

ENDOMETRIOSIS 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 - 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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WHAT IS ENDOMETRIOSIS

Endometriosis (pronounced en-doh-mee-tree-oh-sis) is a chronic condition where tissue similar to the endometrium (the lining of the uterus) grows in locations such as the ovaries, fallopian tubes, pelvic lining, bowel, bladder, appendix, and other organs.

The tissue grows in response to reproductive hormones where oestrogen stimulates patches forming superficial lesions or endometrioma (ovarian cysts). This can lead to symptoms being worse at certain times of the cycle, in particular at ovulation, prior to, and during menstruation (period).

Inflammation is generally present, and adhesions (scar tissue) can also form in response.

Endometriosis can be found throughout the body, including the bowel, bladder, and liver, and less commonly in locations such as kidneys, diaphragm, heart, lungs, nose, belly button, and elsewhere - causing a wide variety of (usually cyclical) symptoms.

THE FOUR TYPES OF ENDOMETRIOSIS

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 the time of period.

As well as adenomyosis there are three other types of endometriosis:

- 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).



WHO CAN HAVE ENDOMETRIOSIS

People of all backgrounds and ages can have endometriosis, including teenagers.

Endometriosis affects those of reproductive age, and can also occur pre-puberty, post-menopause, and in those who have had hysterectomies.

Rarely, it has been found to affect those assigned male at birth.

Those with endometriosis and/or immune disorders in their family may be more likely to develop endometriosis.

Some are relatively unaffected by the condition, while a great many others suffer severe pain and distress from problems associated with endometriosis. It tends to be a progressive condition - left untreated it tends to worsen over time with each period. Early diagnosis and treatment can alleviate symptoms and may preserve fertility.





CAUSES OF ENDOMETRIOSIS

While there are a number of theories about the cause of endometriosis there is no consensus. More research is needed. Endometriosis may be multi-factorial, and the different types of endometriosis may well have different causes.

Retrograde menstruation & Implantation (Sampson Theory)

In 1927 John A Sampson proposed that the source of endometriosis is retrograde menstruation - where the endometrium (womb lining) flows backward through the fallopian tubes. However, with modern imaging we now know that this 'backward period' is commonplace - yet not all go on to develop endometriosis.

The theory also does not explain how endometriosis can be found pre-puberty, can develop after hysterectomy, can be located in far locations such as the lung and heart, and also rarely in cis males and those who have never menstruated. Nor does it explain the different types of endometriosis, and how the endometrium has histological differences from endometriosis.

The focus on 'displaced endometrium' and the persistent association with periods for the best part of a century has not helped to further understand endometriosis.

Lymphatic or circulatory spread

This theory has endometriosis spread via the lymphatic system or in the bloodstream, which may explain occurence in more distant locations.

Immune dysfunction theories

A collection of theories that either explain why refluxed endometrium is able to establish, or have endometriosis development triggered by an upregulated inflammatory process. Auto-immune conditions, immunity issues, allergies, and dietary intolerances are often at higher rates in those with endometriosis.. Researchers are interested in these various aspects might connect.

Metaplasia [Meyer]

Metaplasia is the process where one type of cell changes or morphs into a different kind of cell, which may be in response to inflammation or hormones.

In the case of endometriosis, metaplasia may explain how endometriosis cells can occur in non-pelvic areas such as lung and heart, as well as pre-puberty, post-menopause, and in those with no womb (including, rarely, in men).

Research is continuing into this interesting area.

Genetic predisposition

Endometriosis, alongside auto-immunity conditions, is known to cluster in families. There has been research since the 1980's into genes which may predispose some families to endometriosis and other conditions including cancers. There may also be non-genetic reasons for these familial conditions.

Environmental causes - Toxins

This theory suggests that certain toxins in our environment, such as dioxins can affect the immune system and the reproductive system, leading to endometriosis.

Research studies have shown animals deliberately exposed to high levels of dioxin can develop endometriosis, but this theory has not yet been proven for humans.

Endometriosis has been described as common in medical literature pre-dating modern pesticides and dioxins .



