



ENDOMETRIOSIS PAIN AND PAIN MANAGEMENT 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 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 managing pain that is caused by endometriosis - whether you suspect you have endometriosis, have a diagnosis of 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 information guide provides evidence-based information.



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Everyone experiences pain but each person experiences pain differently, which means there are various ways to feel and describe it. Treatment for pain depends on the type of pain, what has caused it and where it is.

Pain can last for a short period of time or it can be ongoing lasting days, weeks, months, or years. Learning about different types of pain and what can be done to manage the pain can help reduce the impact on your life.

WHAT IS PAIN?

The International Association for the Study of Pain defines pain as “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.”

Pain is a feeling that tells you something may be wrong in a part of your body. It’s the result of a message from special nerves called nociceptors. When nociceptors find damaged tissue in your body, they send information about the damage along your spinal cord to your brain.



WHY DO PEOPLE EXPERIENCE PAIN DIFFERENTLY?

Pain is not just a physical sensation, it is learned through life experiences; how we think and feel about pain is shaped by how our parents talked about pain, and other attitudes and beliefs about the pain we have picked up along the way. Pain is always influenced by attitudes, beliefs, personality, and social factors, and can affect emotional and mental well-being.

Pain is also linked to the emotional centers in the brain, this means how you are feeling has an effect on your pain. If you feel angry, depressed, or anxious, your pain can seem worse. If you are feeling positive or happy, your pain can seem less, and you are able to cope better.

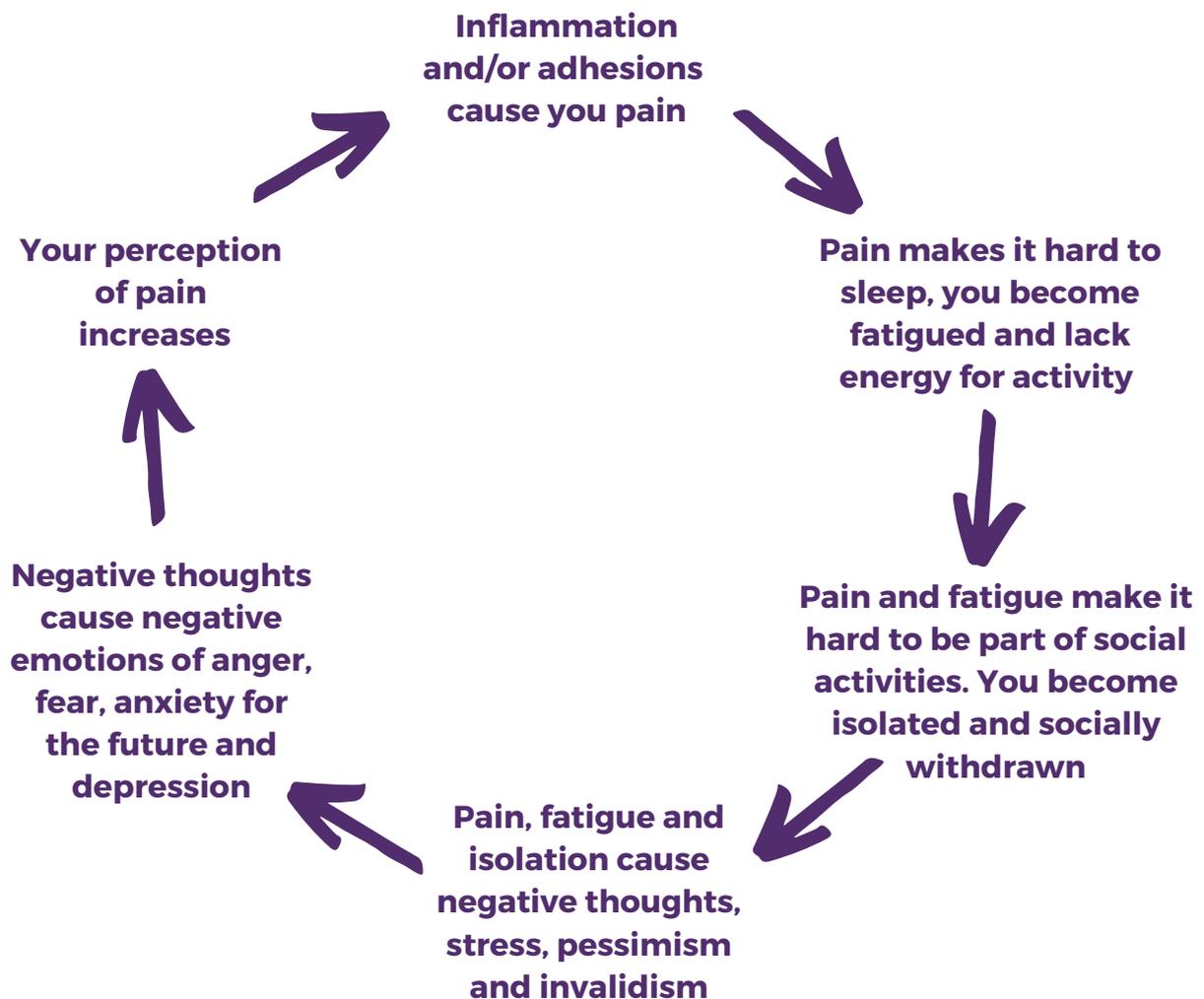
Although two people may have the same pain condition, their experience of living with pain can be vastly different due to their different life experiences, attitudes, and beliefs.



