for pelvic pain associated with endometriosis.  
*Jacobsen et al 2009*  
- Lap OT more effective than diagnostic laparoscopy
2. Laparoscopic surgery for sub fertility associated with endometriosis  
*Jacobsen et al 2009*  
- Lap OT improved fertility for minimal and mild endometriosis
3. Excisional versus ablative surgery for ovarian endometriomata  
*Hart et al 2009*  
- excisional surgery superior for pain, recurrence and fertility
4. Surgical interruption of pelvic nerve pathways for 1° & 2° dysmenorrhoea  
*Proctor et al 2009*

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## COCHRANE AND MEDICAL THERAPY

- No benefit for pre or post operative medical therapy
- Agonists effective for pain reduction
- OCP in one study equal to analogue for endometriosis pain
- Danazol effective for endometriosis pain
- Chinese Herbal Medicine if used orally and enema better than Danazol
- NSAIDS inconclusive

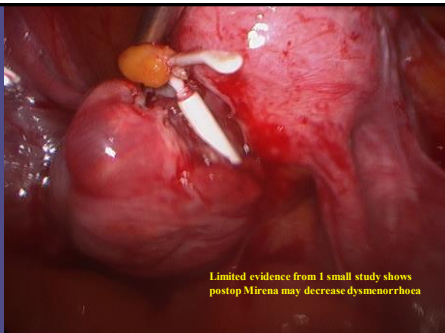
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## MEDICAL THERAPY

- |                 |                                     |
|-----------------|-------------------------------------|
| • GnRH AGONISTS | ZOLADEX<br>SYNAREL                  |
| • PROGESTINS    | PROVERA<br>NORETHISTERONE<br>MIRENA |
| • OCP           |                                     |
| • ANABOLICS     | DIMETROSE<br>DANAZOL                |

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Limited evidence from 1 small study shows postop Mirena may decrease dysmenorrhoea



## Endometriosis and Fertility

- There is a relationship between endometriosis and infertility
- Endometriosis may cause lower IVF pregnancy rates
- Endometriomas may reduce responsiveness to gonadotrophins
- Aspiration of endometriomas doesn't improve IVF outcomes
- Spontaneous and IVF pregnancy rates increase after treatment for endometriosis
- Laparoscopic surgery is best treatment for chronic pelvic pain associated with endometriosis

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## LONGER TERM MANAGEMENT

- |                                   |  |
|-----------------------------------|--|
| • CYCLE SUPPRESSION               | CONTINUOUS OCP<br>MIRENA<br>DEPO PROVERA<br>IMPLANON<br>PROGESTOGENS |
| • PAIN MANAGEMENT                 |  |
| • PSYCHOLOGICAL SUPPORT           |  |
| • REPEAT LAPAROSCOPY              |  |
| • HOPEFULLY, EVENTUALLY PREGNANCY |  |

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A WERTHEIMS TYPE LAPAROSCOPIC HYSTERECTOMY IS THE BEST CURATIVE OPERATION FOR HIGH LEVEL ENDOMETRIOSIS

- TAH DOESN'T ALLOW ADEQUATE VISUALISATION
- PROBABLY USED BY SURGEONS NOT COMFORTABLE WITH ADVANCED ENDOSCOPIC SURGERY
- VAGINAL HYSTERECTOMY CONTRAINDICATED

THE AIM OF THE OPERATION IS TO REMOVE THE ENDOMETRIOSIS

THE HYSTERECTOMY IS ONLY A MEANS TO THAT END

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## WHY AN LH IS BETTTER

- BETTER VISUALISATION OF THE DISEASE
- CLIPPING THE UTERINES MEANS ALL MEDIAL TISSUE CAN BE REMOVED
- COMPLETE URETERIC TUNNEL DISSECTION IS POSSIBLE
- THE SUPPORTING FASCIAL TISSUES OF THE UTERUS CAN BE REMOVED
- THE PARAMETRIUM CAN BE COMPLETELY REMOVED
- DISEASED VAGINA CAN BE MORE COMPLETELY REMOVED