



# DIAGNOSING ENDOMETRIOSIS IN NZ INFORMATION GUIDE



## ABOUT INSIGHT ENDOMETRIOSIS

Insight Endometriosis is a community-based Charitable Trust working collaboratively to empower people with endometriosis (suspected or diagnosed). We are based in Hamilton but provide services throughout New Zealand, with a focus on:

- Improving access to quality evidence-based information.
- Connecting those affected by endometriosis to relevant support.
- Ensuring those affected by endometriosis are productive, feel valued in their workplaces, and are nurtured to succeed in their places of study.
- Building a strong, connected community network amplifying the voices of those affected by endometriosis.
- Ensuring lived experiences of those affected by endometriosis informs policy development and health system change.
- Other relevant support and assistance.

## ABOUT THIS INFORMATION GUIDE

The purpose of this information guide is to empower you with knowledge about endometriosis and the diagnosis journey in New Zealand. Whether you suspect you have endometriosis or have a whānau member, friend, or someone in your life that is experiencing endometriosis symptoms.

It is important to remember that each person's experience of endometriosis is different and this informative guide provides evidence-based information.



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## THE PATHWAY TO DIAGNOSIS

On average, it can take 8.7 years for a person to be diagnosed with endometriosis and this can be for a number of reasons including:

- pain normalised and/or accepted
- GP not connecting symptoms
- GP misdiagnosing
- symptoms masked by contraception
- the embarrassment of bowel, bladder, and/or pelvic symptoms
- uncomfortable talking about periods, sex, and reproductive organs
- symptoms dismissed by self, GP, or gynaecologist
- dismissed as being too young to have endometriosis
- delay in referral to a gynaecologist
- lack of awareness, research, and/or resources
- health professionals' knowledge limited
- lack of endometriosis and excision experts
- surgery wait time and affordability

Please know that being undiagnosed does not make your pain any less valid.



The pathway to getting diagnosed starts with identifying and tracking your symptoms. Figuring out what your symptoms are can be really helpful at GP or gynaecologist appointments and a symptom diary can reveal trends and the effectiveness of different strategies.

This information is valuable to you and your health professionals to develop your endometriosis management strategies, and add to your feeling of control and your overall sense of well-being.

There are several apps available, or you can make notes on your phone or track things on paper. Insight Endometriosis has a PDF symptoms and pain tracker available on pages 23 - 32 of this information guide.

If endometriosis is suspected the gold standard of diagnosis is by laparoscopic surgery – when endometriosis can be sighted and excised (removed) and sent to a laboratory for histological examination (microscopic study).

Your GP can refer you for an appointment with a gynaecologist specialising in endometriosis, or you can refer yourself to a gynaecologist in private practice. If you have medical/health insurance, check with the company to see if your policy covers appointments, imaging, and treatments.



## **CLINICAL (PRESUMPTIVE) DIAGNOSIS**

A GP may suggest endometriosis based on symptoms, medical history, and family history.

An ultrasound may be useful to check for fibroids, polyps, cysts, adenomyosis, and adhesions.

GPs may suggest medical treatments (treatments with medications) without a definitive laparoscopic diagnosis to help with symptom management.

Options include pain medications (analgesics), hormonal contraceptives, or progestogens. If these treatments help relieve your symptoms you may decide not to undergo laparoscopy.

## **A DIAGNOSIS BY ELIMINATION**

A diagnosis of endometriosis is often initially by elimination.

Most tests will not definitively rule in or rule out endometriosis but can find other causes of symptoms.

If, after tests, no other explanation is found, endometriosis is left as the most probable cause.

Like symptoms, most of the tests are 'non-specific'.



## PREPARING FOR YOUR GP APPOINTMENT

Most GP appointments are only 10-15 minutes long and if you feel you may need longer with your GP you can always ask to book a double appointment.

Think about what you want to gain from the appointment, such as:

- a treatment plan to try for the next month
- a change in treatment
- discuss new symptoms you are experiencing
- organise a referral to a gynaecologist, public outpatient clinic, pain clinic, or other specialist.

In preparation, write down all of your symptoms and questions, as well as the medications, supplements, and other treatments you are currently utilising.

You may want to use the checklist of symptoms on page 19 or the symptoms and impacts jigsaw at your appointment to initiate discussion and visually show what you are experiencing.

Consider taking a support person with you to appointments – they can help with your self-advocacy, ensure all your questions are answered, and make notes. Make sure you share your questions and the outcomes you are looking for with your support person before the appointment – sometimes talking it over can really clarify what you want from the appointment.



## QUESTIONS YOU MAY WANT TO ASK YOUR GP

- What do you think is causing my symptoms?
- What treatment options are there?
- What do you recommend for me?
- How will these treatments help?
- How long do you think it will be before this treatment starts to make a difference?
- How long do you expect me to be on this treatment plan?
- What side effects can this treatment cause?
- What if the treatment is unsuccessful?
- Are there any lifestyle changes that might help?
- What do I do if my symptoms don't improve?
- What will happen if I do nothing?
- Will this affect my fertility? If so, how will we treat that?
- Could a previous surgery or another condition be causing my pain and period problems?
- What is the timeframe going forward for this treatment plan?
- When should I have a follow-up appointment?

## **During the appointment**

Take a notebook or use your phone to take notes during your appointment.

