

FACT SHEET

DIAGNOSING ENDOMETRIOSIS

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ENDOMETRIOSIS AT A GLANCE

Endometriosis is a condition where tissue similar to the endometrium (the lining of the uterus) grows elsewhere in the body. This tissue responds to reproductive hormones where oestrogen stimulates patches forming superficial, lesions or endometrioma (ovarian cysts). Inflammation is generally present, and adhesions (scar tissue) can also form in response. Endometriosis within the muscle tissue of the uterus is known as adenomyosis, typically characterised by an enlarged uterus and heavy menstrual flow as well as pain at time of period.

HOW IS ENDOMETRIOSIS DIAGNOSED?

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 may initially make a clinical diagnosis based on your symptoms, medical and family history.



LAPAROSCOPIC DIAGNOSIS

A laparoscopy (keyhole surgery) is an operation that is performed under general anaesthetic by a gynaecologist with surgical skills in excising (removing) endometriosis.

During surgery a laparoscope (thin telescope) is inserted into the pelvis via a small incision (cut) near the navel. Other instruments may be inserted into the pelvic/abdominal area via other small cuts. The laparoscope is used to see the pelvic organs and to look for any signs of endometriosis deposits, lesions and cysts, as well as adhesions (scar tissue).

During the surgery, tissue that is suspected to be endometriosis is excised and sent to a pathologist (laboratory) for histology (microscopic study) to confirm the diagnosis.

Highly-skilled endometriosis surgeons can also remove endometriosis and adhesions to restore anatomy and improve fertility during this diagnostic procedure.

It is very important that your gynaecologist discusses the surgical outcome and results with you, along with an ongoing treatment and management plan.



CLINICAL (PRESUMPTIVE) DIAGNOSIS

Your GP may provide a clinical diagnosis of endometriosis based on your symptoms, medical and family history. Endometriosis nodules felt during a pelvic / vaginal examination or seen during a smear test may also be suggestive of endometriosis.



THE ROLE OF ULTRASOUND

An ultrasound can be used to eliminate other possible causes of symptoms, such as fibroids and polyps.

Ultrasounds can also show:

- Cysts: further investigations may be needed to distinguish endometrioma from other types of cysts
- Adhesions or fibrosis
- An enlarged or 'bulky' uterus (womb), indicates endometriosis imbedded in the muscle tissue of the uterus, known as adenomyosis

A clear ultrasound does **not** exclude endometriosis – and may indicate that endometriosis is likely to be the underlying cause of your symptoms if nothing else was found.

WHAT IS THE PATHWAY TO A DIAGNOSIS?

It may take some time to get a diagnosis as the symptoms of endometriosis can be wide-ranging and similar to other common conditions.

Completing the checklist on our Endometriosis Symptoms factsheet can help determine if endometriosis should be suspected. Keeping a symptom diary for a few months can also be useful - see our Symptom Diary factsheet for further information. Discuss your symptoms with a GP or a gynaecologist specialising in endometriosis.

Your GP can refer you for an appointment with a gynaecologist, in the public health system or private practice. You can also book an appointment directly with a gynaecologist in private practice. Medical / health insurance may cover the fees associated with the gynaecologist appointment and treatment options – check with your insurer.

At any stage you can contact our Educator for information or to book an education appointment.

For further information:

- Insight Endometriosis: Endometriosis Factsheet
- Insight Endometriosis: Endometriosis Symptoms Factsheet
- Insight Endometriosis: Symptom Diary Information Sheet

References:

- Ministry of Health. 2020. Diagnosis and Management of Endometriosis in New Zealand
<https://www.health.govt.nz/publication/diagnosis-and-management-endometriosis-new-zealand>

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