THE PAIN CYCLE

When pain becomes constant it can have dreadful impacts on the quality of life and relationships.

Many people start with pain, which may stop them from sleeping. The pain and fatigue stop them from participating in social activities, the more activities that are avoided the more isolated and socially withdrawn a person becomes. The isolation and not feeling connected to others can create a feeling of helplessness and other negative thoughts can be stressful. The negative emotions, anger, fear, depression, and anxiety for the future increases the perception of pain.



THE RECOVERY CYCLE

It can help to reflect on the "Pain Cycle" as an opportunity to reverse the trend to a "Recovery Cycle."



HOW TO DESCRIBE YOUR PAIN

Being able to describe your pain can help other people to understand what you are going through and can help health professionals with diagnosis and treatment plans.

Words you could use to describe your pain can be:

- aching
- cramping
- dull ache
- burning
- cold sensation
- electric shock
- nagging
- intense
- pins and needles
- sharp
- shooting
- spasms
- splitting
- stabbing
- tender
- throbbing
- tingling
- tiring or exhausting

Where are you experiencing pain? Is it in your pelvic area, lower back, legs, hips?

When are you in pain? Do you get the pain when you are ovulating or menstruating? Does it happen during or after intercourse? Do you experience pain urinating or with bowel movements?



How is this pain impacting your life? Is it stopping you from studying or going to work? Is your productivity impacted? Can you be intimate? Does it stop you from socialising? Is your mental health or sleep impacted? Can you exercise?

Using a pain scale can also represent the intensity of your pain. We like to use Andrea Mankoski's Pain Scale. Rating your pain using the pain scale for your 'best', 'worst', and 'average' days may also help your doctor get a clear picture of how your pain level changes each day.

Tracking your pain can be a good way to communicate with health professionals what you are experiencing. We have a downloadable symptom and pain tracker that you might find useful. Remember pain that stops you from living your life should be discussed with your GP.

Our Symptom and Pain Tracker may help you on page 28 of this information guide.



THE SPOON THEORY

The spoon theory is a way of describing the experience of chronic illness and its limitations using a metaphor. It was created by Christine Miserandino, who has lupus, an invisible illness that causes chronic fatigue, chronic pain, and many other symptoms that limit her energy levels and ability to do everyday things.

For someone with chronic pain, the number of spoons they need might change each day depending on their pain levels, how much sleep they had, if they forgot to take their medication, skipped a meal, or have a cold.

Say you didn't get enough sleep last night and have woken up in pain. It's going to cost you two spoons just to get out of bed, another two to make it through a shower, and two more to get yourself breakfast. That's six spoons down before you've even left the house.

So you have 6 spoons left, you have used half your energy, and it's only the morning. You need to be careful choosing how to spend the rest of your spoons if you don't want to risk exhausting yourself and being unable to make it home safely, or pushing too hard and having even fewer spoons for the following day.