State the purpose of your visit clearly and concisely. For example “I am here today because I have been having pelvic pain for two weeks every month. I’ve taken paracetamol but that doesn’t help much. I wonder if my symptoms could be due to endometriosis and if a referral to a gynaecologist is warranted?”

It’s important not to minimise your symptoms or be vague about them. Also be clear about the impacts your symptoms are having on your lifestyle including work, study, social life, mental health and relationships.

There is no need to be embarrassed about your symptoms. Using straight-forward language that makes your symptoms clear to your doctor will be welcomed. For example the description of ‘sharp, twisting pain in my lower pelvis for five days each month’ is much clearer than ‘monthly cramps’. Specific descriptions will help you to obtain a correct diagnosis and help.

If you have been using our Endometriosis Symptom Tracker, take this along to discuss your symptoms and provide your GP with as much accurate information as possible to get to a diagnosis and treatment plan.

It is important to include every single symptom, even if they don’t initially seem related to endometriosis. Your GP needs to know about everything you are experiencing.



## QUESTIONS YOUR GP MAY ASK

- What are your symptoms?
- When did they start?
- Do they happen or get worse at certain times?
- What makes them better or worse?
- Do any of your close female relatives suffer with period pain?
- When did you start menstruating?
- What is the date of your most recent period?
- How long do your periods last and what type of flow do you experience?
- What is your menstrual cycle (eg 25 – 30 days or irregular)?
- Do you bleed between periods or after sex?
- When was your last cervical smear test?
- What medications, birth control pills, or supplements do you take on a regular basis? Have these helped with symptoms? What side effects have you experienced from these?
- Any previous illnesses (including sexually transmitted diseases) or operations?
- Do you smoke and/or drink alcohol, and how much and often?

Your GP may suggest medicines and/or complementary therapies, as well as a referral to a gynaecologist for a more thorough assessment and further treatment. Treatments suggested should be tailored to your needs and be offered on an informed consent basis.

An ultrasound and other tests (e.g. blood tests, colonoscopy) may also be suggested, to rule out other potential causes of your symptoms.

If you are seeking a diagnosis of endometriosis, remember that a definitive diagnosis can only be made by surgical (laparoscopic) visualisation and biopsy of tissue suspected to be endometriosis. Under current NZ Guidelines, your GP would be expected to make a clinical (presumptive) diagnosis based on your symptoms, medical history and family history.

### **If your GP doesn't listen**

Symptoms of endometriosis are wide-ranging and may be similar to several other conditions, which can make it difficult for a GP to reach a clinical diagnosis. Endometriosis has been likened to a 'jigsaw' of symptoms which a GP should be prepared to explore and piece together with you.

If instead your GP has been dismissive or minimised your carefully-stated symptoms and concerns, you may want to consider seeking a second opinion with a different GP.

### **At the end of the appointment**

By the end of the appointment you should have a management and treatment plan that you feel comfortable with, and ideally referrals for other tests that are warranted, and to a gynaecologist if that is something you want.

Remember to also ask your GP when you should return for a follow-up appointment.



## PELVIC/VAGINAL EXAMINATION

Endometriosis nodules can sometimes be felt during a pelvic/vaginal examination or may even be seen by smear-takers.

During a pelvic/abdominal exam, a health professional may also be able to feel an 'adnexal mass' which may indicate a cyst or the presence of adhesions as organs do not move as they should.

A normal pelvic/vaginal examination does not exclude endometriosis.

## THE ROLE OF ULTRASOUND

An ultrasound can be used to eliminate other possible causes of symptoms, such as fibroids and polyps. In skilled hands with modern ultrasound equipment, DIE might be detected.

Ultrasounds can also show:

- cysts - there should be further tests to distinguish endometrioma from other types of cysts
- adhesions - formed from inflammation caused by endometriosis or infection
- an enlarged or 'bulky' uterus, indicating adenomyosis

A clear ultrasound does not exclude endometriosis and may indicate endometriosis is likely to be the underlying cause of symptoms because no other cause has been found.

In most parts of New Zealand there are long public waiting-lists for ultrasound – so if your priority is seeking a gynaecologist appointment, it is generally best to get that request underway, rather than further delaying this important appointment while waiting for an ultrasound.





### **MRI**

An MRI scan may be used in planning surgery by establishing the extent of endometriosis or to assess an ovarian cyst. Generally, complex surgery will be anticipated, or symptoms which may suggest other conditions which warrant an MRI.

### **CA 125**

A blood test for tumour marker 'carbohydrate antigen 125' which may be elevated in a variety of gynaecological conditions including benign ovarian cysts and endometriosis, as well as ovarian cancer.

## **A GUIDE TO A GYNAECOLOGIST APPOINTMENT**

Going to a gynaecologist appointment can feel overwhelming, so being well-prepared and having a support person with you can relieve pressure and reduce any feelings of anxiety.

After an initial discussion of symptoms and their impact on your life, your gynaecologist may recommend laparoscopic (key-hole) surgery to definitively diagnose endometriosis as well as ongoing lifelong treatment options.

Below are some things to consider when preparing for your appointment and things to discuss at your appointment.

### **Before your gynaecologist appointment**

Write down all your symptoms and questions, as well as the medications and supplements you are currently taking.