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	MinimalFew superficial impants							
Stage II 6-15 points	MildMore and deeper impants							
Stage III 16-40 points	 Moderate Many deep implanys Small cysts on one or both ovaries Presence of filmy adhesions 							
Stage IV 40+ points	 Severe Many deep impants Large cysts on one or both ovaries Many dense adhesions 							

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 inflitrating (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 rapture 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.



SYMPTOMS OF ENDOMETRIOSIS



Pain that stops you during or around the time of your period (dysmenorrhoea)



Pain in your pelvic region, lower back or legs



Pain during or after intercourse (dyspareuni a)



Pain during or around the time of ovulation



Fertility problems



Painful bowel movements (dyschezia)



Cyclical bloated abdomen, constipation, or diarrhoea



Frequent urination or painful urination (dysuria)



Constant tiredness / fatigue



Premenstrual spotting



Immune system issues



Depression, low mood, PMS

You do not need to have all of these symptoms but the more you have, the higher the likelihood of endometriosis. While period pain that stops you from doing things is the most common symptom, you may have other symptoms that seem vague and unconnected.

What can symptoms be similar to?

- Irritable Bowel Syndrome
- Pelvic Inflammatory Disease
- Polycystic Ovary Syndrome
- Coeliac Disease
- Fibromyalgia Syndrome
- Ovarian Cancer

Our 'Endometriosis Related Conditions Information Guide' provides more information about symptoms, diagnosis, treatment, and management of the above conditions.



What are the impacts of endometriosis?

Some people are relatively unaffected by the condition, while a great many others suffer severe pain and distress from problems associated with endometriosis. It tends to be a progressive condition; left untreated it tends to worsen over time. Endometriosis can have a significant impact on people's lives including on:



What should I do if I have symptoms of endometriosis?

We have a range of tools that can help you determine what your symptoms are. These tools can help with the conversation with your GP or gynaecologist. You can find a checklist on page 13, visual jigsaws of symptoms and impacts on pages 14-16, and symptoms and pain tracker on page 17.

We also have an Information Guide 'Self-Advocacy with Medical Professionals' that provides guidance on preparing for appointments with your GP or gynaecologist and how to advocate for yourself during and after appointments.





DIAGNOSING ENDOMETRIOSIS

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

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

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).

THE PATHWAY TO DIAGNOSIS

If you suspect you have endometriosis it can help to keep a symptom diary and discuss your symptoms with a GP or a gynaecologist.

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.

If fertility is a concern, a prompt referral to a gynaecologist or fertility expert is useful, as the medical treatments will not assist with fertility.



Laparoscopy

Highly skilled gynaecologists specialising in endometriosis surgery can both diagnose 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.

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

Sometime after the surgery, the results and diagnosis are sent to your gynaecologist to discuss with you along with an ongoing treatment and management plan.

As well as a definitive diagnosis, a laparoscopy also provides an opportunity to treat in the same procedure; the surgeon can remove endometriosis, divide adhesions, check the patency of the fallopian tubes, and may be able to repair damage caused by endometriosis.

Clinical (Presumptive)

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 endometrics 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'.



Pelvic / Vaginal Examination Endometriosis nodules can sometimes be felt during a pelvic/vaginal examination or may even be seen by smeartakers.

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.

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.