Maybe you ask someone else to walk the dog, and you might be able to work from home for the day and not have to use two

SO HOW MANY
Spoons
DO YOU USE?

GET OUT OF BED	EXERCISE	HAVE A SHOWER	GET DRESSED
BRUSH TEETH	STYLE HAIR	PUT ON MAKEUP	MAKE AND EAT A MEAL
GO TO WORK OR SCHOOL	MAKE PLANS	SOCIALISE	DRIVE SOMEWHERE
GO TO THE DOCTOR	GET GROCERIES	DO HOUSEWORK	TAKE MEDICATION

spoons to travel to work. Maybe the grocery shopping can wait until another day.

If you are experiencing chronic pain the spoon theory is a good way to anticipate symptoms throughout the day and how you use your energy. It is a self-pacing strategy.

The spoon theory is also a way to describe to other people what life with chronic pain is like. It provides an easy way to describe the amount of physical or mental energy you need for daily activities and tasks and is a way for others to visualize the complexities of chronic pain in a simple and effective way.

PAIN MANAGEMENT PLANS

If you are taking several medications for pain relief, trying new medications, or wanting to reduce the dosage of medication then you should have a pain management plan.

Pain management plans can help you to get your pain under control faster and if you can't get your pain under control and need to see a different GP, or go to the hospital, this document can help them understand what you are already taking and be a tool in deciding other pain relief options for you.

A pain management plan provides clear guidance on how to use your medications including:

- The dose and how often to take them.
- When or if you can increase the dose.
- Common side effects.
- How to reduce the dose and stop medicines as your pain improves.

Your GP can provide a pain management plan for you.





TYPES OF PAIN

Acute Pain

Acute pain usually comes on suddenly often as a result of a known injury (cuts, burns, muscle strains, or bone fractures), illness (food poisoning, strep throat, or appendicitis), or medical procedure (injection, dental work, or surgery).

It tends to be sharp, rather than dull and usually goes away within a few days, weeks, or months after the cause has been treated or resolved.

Acute pain can transition into chronic pain if it is untreated or poorly treated. This happens when neuroplastic changes occur within the nervous system, which

makes the body more sensitive to pain and can create sensations of pain even without external pain stimuli. For example, people can feel pain from the breeze or clothes touching their skin.

The longer pain remains untreated, the greater the risk of the body becoming sensitised to pain, and the pain becoming chronic. Therefore timely and effective treatment of acute pain is essential to prevent the transition to chronic pain.



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Chronic Pain

Chronic pain is pain that lasts longer than 3 months. It is also called persistent pain or long-term pain. Chronic pain is thought to occur when nociceptors (nerves) become over-sensitive and send warning messages to the brain.

Some people experience chronic pain following an injury, even after the initial injury has healed.

Chronic pain is complex and can be difficult to treat. It can be distressing and impact emotional and physical well-being. Chronic pain can be shooting, burning, or aching and can lead to discomfort, soreness, tightness, or stiffness. Having ongoing pain can be distressing and often leads to other symptoms such as:

- Fatigue, which can cause impatience and a lack of motivation.
- Trouble sleeping, often because the pain keeps you awake during the night.
- Not being active and an increased need to rest.
- A weakened immune system, leading to frequent infections or illness.

- Low mood and feelings such as hopelessness, fear, anxiety, and stress.
- Disability, which may include not being able to go to work or school or perform other daily activities.

Chronic pain is often described as a cycle where your pain causes feelings of anxiety, low mood, fatigue, and sleeplessness, which results in increased pain. The increased pain then causes you to have more low mood, tiredness, and stress, so you can get caught in an endless cycle.

The good news is that there are a number of ways you can approach managing chronic pain to get improved well-being (See Insight Endometriosis Information Sheet - Pain and Recovery Cycle).



Neuropathic pain

Neuropathic pain occurs when damage or changes to your nerves through disease or injury, causes them to misfire and send pain signals to the brain. It can happen anywhere in your body and is very unpleasant and impacts daily activities and sleep.