You may want to ask your gynaecologist similar questions you asked your GP (see our GP Appointment Information Sheet) as well as:

- Will you want me to have an ultrasound or MRI scan? What are you looking for?
- Is a laparoscopy recommended? What will you look for and where?
- Do you think my fertility may be affected? What options should I consider?
- Are there waiting lists for scans, procedures and treatments and how do these work?
- How can I control my symptoms? What other treatments should I consider?

## **During the appointment**

It's important not to minimise your symptoms or be vague in any way. Don't say "It's probably nothing". You may not get the care you need and deserve if you under-report your pain and the impacts your symptoms are having on your lifestyle.

If your gynaecologist minimises your symptoms, tells you it's all in your head, to "just relax," or recommends pregnancy as a treatment, you may want to consider seeking an appointment with another gynaecologist who listens and understands.

Don't be embarrassed about your symptoms. Talk in straightforward language that makes your symptoms clear to your gynaecologist. Simply saying you have "cramps" usually doesn't raise a red flag in the doctor's mind. Telling the doctor you have sharp, knife-like pain in your lower pelvis for five days each month does.

By providing specific descriptions, you can play an important role in obtaining a correct diagnosis and treatment plan.

Taking a symptom tracker will help to discuss with your gynaecologist your symptoms and provide them with as much accurate information as possible to get to a diagnosis and manage your symptoms.

Your gynaecologist will have questions for you, which may be similar to what your GP asked.

## **At the end of the appointment**

You should be clear at the end of the appointment about the next steps that will now be taken to lead to a diagnosis such as blood tests, ultrasounds, MRI, colonoscopy, and/or laparoscopy, and what the expected timeframes are for these. Ask your gynaecologist if, and when you should expect to return for any follow-up appointments.



## **IF SURGERY IS SUGGESTED YOU MAY WANT TO ASK THE FOLLOWING QUESTIONS:**

- What is the goal of surgery?
- How likely is surgery to help with my pain? And fertility?
- What does endometriosis look like, what colours are you looking for?
- What is your experience with endometriosis surgery? What surgical method/s are you planning to use?
- What is your approach to endometrioma?
- What is your approach to deeply infiltrative endometriosis?
- What is your plan for adhesion prevention?
- If you find more than expected, what will you do?
- How long will the surgery take?
- What is the typical recovery time after surgery? When can I return to work? When can I have intercourse?
- What complications could arise?
- Under what circumstances would you consider a laparotomy or removal of organs?
- If I want to get pregnant, will this surgery improve my chances of getting pregnant?
- If I never want to become pregnant, would this affect my treatment plan?
- Will surgery permanently remove any endometriosis?
- What are the chances that my pain will return after surgery?
- Is hormone therapy (before or after surgery) part of the treatment plan? Why /why not?
- What are my pain management options while waiting for surgery?



*undiagnosed*  
**DOES NOT MAKE  
YOUR PAIN  
ANY LESS VALID**



## **SURGICAL (LAPAROSCOPIC) DIAGNOSIS**

As well as a definitive diagnosis, a laparoscopy also provides an opportunity to treat with the same procedure. Highly skilled gynaecologists specialising in endometriosis surgery can both identify and remove (excise) endometriosis in the same surgical procedure, which aims to:

- remove all endometriosis nodules, tissue and cysts which will then be sent to pathology for assessment
- divide adhesions to free organs and restore anatomy and,
- if fertility is of concern, the patency of the fallopian tubes can be checked with a dye test, with a view to clearing them if blocked.

A laparoscopy (keyhole surgery) is an operation performed under general anaesthetic by a highly-skilled gynaecologist who specialises in endometriosis. It may be day surgery or an overnight stay in the hospital, or sometimes longer depending on the extent of the surgery and recovery.

A laparoscope (fibre-optic tube) is inserted via a small cut (incision) in the belly button. Other instruments are inserted into the pelvic/abdominal area via small cuts.

The laparoscope is hooked up to a large screen to magnify the view of organs, endometriosis and adhesions, as well as any cysts, polyps and fibroids.

Endometriosis can be clear, pink, red, white, yellow, blue, brown and black. The darker colours are often indicators of deeply invasive disease. You can have multiple colours and stages at the same time.

During surgery, tissue suspected to be endometriosis is excised (removed) and sent to a pathologist for histology (microscopic study) for a definitive endometriosis diagnosis.



## Following surgery

A follow-up appointment with your gynaecologist will give you the opportunity to discuss an ongoing treatment and management plan, including the results of the histology.

Your gynaecologist will let you know what type of endometriosis you have. The four types of endometriosis are:

- endometrioma - an ovarian cyst
- deeply infiltrating or DIE - lesions at least 5mm deep
- superficial - small spots often widespread on the peritoneum (the internal skin-like membrane lining)
- adenomyosis - this is endometriosis within the muscle wall of the uterus.

Our Surgery and Hormonal Management Information Guide provides more information on what to expect before and after surgery.



## STAGES AND CLASSIFICATIONS OF ENDOMETRIOSIS

Endometriosis appears in several different types with a wide variety of symptoms and impacts depending on the extent of the endometriosis, the organs affected, and extent of adhesions. Therefore a unified consensus classification system has not been simple. The system in common use by medical professionals was developed decades ago by the American Society for Reproductive Medicine (ASRM – formerly ASF).

