We hope to have answered all your potential questions with this information and wish you a speedy recovery.

Your gynaecology team

Behaviour in the case of endometriosis

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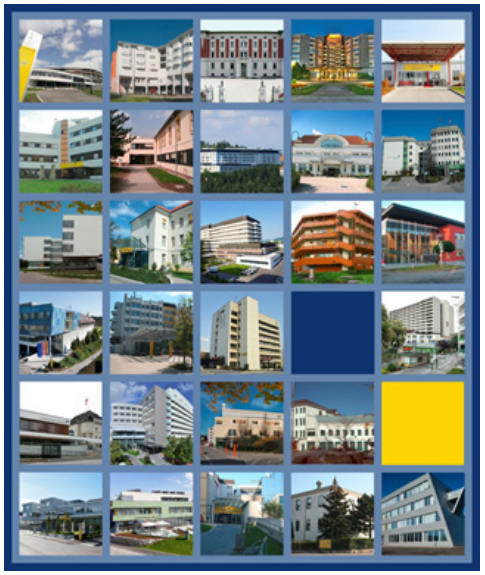

Behaviour in the case of endometriosis

LANDES GESUNDHEITS AGENTUR

Gesund und gepflegt. Ein Leben lang.

Dear Patient,

Further to our discussion at discharge and the doctor's letter, we would like to provide you with some more information relating to the time after your stay in our department.

Development and symptoms

Endometriosis is caused by the abnormal growth of endometrial cells, which usually only occurs in the lining of the uterus. In the case of endometriosis, these cells may also appear on the peritoneal membrane, in the muscle layer of the uterus, on the ovaries, in the bladder wall or in the vagina.

Typical signs of endometriosis are recurrent abdominal pain and increasingly painful periods, sometimes accompanied by abdominal pain during sexual intercourse. Endometriosis can lead to an inability to conceive.

Behaviour in the case of endometriosis

Diagnosis of endometriosis is usually carried out by means of a laparoscopy (abdominal endoscopy).

Therapy

Treatment for endometriosis initially involves the surgical removal of any visible endometriosis lesions. This is often followed by hormonal treatment.

The method of treatment depends on whether the patient is hoping to have children. If not, then the birth control pill can be used under an 'extended-cycle regimen', whereby, for example, an average of three packs of the pill are taken without a break.

Another effective type of treatment is the three-monthly contraceptive injection.

The hormonal coil can also be used, particularly in the case of painful menstruation and for women who already have children.

Behaviour in the case of endometriosis

In the case of pronounced endometriosis, it can be very effective to medicinally suppress the ovarian function for some months, which can have a positive effect on the condition. This is also a potential therapeutic approach for patients wanting to have children.

Further therapeutic approaches for patients hoping to conceive are progesterone therapy, medically-induced ovulation and, the most drastic option, artificial insemination. Personalised further treatment is usually initiated by the doctor treating you.

We also recommend that you attend a follow-up examination with your consultant in about six weeks.