Endo Fact

**PAIN LEVELS DO NOT
MATCH THE CATEGORY OF
ENDOMETRIOSIS**

Neuropathic pain may be constant and ongoing, or it may come and go. It might be mild or it might be severe. Symptoms may vary depending on the time of day or what you are doing. It's often described as burning, sharp, shooting, stabbing, pricking, electric sensations, pins and needles, or feeling pain from something that shouldn't be painful like very light touching,

brushing your skin, or cold temperatures.

Neuropathic pain can be challenging to diagnose and your health professional may communicate this type of pain as 'pain that is in your head' which psychologically can be very damaging to an individual.

The key to investigating neuropathic pain is for your doctor to take a patient history and perform a clinical examination focusing on the presence and distribution of any sensory, motor, or autonomic changes.

There are many ways to treat nerve pain and the main aim of treatment is to keep you active and engaged in your daily activities. Regular painkillers do not usually work for nerve pain. These include paracetamol, NSAIDs such as ibuprofen and diclofenac and opioids such as codeine. Medications that have been found effective in treating neuropathic pain include antidepressants, anti-epileptics and anticonvulsants.



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PAIN MEDICATION OPTIONS

Acute Pain

For acute pain (pain that comes on suddenly as a result of an injury, illness, or medical procedure) start with paracetamol, a simple analgesic. If the pain is not controlled add an NSAID such as Ibuprofen, Diclofenac, Naprozen, Mefenamic Acid, or Tenoxicam.

If the pain continues and is moderate-severe, opioids can be used but the dosage should be reduced as healing occurs. Opioids are divided into two groups - weak and strong. In New Zealand weak opioids are Codeine, Dihydrocodeine, and Tramadol. Strong opioids available include Morphine, Oxycodone, Methadone, Fentanyl, and Pethidine.

Paracetamol is a simple analgesic that can be used to treat mild pain and is the most-used pain relief in New Zealand. Paracetamol acts mainly in the brain and has an effect on the way pain is felt.

NSAIDs work by blocking the production of prostaglandins that occur naturally in response to an injury or disease. Prostaglandins cause pain and inflammation, such as making the uterus contract during a period. NSAIDs only work effectively if they are taken before the body produces prostaglandins so it's best to start taking NSAIDs the day before, or several days before, a period or when pain is expected. Common NSAIDs in New Zealand are Aspirin, Ibuprofen, Naproxen, Diclofenac, Mefenamic Acid, and Tenoxicam.

Opioids work by binding to certain receptors in the brain and spinal cord. This decreases pain and the reaction to pain, as well as increases the tolerance for pain.



Chronic Pain

For chronic pain (pain that lasts longer than 3 months and doesn't go away after an injury or illness), commonly pain relief medications are not effective and when used long-term can have more side effects.

The aim of pain relief medication is to reduce the impact pain has on your life rather than make the pain go away.

For some types of chronic pain, taking paracetamol at regular set times can be helpful.

NSAIDs treat inflammation and as this is not often the cause of chronic pain they may not help with chronic pain. They can be used for a short time though when you have a flare-up of symptoms.

Opioids don't work well to improve pain levels and are not recommended for chronic pain due to side effects and the risk of dependency and addiction if used long-term.

Neuropathic Pain

For neuropathic pain (nerve pain that occurs when damage or changes to your nerves through disease or injury cause them to misfire and send pain signals to your brain) regular pain medication such as analgesics, NSAIDs, and opioids don't work.

Antidepressants, anti-epileptics, and anticonvulsants have all been found to be effective though in relieving nerve pain.

Low doses of antidepressants can be effective with neuropathic pain. These medications can help stop pain messages from the central nervous system from reaching the brain and can also improve sleep and help with relaxation.