The ASRM classification system is divided into four 'stages' or 'grades' according to the number of lesions, depth of infiltration, presence of ovarian cysts and extent of adhesions, based on a point system which aims to numerically scale the disease. The titles 'minimal' / 'mild' reflect a score of 15 or less, while a score of 16 or higher is framed as 'moderate' or 'severe'. These are useful to distinguish the complexity of surgery, with Stage III and IV requiring highly-skilled surgeons and typically take several hours.

### ASRM CLASSIFICATION SYSTEM

ENDOMETRIOSIS STAGE / GRADE	DEPTH OF INFILTRATION
Stage I 1-5 points	<ul style="list-style-type: none"><li>• Minimal</li><li>• Few superficial implants</li></ul>
Stage II 6-15 points	<ul style="list-style-type: none"><li>• Mild</li><li>• More and deeper implants</li></ul>
Stage III 16-40 points	<ul style="list-style-type: none"><li>• Moderate</li><li>• Many deep implants</li><li>• Small cysts on one or both ovaries</li><li>• Presence of filmy adhesions</li></ul>
Stage IV 40+ points	<ul style="list-style-type: none"><li>• Severe</li><li>• Many deep implants</li><li>• Large cysts on one or both ovaries</li><li>• Many dense adhesions</li></ul>

It is important to remember that these scores generally bear little correlation to the level of pain or the presence of other symptoms, and provide limited information about fertility.

The Endometriosis Foundation of America (Endofound.org) has therefore proposed a different classification based on the type of endometriosis. For deeply infiltrating (DIE) it also uses the anatomical location and level of infiltration.

## ENDOMETRIOSIS FOUNDATION OF AMERICA CLASSIFICATION SYSTEM

CATEGORY	ANATOMICAL LOCATION AND LEVEL OF INFILTRATION
Category I Peritoneal endometriosis	The most minimal form of endometriosis in which the peritoneum, the membrane that lines the abdomen, is infiltrated with endometriosis tissue.
Category II Ovarian Endometriomas (Chocolate Cysts)	Endometriosis forming a cyst within the ovary can cause many problems with fertility, torsion (twisting), and risks of rupture which can cause severe pain, internal bleeding and spreading endometriosis within the pelvic area.
Category III Deep Infiltrating Endometriosis I (DIE I)	The first form of deep infiltrating endometriosis involves organs within the pelvic area. This can include the ovaries, rectum, uterus, and can significantly distort the anatomy of the pelvic organs.
Category IV Deep Infiltrating Endometriosis II (DIE II)	The other more extreme form of DIE involves organs both within and outside the pelvic area. This can include the bowels, appendix, diaphragm, heart, lungs and other organs.



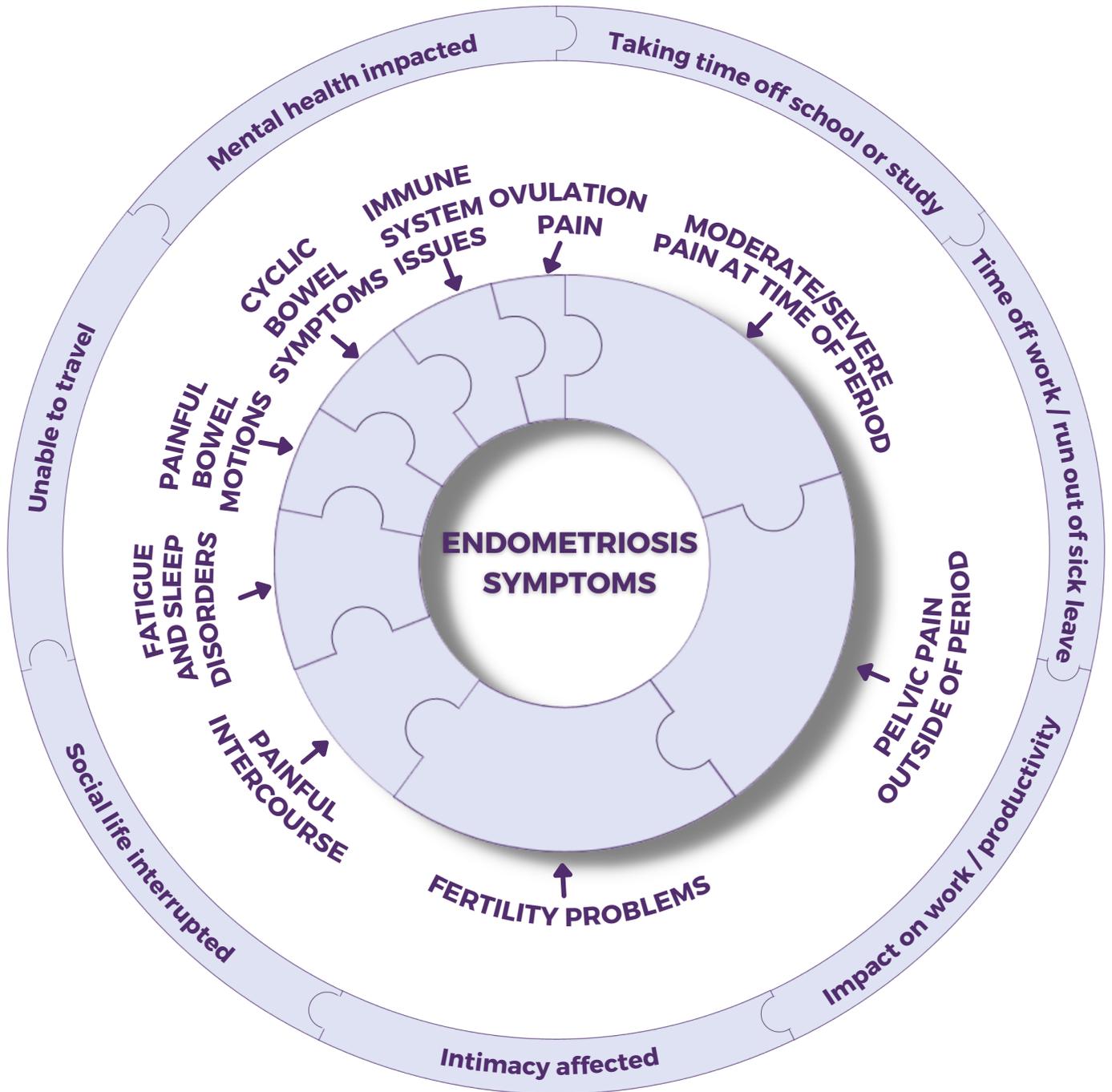
Use this checklist to help you decide if you need to seek medical advice:

