

FACT SHEET

SURGICAL TREATMENT OF ENDOMETRIOSIS & ADENOMYOSIS

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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.

ROLE OF SURGERY

With no definitive cure for endometriosis, treatments aim to eliminate or reduce the severity of symptoms and improve fertility and quality of life for those living with the condition.

Studies have shown that by following surgery with a hormonal treatment on a continuous basis, the risk of recurrence can be significantly reduced, which should be a major consideration in the lifetime choice of therapies.

As well as reducing recurrence risk, treatment decisions depend on a range of factors:

- age,
- symptoms,
- clinical history,
- extent of the disease,
- co-morbidities (other co-existing conditions)
- cultural considerations, and
- individual preference and priorities which may include pain/symptom management and/or fertility, and which may change over the lifetime experience of endometriosis

Note that not all pain/symptoms are due to endometriosis, adenomyosis or adhesions (scar tissue) which may be helped by surgery. Chronic/persistent pain may respond to medications for neuralgia.



EXCISION SURGERY

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 for surgery to improve fertility, check the patency of the fallopian tubes and clear them if blocked.

LAPAROSCOPY (KEYHOLE SURGERY)

Laparoscopy is the gold standard of endometriosis treatment. Performed under general anaesthetic by a gynaecologist with specialist surgical skills, laparoscopy is the preferred surgical treatment because the smaller incisions lead to quicker healing and faster recovery time.

During surgery a laparoscope (thin viewing scope) is inserted into the pelvis via a small incision (cut) on the navel (tummy button). Other instruments are inserted into the pelvic/abdominal area via other small cuts. The surgeon will search for any signs of endometriosis deposits, lesions and cysts as well as adhesions (scar tissue). These may be on the pelvic organs including uterus (womb), ovaries, fallopian tubes, bowel, and bladder - and surrounding areas including the peritoneum (membrane lining) and Pouch of Douglas (POD or cul-de-sac).

LAPAROTOMY

A laparotomy involves a larger cut in the abdomen, which may sometimes be necessary. Recovery times are much longer with a laparotomy than laparoscopy.



HYSTERECTOMY

Hysterectomy refers to the removal of the uterus (womb) and is performed under general anaesthetic. It can often be completed vaginally using minimally-invasive surgical techniques.

A hysterectomy may be suggested for adenomyosis if hormonal treatments have proven ineffective. It is important to have a gynaecologist who specialises in endometriosis for this surgery, so concurrent endometriosis can be removed in the same procedure.



OOPHERECTOMY

Oophorectomy is the removal of the ovaries. The removal of one ovary is called a 'unilateral oophorectomy'. The removal of both ovaries is called 'bilateral oophorectomy' and causes instant and irreversible menopause.

Due to considerable ongoing and long-term risks to health from cardiovascular and bone density issues, an oophorectomy would seldom be considered pre-menopause unless patients have a genetic risk of ovarian cancer. Those who have completed families and who have concerns about ovarian cancers may wish to discuss the option of removing fallopian tubes (salpingectomy) during endometriosis surgery.

For further information see the following Insight Endometriosis Factsheets:

- Endometriosis 101
- Endometriosis Symptoms
- Analgesic (Pain Relief) Treatment for Endometriosis
- Hormonal Treatments for Endometriosis & Adenomyosis
- Pain Management for Endometriosis

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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