A large, horizontal, yellow brushstroke with a rough, textured edge, serving as a background for the text.

**Time to
Talk About
Endo**



Robina Village
MEDICAL CENTRE

Welcome to our first Patient Education Session

Topic: Endometriosis

*Thanks to Robina Village
Chempro Chemists*





Robina Village
MEDICAL CENTRE

**Today we begin by acknowledging the
Traditional Custodians of the lands and
waters of the Gold Coast, the Yugambeh
people, and pay our respects to their Elders
past, present and emerging.**



Robina Village
MEDICAL CENTRE



Dr Marlis Ryan

General Practitioner
(BSC, FRACGP)

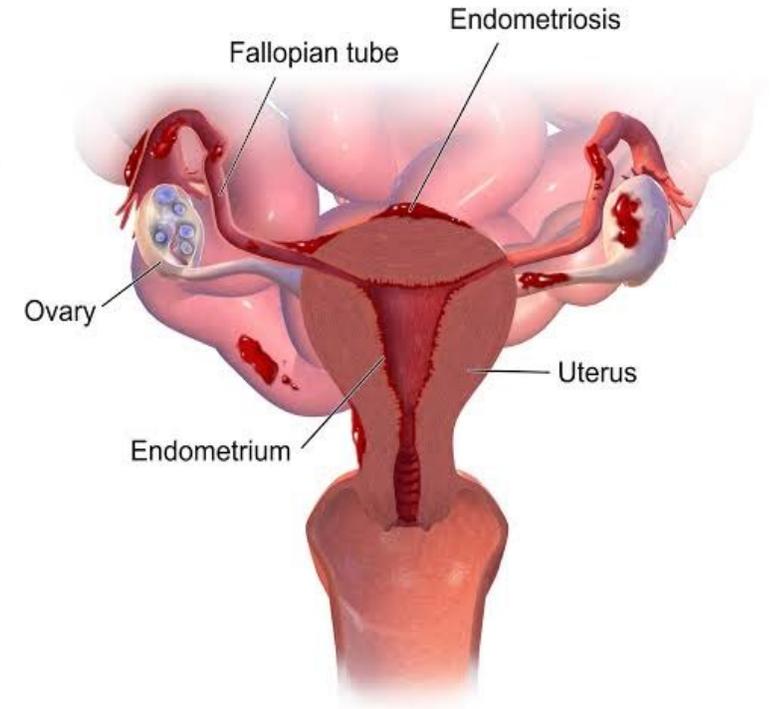
Endometriosis

It's not just a bad period!

Dr Marlis Ryan
BSc, MBBS, FRACGP

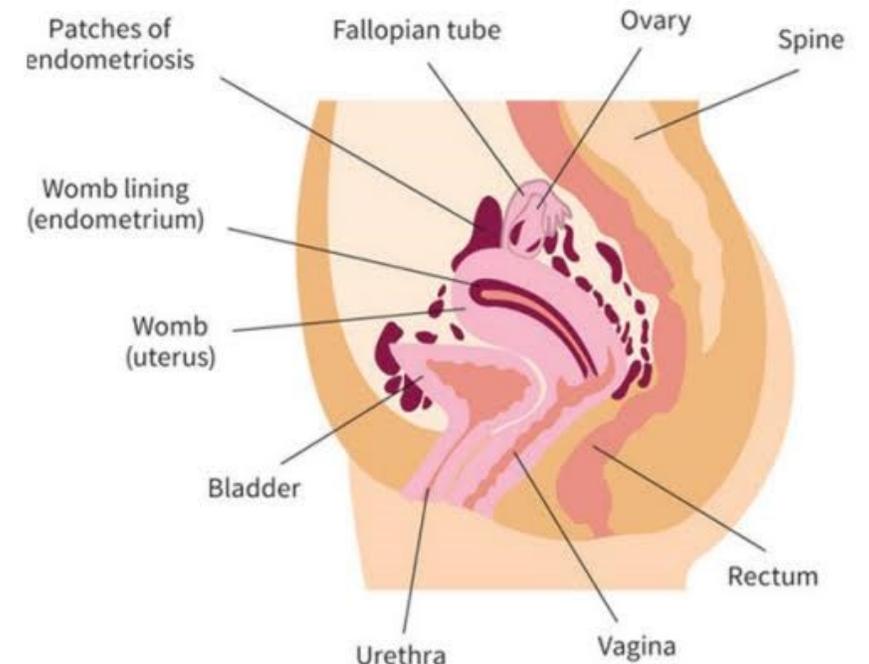
Endometriosis: An Overview

- 1 in 10 women
- Cells normally found lining the uterus (endometrial cells) are found elsewhere - we don't know exactly why
- Those cells are affected by hormones just like those lining the uterus



Endometriosis: An Overview

- Causes more than expected pain during periods
“dysmenorrhoea” and can cause heavier bleeding
“menorrhagia”
- This chronic inflammation and scarring can cause pain at other times +/- other symptoms
 - Bladder issues
 - Pelvic floor dysfunction
 - Bowel symptoms
 - Chronic pain → impact on emotional health
 - Fertility difficulties



Importance of a Multidisciplinary Approach

GP

- Early recognition of symptoms, initial diagnosis and management, coordination of care, GP Management Plan, preventive care