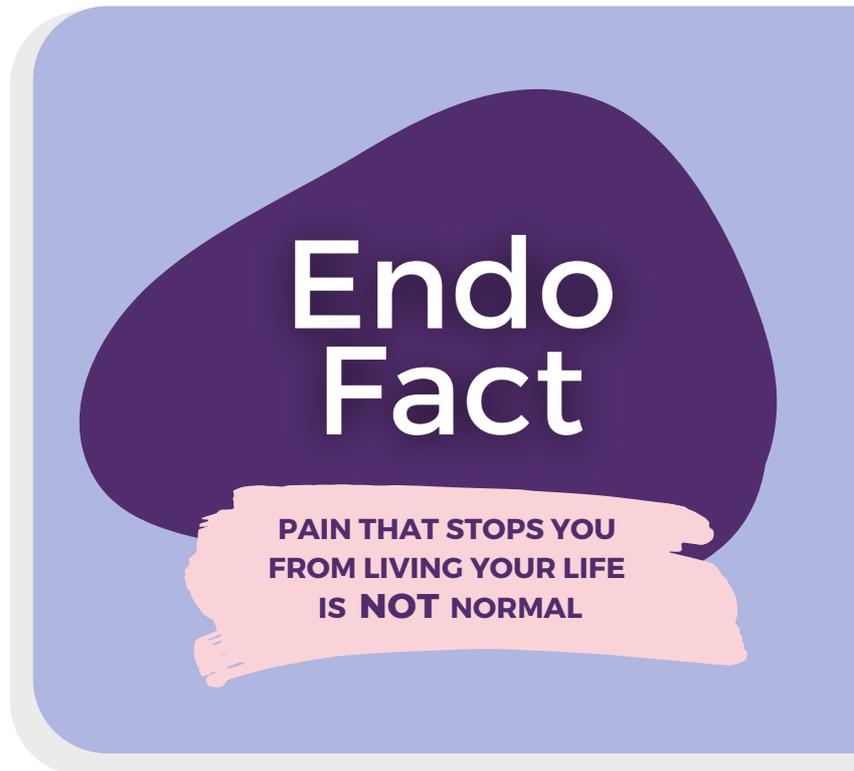


Anti-epileptics and anticonvulsants also treat nerve pain by blocking certain kinds of nerve activity by changing the way that nerves send messages to the brain.

SELF-CARE STRATEGIES

If you are experiencing chronic or neuropathic pain here are some self-care strategies you can try:

- Identify your triggers to know what you can do to reduce your pain. Examples of triggers include alcohol, anxiety and stress, poor sleep, negative thinking, and overexertion.
- Pace yourself by avoiding doing too much in one go on good days, this can have a knock-on effect causing tiredness later on in the day or over the next few days.
- Change the way you think about pain, learn to respond to it with reassuring thoughts about it not causing you harm and positive thoughts about what you can do to manage the pain at that moment.
- Use distraction techniques by engaging in activities you enjoy to take your mind off the pain and help reduce stress, tension, and anxiety.
- Relaxation reduces muscle tension and helps your mind to unwind. Try listening to music, taking a bath, meditation or doing yoga.
- Walking, swimming and gentle stretching can help improve muscle strength and reduce pain and stiffness.
- Have a support network of whānau and friends to help you on bad pain days.



You can also try:

- Massage can ease tension in your muscles and distract you from your pain. Manipulation can help to increase your range of movement and reduce pain and mobilisation is a gentle movement where your joint is moved as much as possible within your existing range of motion.
- A TENS machine can reduce your pain by interfering with pain signals and blocking them from reaching your brain, or by stimulating the production of your body's natural pain-relieving chemicals (called endorphins). It can also reduce the sensation of muscle tension and spasm.
- Cognitive behavioral therapy (CBT) is a type of counselling that focuses on teaching you techniques and skills to help you cope better with chronic pain.
- Acupuncture may help by stimulating your nerves to block pain signals and relax your muscles.
- A physiotherapist can design exercises that keep you active and build on what you can already do.





PAIN MANAGEMENT TECHNIQUES

Pain management techniques are things that you can do yourself at home to help your pain. Pain management techniques that can help people with endometriosis include:

Heat

Heat can help relax pelvic muscles and reduce cramping, it increases circulation, opens up blood vessels, heals damaged tissue, and affects pain receptors in the body. Moist heat can come in the form of warm baths, warm wet towels, wheat bags, and hot water bottles. Dry heat can come from electric heating pads or dry heating packs.

Transcutaneous Electrical Nerve Stimulator (TENS) machine

TENS machines are small, unobtrusive machines with electrodes that attach to the skin and send electrical pulses into the body. The electrical pulses are thought to work by either blocking the pain messages as they travel through the nerves or by helping the body produce endorphins which are natural pain-fighters.



