



Red Flags to Watch for When Choosing an Endometriosis Provider

They use ablation instead of excision

If the surgeon primarily burns, cauterizes, or lasers endometriosis lesions instead of cutting them out at the root (true excision), it often leads to incomplete removal and higher recurrence rates.

They suggest pregnancy as a treatment or “cure” for endo

While some patients may feel temporary symptom relief during pregnancy, it is not a treatment, and it does not cure endometriosis.

They recommend a hysterectomy as a cure for endo

Endometriosis is not cured by removing the uterus, especially if active disease is left behind on other organs like the bowel, bladder, or peritoneum. A hysterectomy may help in some individual cases and with adenomyosis, but it is not a one-size-fits-all solution.

They focus more on obstetrics than endo surgery

If your provider spends most of their time delivering babies or working in general OB/GYN care, they may not have the experience or time needed to handle complex endometriosis cases, especially deep infiltrating disease.

They downplay your pain or symptoms

Comments like “It’s just part of being a woman,” or “Your scans look normal so you must be fine,” are dismissive and can lead to delays in appropriate care. Trust your body.

They say your imaging is normal, so you don’t have endo

*Most forms of endometriosis do **not** show up on ultrasounds, and sometimes not even on MRIs. A clean scan does not rule out the disease. Diagnosis is surgical.*

They don't routinely operate with a multidisciplinary team

If a surgeon is unwilling or unable to collaborate with other specialists (colorectal, urology, thoracic, etc.), they may not be equipped to fully treat endo that extends beyond the reproductive organs.

They don't give you time to ask questions or discourage second opinions

A good provider should encourage informed decision-making, welcome your questions, and not pressure you into surgery without fully discussing options.

They rely solely on birth control or hormones as the primary treatment

While hormones may help manage symptoms in some, they do not remove endometriosis. Surgical excision is the gold standard for actual disease removal.

They don't provide detailed post-op reports or photos

A lack of transparency about what was found and removed can make it harder to understand your diagnosis and future care needs.

They say they treat endo but can't describe their specific approach

If a provider says they “treat endo” but can't explain their surgical volume, techniques, or outcomes — that's worth pausing on.

Disclaimer:

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