- Do you take medication for pain at time of period?
- Do you need to take time off work or studies when you have your period?
- Do you need to rest when you have your period?
- Do you have pain during or after sex?
- Do you experience cyclical pain in your pelvic region, lower back or legs?
- Do you have pain midway through your cycle?
- Do you experience pain when you have a full bladder or when urinating?
- Are you, or have you, had fertility problems?
- Are your bowel motions painful, particularly around the time of your period?
- Do you experience cyclical abdominal bloating?
- Do you have diarrhoea or constipation related to your periods?
- Do you suffer from constant tiredness/fatigue?
- Do you experience cyclical depression, mood disturbances or PMS?
- Do you have premenstrual spotting?
- Do you experience heavy bleeding?
- Do you find smear tests painful?
- Do you have a grandmother, mother, sister, or aunt who has had similar symptoms or been diagnosed with endometriosis?

If you answer 'yes' to a few of these symptoms you may have endometriosis; the more you have, the higher the likelihood of endometriosis. Take this checklist to your GP or gynaecologist to discuss your symptoms.



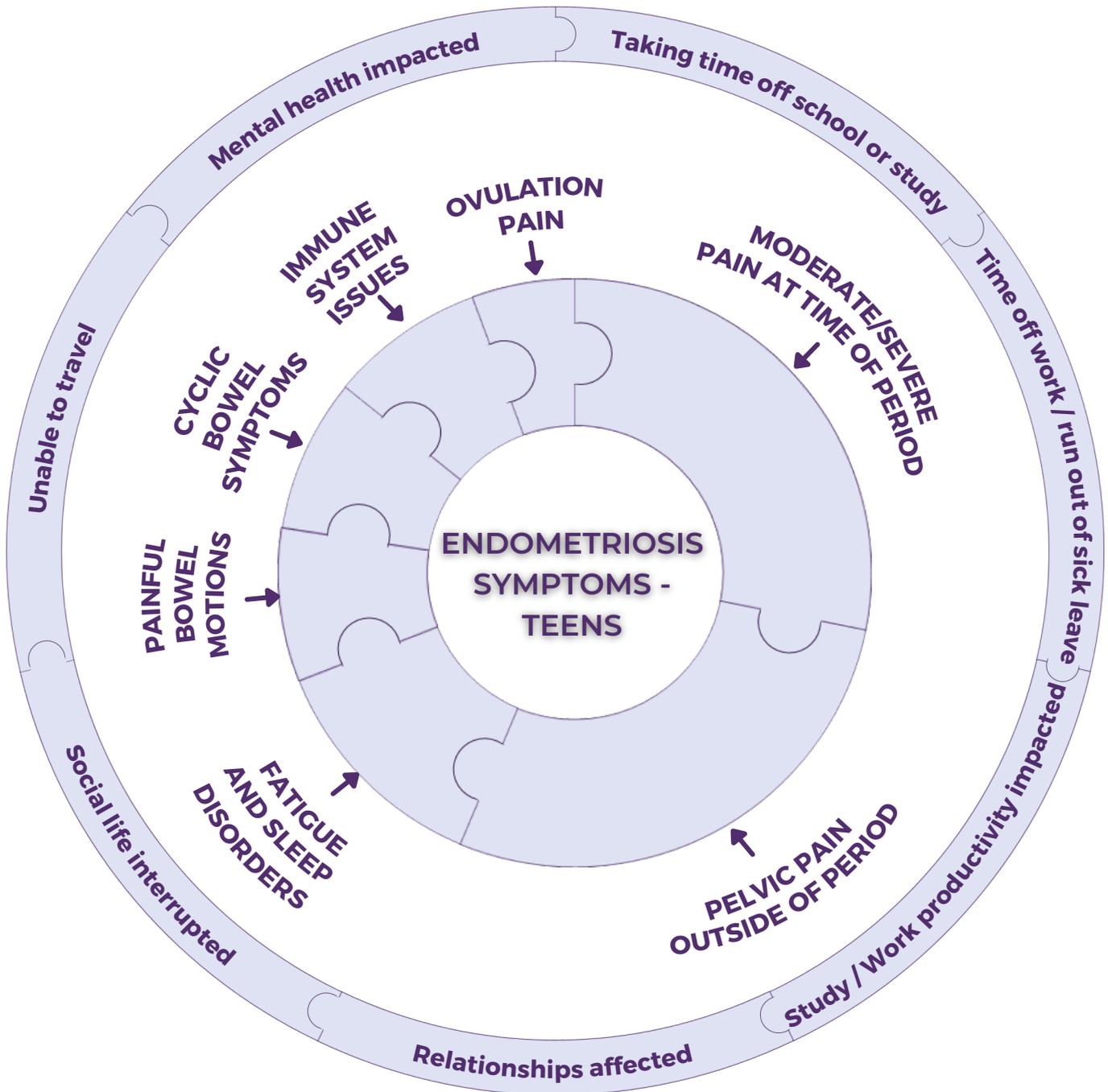
# ENDOMETRIOSIS JIGSAW OF SYMPTOMS AND IMPACTS