Aromatherapy

Some research indicates that aromatherapy can help relieve endometriosis symptoms. Individual oils and combinations that may be effective include:

- Clove, cinnamon, lavender, and rose.
- Lavender.
- Marjoram, sage, and lavender.
- Clary sage, rose, and lavender.

A person may apply essential oils to the chest, neck, or under the nose, to breathe in the vapors. Alternatively, a person could rub essential oils directly onto the lower belly.

People can also use drops of oil in a diffuser or pot of steaming water to help spread the aroma throughout the room.

Relaxation Techniques

Stress can worsen pain sensations and practicing relaxation techniques can reduce stress levels. These include:

- Meditation
- Deep breathing
- Guided relaxations
- Visualisation
- Positive affirmations

Self-Hypnosis

Self-hypnosis can help with pain, anxiety, helplessness and sleeplessness. Clinical hypnotherapists provide coaching in self-hypnosis techniques.

Distraction

Keep busy doing things that are enjoyable such as reading, listening to music, dancing, exercising, gardening etc. Distraction can reduce pain by 30%.



PACING FOR PAIN MANAGEMENT

Pain usually leads to changes in activity levels and when dealing with pain we all have good days and bad days. On a good day, when your pain is not too bad, you may increase your activity level, or you may find that you push harder, determined the pain won't beat you or you may give up activities as a way to avoid pain.

Increasing activity levels on a good day or pushing harder can mean you experience a flare-up of symptoms and you may then need to reduce your activity for the next day or so. This is called the 'Boom-Bust Cycle' or 'Over and Under Activity Cycle'. Over time, this can lead to you avoiding activity and you may notice that you are becoming less and less active.

The cycle can be changed by a plan of action called pacing which is when you regulate activity. The aim of pacing is to help you to achieve your goals, rather than avoiding activity.

Pacing has two parts to it:

1. Conserving energy for activities/tasks you value or need to do (for example, social activities or cooking a meal.
2. Setting graduated activity/task quotas to help you to increase your ability and tolerance to do activities/tasks.

It is a 'time-contingent' approach to activities/tasks rather than a 'pain-contingent' approach. This means that an activity/task is based on a measurement such as an amount of time, a distance, number of repetitions rather than pain. This measure gives you a target and a limit for the activity/task. For example, 15 minutes of walking or 20 minutes of light housework. It gives you a basis from which to build 'activity tolerance' which is important to allow you to do everyday activities/tasks.



Pacing is important in pain management because it helps you to stay active, do the things you care about and want or need to do, and helps you to avoid pain flares. Pacing helps you to:

- do more of what is important to you
- experience fewer pain flares
- reduce pain in the future
- feel more in control of your life



Before you start on your pacing plan think about what you have to get done, for example getting ready for the day, cooking a meal, cleaning, and going to work.

Also think about the things you care about and give attention to those things that deserve it, the truly important things for you. Do activities/tasks every day that reflects these values alongside the activities/tasks that have to be done.



So for example, if your relationship with your partner is highly valued to you, you may plan to spend time talking with them over dinner, or arranging an activity together. If caring for your children is something you value highly you might include activities with them such as listening to them read or cooking them a nutritious meal. If your health is a high priority to you, include some gentle exercise each day, eat some healthy food, make that appointment you have been meaning to do.

Once your activities/tasks are written down in front of you, arrange them into the order of priority. Ask yourself if each activity/task really

needs to get done, and then cross off those that are not necessary. If there is one really important thing you need to do, arrange your day around this task.

Step 1 - Set your goal

Your goal may be to conserve energy to spend time with family and/or friends.

Step 2 - Measure Activities/tasks

Time how long you can do your activity/tasks before there is a flare in symptoms, write the time down. Do the same activity/task each day for 3 days and at the end of the 3 days calculate the average time taken for each activity.

**DAY 1 + DAY 2 + DAY 3 ÷ 3 =
AVERAGE**

Step 3 - Set the Baseline

After the average time has been calculated, take off 20%. The remaining 80% is your baseline and this is the amount of activity you should do/the amount of time you should spend on the task.