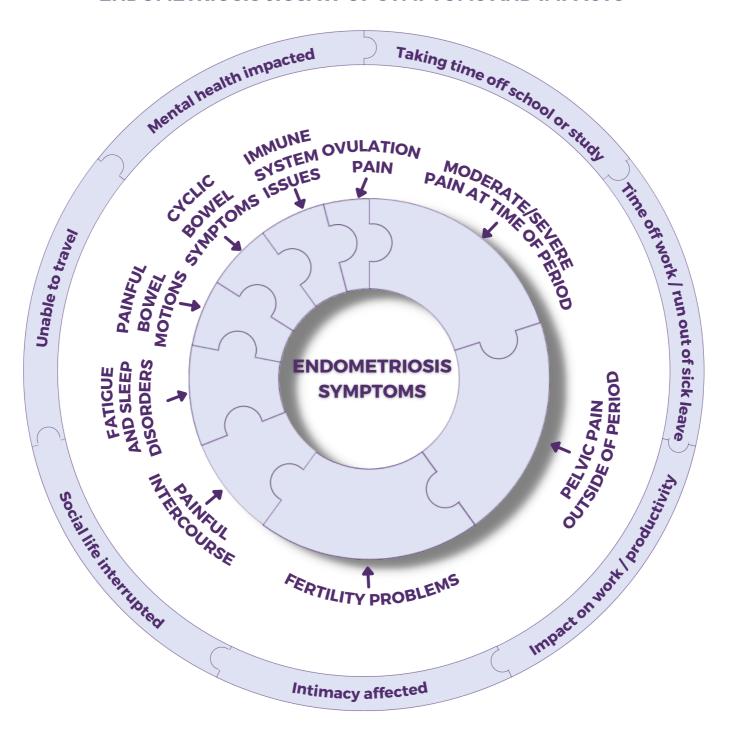
CA 125

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.



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?
end end	ou answer 'yes' to a few of these symptoms you may have ometriosis; the more you have, the higher the likelihood of ometriosis. Take this checklist to your GP or gynaecologist to suss your symptoms. insight
	ENDOMETRIOSIS

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.

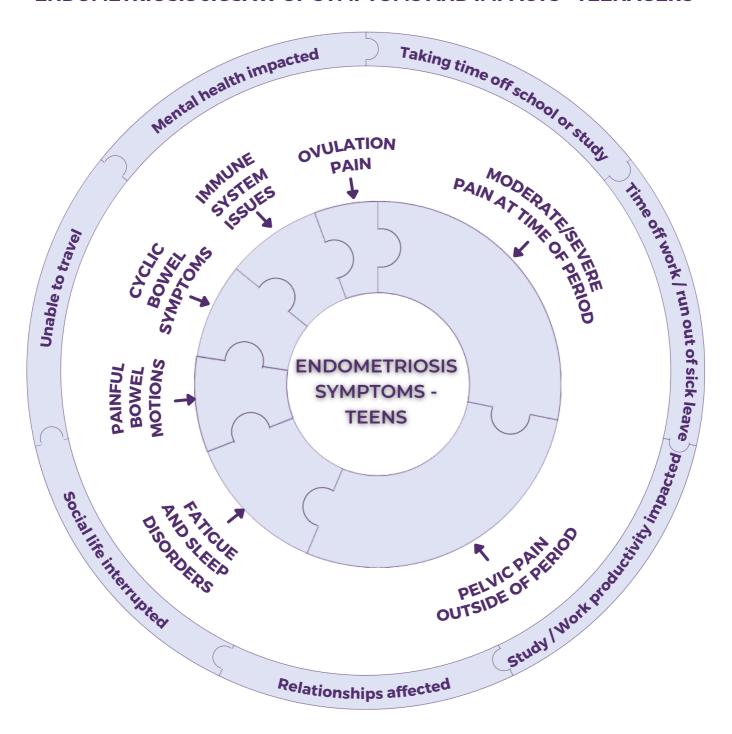
THE MORE PIECES COLOURED IN THE MORE LIKELY YOU ARE TO HAVE ENDOMETRIOSIS.

JIGSAW PIECE SIZING REPRESENTS THE MOST COMMON SYMPTOMS BASED ON RESEARCH

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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.