**ENDOMETRIOSIS HAS A COLLECTION OF SYMPTOMS AND WIDE IMPACTS. COLOUR IN THE SYMPTOMS YOU EXPERIENCE AND THE IMPACTS ON YOUR LIFE. THE MORE PIECES COLOURED IN THE MORE LIKELY YOU ARE TO HAVE ENDOMETRIOSIS.**

JIGSAW PIECE SIZING REPRESENTS THE MOST COMMON SYMPTOMS BASED ON RESEARCH

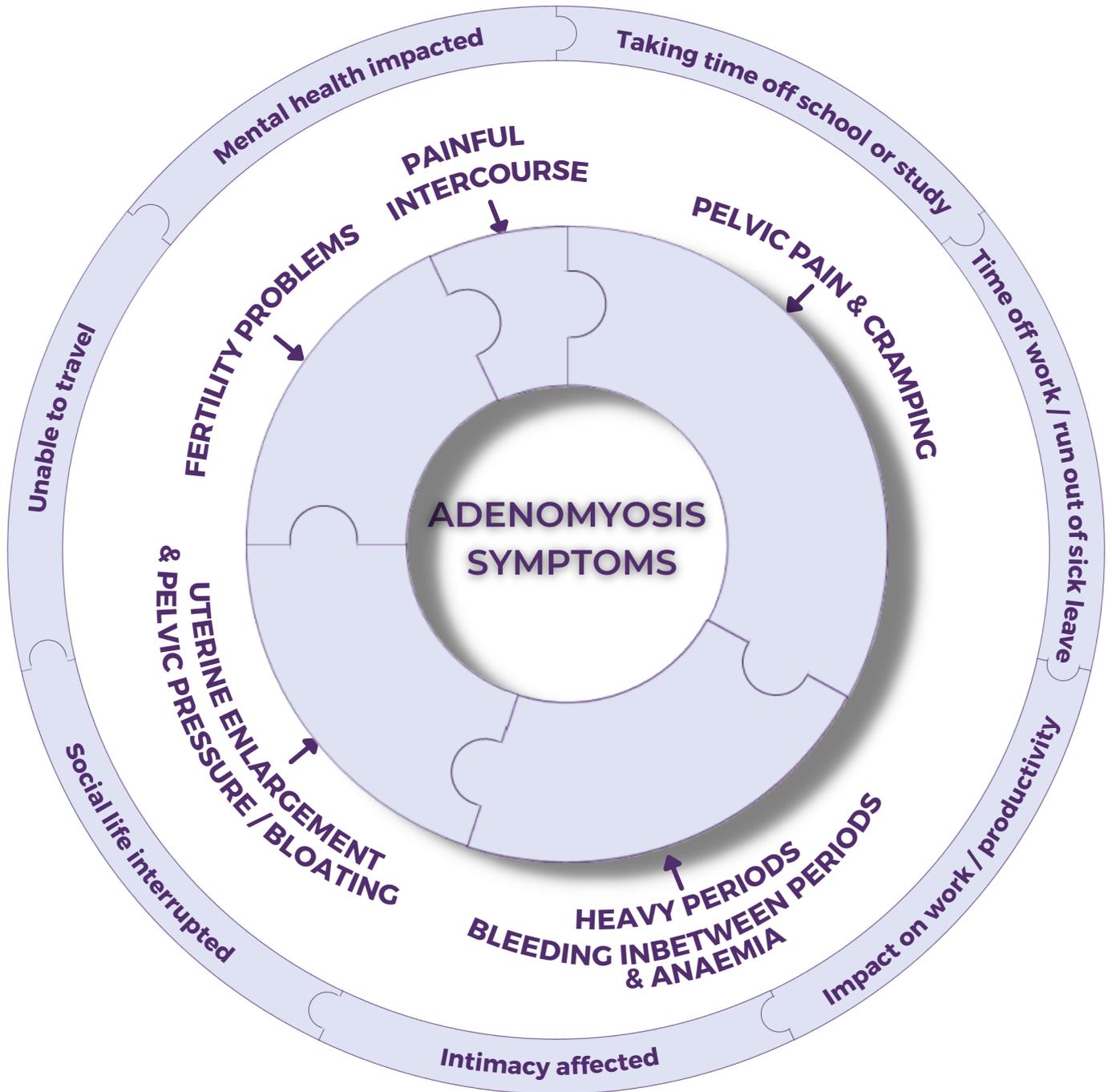
# ENDOMETRIOSIS JIGSAW OF SYMPTOMS AND IMPACTS - TEENAGERS



