Endometriosis
- effects on
Bladder,
Ureters and
Kidney.

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Endometriosis

Guideline of European Society of Human Reproduction and Embryology



www.eshre.eu/guidelines

2022

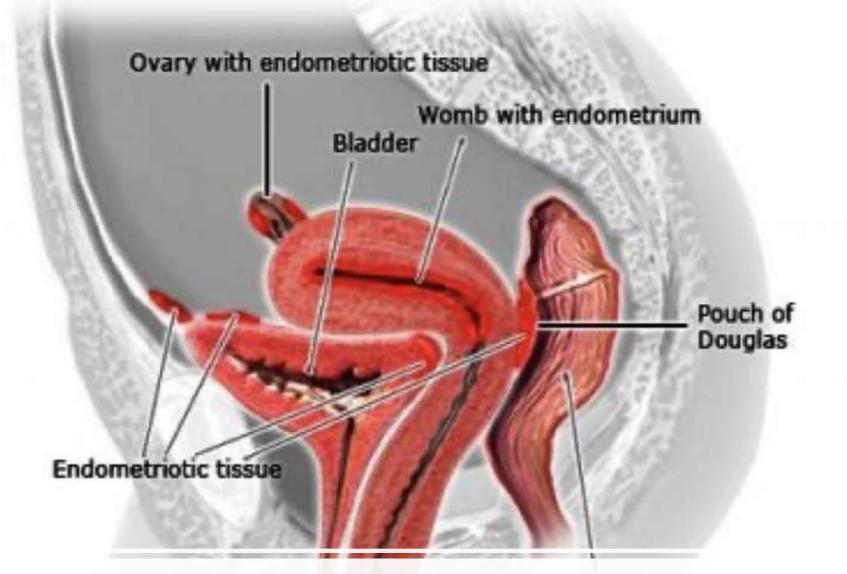
ESHRE Endometriosis Guideline Development Group



Information for women with endometriosis

Patient version
of the ESHRE Guideline on
management of women
with endometriosis

Version 2014

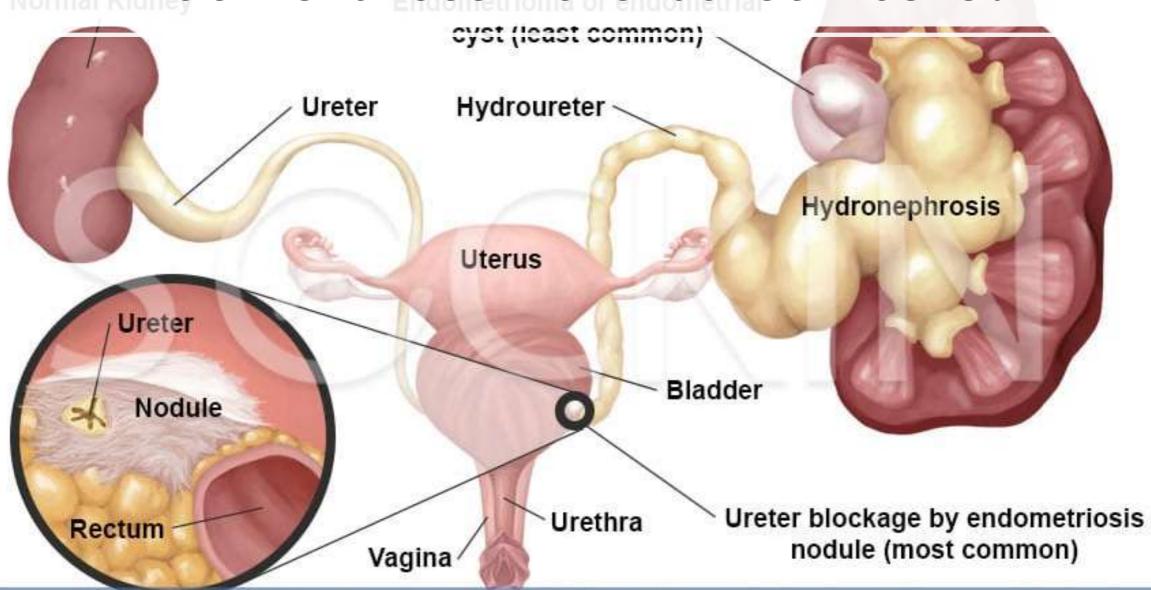


What is bladder endometriosis?

Cross-sectional view of abdomen from the side

Endometriosis involvement of Ormary System

What is ureteric endometriosis?



What are the symptoms?

Cyclical pain on passing urine/dysuria

Cyclical/ non cyclical bleeding on passing urine

Pelvic pain/ pain around kidneys

Recurrent UTIs/ Cystitis

NONE (Silent Kidney death)

1-2%

How common is it?

True ureteric endometriosis is rarer (less than 1%)

Who should I see?

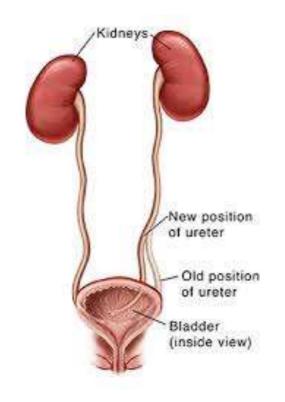
Gynaecologis Nurse Endometriosi Urologist GP specialist s expert (BSGE Center) Fertility Pain Psychosexual Colo-rectal specialist specialist counsellor surgeon

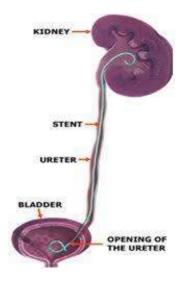
How is it treated?

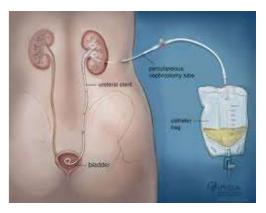
• Investigations-Urine- culture Blood- kidney function MRI/ USS Camera test - cystoscopy/ laparoscopy

How is it treated

- Surgery- Excision
- Bladder- may need bladder repair/ reconstruction
- Ureter- mobilization/ stenting/re-implantation/ reanastomosis/ diversion
- Kidney- nephrostomy/ nephrectomy
- Medical Limited and more useful as adjunct







Impact on life

Extremely debilitating

Affects sex

Socialising

Low mood

Health anxieties

Loss of life supporting organ

Case studies

- 31 yr old- Previous normal laparoscopies, no MRI MRI suggested a possible bladder nodule which was subsequently confirmed on cystoscopy and removed by further laparoscopy- Patient went home with 24 hrs with catheter. Catheter was removed after 10 days. Pain free for last 10 yrs.
- 28 yr old- long history of pelvic pain, on presentation to gynaecology- large ovarian cyst due to endometriosis putting pressure on ureter and kidney. Following surgery, pain and swelling on kidneys have improved.
- 33 yr Long history of pelvic pain. Seen in endometriosis clinic and underwent MRI scan, small rt kidney with no residual function. Has had total hysterectomy since and rt kidney has been disconnected from the bladder. As a result pt has only one