AVERAGE – 20% = BASELINE

Step 4 - Plan activities and rest periods

Write down a weekly plan to help you balance out tasks and to focus on your goals. Make a schedule for each day using the baseline time for the activities/tasks you want to or need to complete.

Plan and take regular rest periods, even on good days, and particularly before and after stressful or demanding (physical or mental) tasks. Rest periods are a good time to practice relaxation techniques, listen to some music, read a book, journal, message a friend, or meditate.

- Once the baseline time has been reached stop doing the activity/task even if you are in the middle of it and even if you are feeling good.

Remember, pacing is about reducing the risk of overdoing things and causing a symptom flare-up or progressing too quickly and flaring up.

Step 7 - Increase baseline (for increasing ability and tolerance of activities)

After one week slowly increase the time for an activity/task by 10% and keep increasing each week until you meet your goal.

Make sure you feel comfortable before you increase your activity.

Week 1

WEEK 1 BASELINE + 10% = WEEK 2 BASELINE

Week 2

WEEK 2 BASELINE + 10% = WEEK 3 BASELINE

Week 3

WEEK 3 BASELINE + 10% = WEEK 4 BASELINE etc.



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PACING PLAN EXAMPLE

Goal

In seven weeks' time I want to walk for 40 minutes one day a week.

Measure activity and set the baseline

	Day 1	Day 2	Day 3	Average	Baseline Time
Walking	30 mins	25 mins	35 mins	30 mins	24 mins

Increase baseline for increased ability and tolerance of activity

	Week 1 Baseline Time	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Walking	24 mins	26 mins	29 mins	31 mins	35 mins	38 mins	41 mins

On the next page is a Pacing Plan template that you can try and use.

PLAN ACTIVITIES AND REST PERIODS

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							



INCREASE YOUR BASELINE

After one week slowly increase the time for activity/task by 10% and keep increasing each week until you meet your goal. Print this page or copy into your digital planner for each week you are increasing your baseline

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							



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 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 lists other common symptoms. When tracking your pain, use Andrea Mankoski's pain scale (see page 31)

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

0	No medication needed	Pain free
1	No medication needed	Very minor annoyance Occasional minor twitches
2	No medication needed	Minor annoyance Occasional strong twitches
3	Mild painkillers effective	Annoying enough to be distracting
4	Mild painkillers relieve pain for 3-4 hours	Can be ignored if really involved in work Still distracting
5	Mild painkillers reduce pain for 3-4 hours	Cannot be ignored for more than 30 minutes
6	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
8	Stronger painkillers minimally effective	Physical activity severely limited Able to read and converse with effort Nausea and dizziness set in as pain factors
7	Stronger painkillers partially effective.	Difficult to concentrate Interferes with sleep Able to function with effort
9	Strong painkillers only partially effective	Unable to speak Crying or moaning uncontrollably Near delirium
10	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																															
RATE YOUR LEVEL OF PAIN USING ANDREA MANKOSKI'S PAIN SCALE																															
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																															
TICK THE DAYS YOU EXPERIENCE THE FOLLOWING SYMPTOMS																															
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 _____

Anxiety 0 1 2 3 4 5 6 7 8 9 10 _____

MEALS

B _____

L _____

D _____

S _____

WATER



NOTES



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ENDOMETRIOSIS

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

Health Navigator

<http://www.healthnavigator.org.nz/>

Ministry of Health. 2020. Diagnosis and Management of Endometriosis in New Zealand

<https://www.health.govt.nz/publication/diagnosis-and-management-endometriosis-new-zealand>

The effects of massage therapy on dysmenorrhea caused by endometriosis

[Valiani M, Ghasemi N, Bahadoran P, Heshmat R. The effects of massage therapy on dysmenorrhea caused by endometriosis. Iran J Nurs Midwifery Res. 2010;15\(4\):167–171](#)

painHEALTH

<https://painhealth.csse.uwa.edu.au/pain-module/pacing-and-goal-setting/>

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 - Endometriosis 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
- Diagnosing Endometriosis in NZ Information Guide
- Surgery and Hormonal Management for Endometriosis in NZ 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

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Call: 07 855 5123



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