**ENDOMETRIOSIS HAS A COLLECTION OF SYMPTOMS AND WIDE IMPACTS. COLOUR IN THE SYMPTOMS YOU EXPERIENCE AND THE IMPACTS ON YOUR LIFE. THE MORE PIECES COLOURED IN THE MORE LIKELY YOU ARE TO HAVE ENDOMETRIOSIS.**

JIGSAW PIECE SIZING REPRESENTS THE MOST COMMON SYMPTOMS BASED ON RESEARCH

# ADENOMYOSIS JIGSAW OF SYMPTOMS AND IMPACTS



**ADENOMYOSIS HAS A COLLECTION OF SYMPTOMS AND WIDE IMPACTS. COLOUR IN THE SYMPTOMS YOU EXPERIENCE AND THE IMPACTS ON YOUR LIFE. THE MORE PIECES COLOURED IN THE MORE LIKELY YOU ARE TO HAVE ADENOMYOSIS.**

JIGSAW PIECE SIZING REPRESENTS THE MOST COMMON SYMPTOMS BASED ON RESEARCH

## HOW TO USE THESE TRACKERS

We have designed these trackers to help you to keep a record of your periods, ovulation, and symptoms related to endometriosis as well as track your well-being on a daily basis.

Tracking symptoms, pain, well-being, and what you eat can be a good way to communicate with health professionals what you are experiencing as well as uncover potential triggers that cause pain and other symptoms.

Please keep in mind that how you track your symptoms and pain needs to work for you, whether that's using these templates, making handwritten notes on a plain piece of paper, or using an app.

You can take these trackers to your next appointment with your GP or gynaecologist to help you explain your symptoms and pain.

### USING THE TRACKERS DIGITALLY

You can upload the PDF trackers in a note-taking app such as Goodnotes or Noteshef and use it on any table that has the ability to write or type on.

You can duplicate, move and delete pages.



## **MONTHLY SYMPTOM TRACKER**

Symptoms related to endometriosis are on this tracker, the first section lists pain symptoms, and the second section other common symptoms. When tracking your pain, use Andrea Mankoski's pain scale (see page 26).

You might like to print out a few copies to fill out over 2-3 months, this will enable you to see if any of your symptoms are cyclical, which is often the case for those with endometriosis.

If you are using the trackers digitally, you can duplicate the page.

You don't need to start the tracker on the first day of the month, just start whenever you are ready.

## **DAILY PAIN AND WELL-BEING TRACKER**

### **Pain Tracker**

This tracker is beneficial to track in more detail the types of pain you experience and the impact the pain has on you on a daily basis. You can indicate where on your body you are experiencing pain and rate your pain, using Andrea Mankoski's pain scale.

You can also use this tracker to list the pain medications you take and the pain management techniques you try to relieve your pain.

### **Check-In and Mood Sections**

When using the 0-10 scale, 0 represents no tiredness / brain fog / discomfort / depression / PMS / anxiety and 10 represents the worst.

### **Meals Section**

If you suspect there are certain foods that trigger your symptoms you could use the meals section in the daily wellbeing tracker as a meal planner and the food and symptom tracker to record in more detail the symptoms you are experiencing after eating.



## FOOD AND SYMPTOM TRACKER

This tracker is ideal if you suspect that something you are eating is triggering your symptoms.

Make sure you write down the ingredients, as well as any medications or vitamins as these may contain ingredients that are triggering your symptoms. Remember to include additives such as food colourings and preservatives. Processed foods may have a lot of food colourings and preservatives and be hard work to record, but these may be the foods that are problematic for you.

Note the symptoms you experience and any other notes you would like to make.

It may take 4-6 weeks for a clear pattern to emerge.

## NOTES SECTION

Use the notes section to write down any other thoughts and feelings from the day and record details about your pain. You could do this morning, noon, and night or once at the end of each day. Include:

- what you were doing when your pain began
- your mood and how you were feeling when you experienced pain
- any other thoughts about your pain.



## ANDREA MANKOSKI'S PAIN SCALE

<b>0</b>	No medication needed	Pain free
<b>1</b>	No medication needed	Very minor annoyance Occasional minor twitches
<b>2</b>	No medication needed	Minor annoyance Occasional strong twitches
<b>3</b>	Mild painkillers effective	Annoying enough to be distracting
<b>4</b>	Mild painkillers relieve pain for 3-4 hours	Can be ignored if really involved in work Still distracting
<b>5</b>	Mild painkillers reduce pain for 3-4 hours	Cannot be ignored for more than 30 minutes
<b>6</b>	Stronger painkillers reduce pain for 3-4 hours	Cannot be ignored for any length of time Still able to work/study and participate in social activities
<b>8</b>	Stronger painkillers minimally effective	Physical activity severely limited Able to read and converse with effort Nausea and dizziness set in as pain factors
<b>7</b>	Stronger painkillers partially effective.	Difficult to concentrate Interferes with sleep Able to function with effort
<b>9</b>	Strong painkillers only partially effective	Unable to speak Crying or moaning uncontrollably Near delirium
<b>10</b>	Strongest painkillers only partially effective	Unconscious Pass out from pain