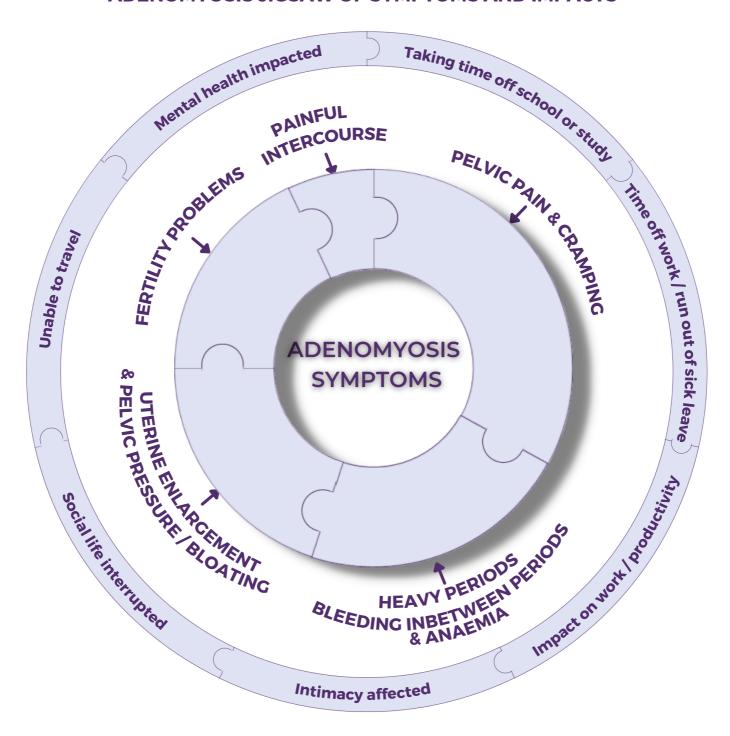
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ADENOMYOSIS JIGSAW OF SYMPTOMS AND IMPACTS



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

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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 Noteshelf 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 20)

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
7	Stronger painkillers minimally effective	Physical activity severely limited Able to read and converse with effort Nausea and dizziness set in as pain factors
8	Stonger 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	I USI	NG A	AND	REA	MA	NKC	SKI	'S P/	AIN S	CAI	E																				
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																															
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Frequent urination																															
Constipation																															
Diarrhoea																															
Bloated abdomen																															
Premenstrual spotting																															
Constant tiredness/fatigue																															
Depression/low mood/PMS																															
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DAILY PAIN TRACKER



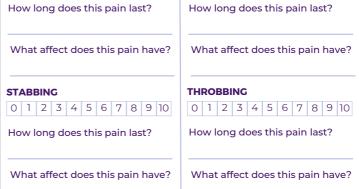
WHERE IS YOUR PAIN?

NOTES

MTWTFSS

DESCRIBE AND RATE YOUR PAIN

ACHING	AGONISING								
0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10								
How long does this pain last?	How long does this pain last?								
What affect does this pain have?	What affect does this pain have?								
BURNING 0 1 2 3 4 5 6 7 8 9 10	CONSTANT 0 1 2 3 4 5 6 7 8 9 10								
How long does this pain last?	How long does this pain last?								
What affect does this pain have?	What affect does this pain have?								
CRAMPING 0 1 2 3 4 5 6 7 8 9 10	DULL 0 1 2 3 4 5 6 7 8 9 10								
How long does this pain last?	How long does this pain last?								
What affect does this pain have?	What affect does this pain have?								
RANDOM 0 1 2 3 4 5 6 7 8 9 10 How long does this pain last?	SHARP 0 1 2 3 4 5 6 7 8 9 10 How long does this pain last?								
What affect does this pain have?	What affect does this pain have?								
SHOOTING	SPASM								
0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10								





DAILY PAIN MEDICATION TRACKER



MTWTFSS

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



SLEEP —	MEALS —
Sleep time Wake time Hours slept	В
Tiredness Notes O 1 2 3 4 5 6 7 8 9 10	L
Discomfort / pain levels 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	D
MOOD Low mood / depression Notes 0 1 2 3 4 5 6 7 8 9 10 PMS	s
0 1 2 3 4 5 6 7 8 9 10	N/ATED
Anxiety 0 1 2 3 4 5 6 7 8 9 10	WATER OF THE PROPERTY OF THE P
NOTES	



WEEKLY MEAL PLANNER

WEEK COMMENCING:



	BREAKFAST	LUNCH	DINNER	SNACKS
N O M				
TUE				
WED				
ТНО				
FRI				
SAT				
SUN				



FOOD AND SYMPTOM TRACKER



M TWTF S S FOOD & **MEDICINES &** TIME **SYMPTOMS NOTES DRINK VITAMINS** BREAKFAST SNACK LUNCH SNACK DINNER SNACK SAFE FOODS SUSPECT FOODS

Note	\$		



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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 endon etriosis; 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:

- Adenomyosis Information Guide
- Diagnosing Endometriosis in NZ 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

www.insightendometriosis.org.nz Visit:

Email: info@insightendometriosis.org.nz

Call: 07 855 5123

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