# MONTHLY SYMPTOM TRACKER



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Bleeding days																															
Ovulation days																															
<b>RATE YOUR LEVEL OF PAIN USING ANDREA MANKOSKI'S PAIN SCALE</b>																															
Period pain																															
Pain during intercourse																															
Pain after intercourse																															
Pelvic pain																															
Lower back pain																															
Shooting pains down legs																															
Pain during ovulation																															
Pain after ovulation																															
Painful urination																															
Painful bowel movements																															
<b>TICK THE DAYS YOU EXPERIENCE THE FOLLOWING SYMPTOMS</b>																															
Frequent urination																															
Constipation																															
Diarrhoea																															
Bloated abdomen																															
Premenstrual spotting																															
Constant tiredness/fatigue																															
Depression/low mood/PMS																															
Anxiety																															
Other symptoms																															
Medications taken and quantity																															





# DAILY PAIN MEDICATION TRACKER



M T W T F S S

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Pain medications																								
Pain management techniques																								

Pain Management Techniques can be:

- Heat (bath, wheat bag, hot water bottle)
- TENS Machine
- Aromatherapy
- Relaxation Techniques (meditation, deep breathing, guided relaxations, visualisation, positive affirmations)
- Self-hypnosis
- Distraction
- Acupuncture
- Physiotherapy
- Osteopathy
- Massage



# DAILY WELL-BEING TRACKER



M T W T F S S

## SLEEP

Sleep time 
 Wake time 
 Hours slept

## CHECK IN

**Tiredness**  0 1 2 3 4 5 6 7 8 9 10 **Notes**  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Brain Fog**  0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_  
 \_\_\_\_\_  
**Discomfort / pain levels**  0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_  
 \_\_\_\_\_

## MOOD

**Low mood / depression**  0 1 2 3 4 5 6 7 8 9 10 **Notes**  
 \_\_\_\_\_  
 \_\_\_\_\_  
**PMS**  0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_  
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**Anxiety**  0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_  
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## MEALS

B \_\_\_\_\_

L \_\_\_\_\_

D \_\_\_\_\_

S \_\_\_\_\_

## WATER



## NOTES

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# WEEKLY MEAL PLANNER

WEEK COMMENCING:



	BREAKFAST	LUNCH	DINNER	SNACKS
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				



# FOOD AND SYMPTOM TRACKER



M T W T F S S

	TIME	FOOD & DRINK	MEDICINES & VITAMINS	SYMPTOMS	NOTES
BREAKFAST					
SNACK					
LUNCH					
SNACK					
DINNER					
SNACK					
SAFE FOODS					
SUSPECT FOODS					





Lined writing area for notes.



## REFERENCES

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[https://www.researchgate.net/publication/330190013\\_Clinical\\_diagnosis\\_of\\_endometriosis\\_a\\_call\\_to\\_action](https://www.researchgate.net/publication/330190013_Clinical_diagnosis_of_endometriosis_a_call_to_action)



## DISCLAIMER

This Information Guide reflects current evidence-based research from New Zealand and worldwide at the time of writing. While we endeavour to update as new information becomes available, Insight Endometriosis cannot guarantee or assume legal responsibility for the currency, accuracy, and completeness of the information.

This Information Guide is for educational and support purposes only. It is not a substitute for professional medical or health advice.

A GP, gynaecologist, or specialist may provide new or different information that is more appropriate to an individual's needs and so Insight Endometriosis advises those seeking a diagnosis, medical advice, or treatment to consult their doctor or an appropriate medical professional.

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We encourage the distribution and photocopying of the information in this guide to support those affected by endometriosis; please acknowledge 'Insight Endometriosis - Diagnosing Endometriosis in NZ Information Guide' as the source.

We support the Medical Council's statement that:  
"... patients may need to be reminded that internet research cannot take the place of a face-to-face consultation."



# INSIGHT ENDOMETRIOSIS INFORMATION GUIDES

Insight Endometriosis has the following information guides available on the website:

- Endometriosis Information Guide
- Adenomyosis Information Guide
- Surgery and Hormonal Management for Endometriosis in NZ Information Guide
- Endometriosis Pain and Pain Management Information Guide
- Complementary Therapies and Lifestyle Changes for Endometriosis Information Guide
- Fertility and Endometriosis in NZ Information Guide
- Mental Well-Being and Self-Care with Endometriosis Information Guide
- Talking About Endometriosis with the People in Your Life Information Guide
- Self-Advocacy with Medical Professionals When You Have Endometriosis Information Guide
- Conditions Related to Endometriosis Information Guide
- Being a Teenager with Endometriosis Information Guide
- Supporting Students with Endometriosis Symptoms - A Guide for New Zealand Schools
- An Endometriosis Guide for Employers



## NEED MORE INFORMATION OR SUPPORT?

Visit our website to:

- Book a free/koha-based appointment with our Educator, by zoom, phone, or at our Hamilton office
- Register for a "Let's Talk About...." session
- Join an Endo Meet-Up with other people with Endometriosis (suspected or diagnosed)

## CONTACT US

Visit: [www.insightendometriosis.org.nz](http://www.insightendometriosis.org.nz)

Email: [info@insightendometriosis.org.nz](mailto:info@insightendometriosis.org.nz)

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