Gynaecologist

- Surgical management and diagnosis (laparoscopy), medication, fertility investigations and interventions

Pelvic floor physiotherapist

- Pelvic floor dysfunction

Psychologist

- Complex relationship between brain, body and gut influencing and influenced by pain and mental health

Dietitian

- Low FODMAP

GP Management

Early recognition of symptoms

- If period pain is not controlled by simple pain relief
- If period pain or flow affects your life (ie work, school)
- Fertility issues
- If presenting with other associated symptoms

Initial investigations

- Rule out other causes of symptoms
 - Blood tests - investigating heavy periods (e.g. thyroid function, coagulation markers) as well as consequences of heavy periods (e.g. iron studies)
 - Ultrasound - ensuring no other structural cause (e.g. fibroid, ovarian cyst), sometimes there can be other signs of endo (e.g. chocolate cyst)
 - Cervical screening
 - STI testing
 - Other testing related to bladder or bowel

GP Management

Initial management - No cure but there are strategies to manage symptoms

Pain relief

- NSAIDs

Hormonal therapy

- Suppress the growth of endometrial cells
- It is safe to skip your period on these methods!
- Birth control pill, implanon, IUD

Surgery

- Referral to Gynaecologist for keyhole operation to confirm the diagnosis and to remove as many patches of endometriosis as possible

Multidisciplinary team

- Coordination of care (GPMP/TCA)- dietitian, pelvic floor physio, psychologist, Gynaecologist

Fertility

- Most women will become pregnant without any help
- 30% of women with endo have issues with fertility
- Mod-severe endo - 75% who want to become pregnant will
- 66% of those women will do so naturally, the remainder will do so with IVF (source: Jean Hailes)

Endo and Irritable Bowel Syndrome

Defining IBS

- Diagnosis of exclusion
- Abdo pain/discomfort, bowel changes, bloating/distension, flatulence, fatigue
- Symptoms at least one day a week for the past 3 months with at least two of the following:
 - Pain and discomfort related to defecation
 - Change in the frequency or consistency of stool

What causes IBS?

Prevalence

- Women with endo are 3 times more likely to have IBS
- Shared genetic risk factors

Consider endometriosis when making a diagnosis of IBS

Endo and Irritable Bowel Syndrome

Low FODMAP Diet



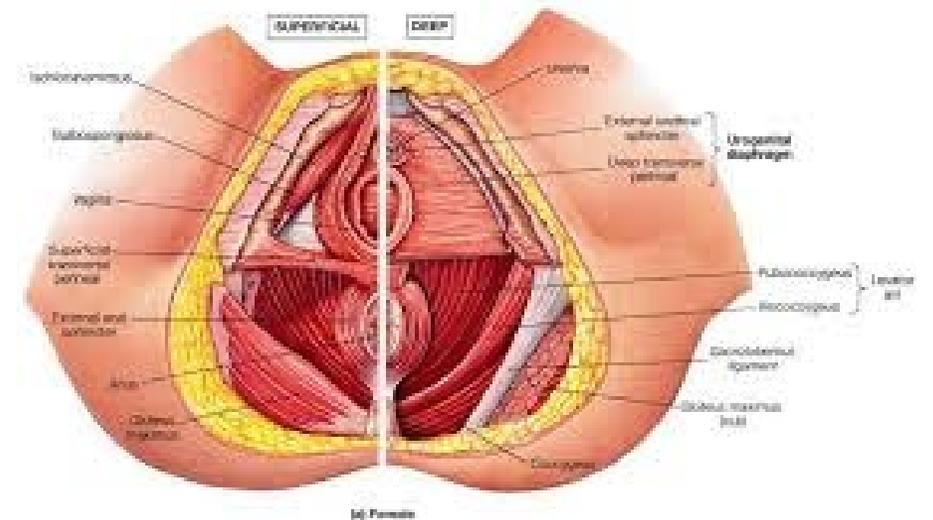
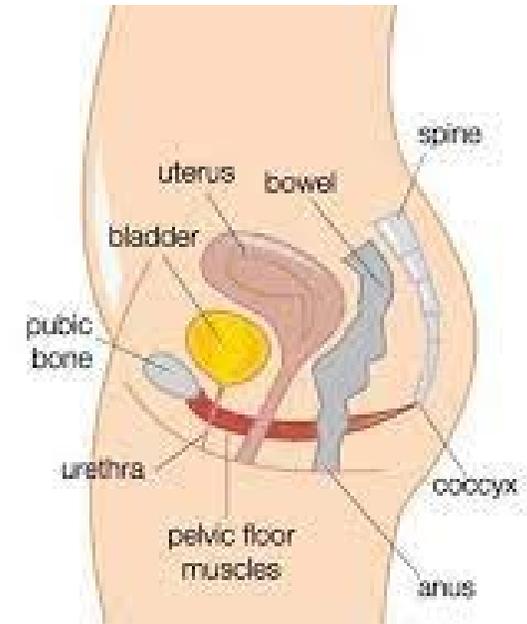
Endo and Pelvic Floor Dysfunction

Muscles forming the pelvic floor can tighten in response to chronic pain

This then can contribute further to pelvic pain

- Spasms
- Painful or difficult (sometimes impossible) intercourse

Can cause pain +/- difficulty emptying bladder or bowels



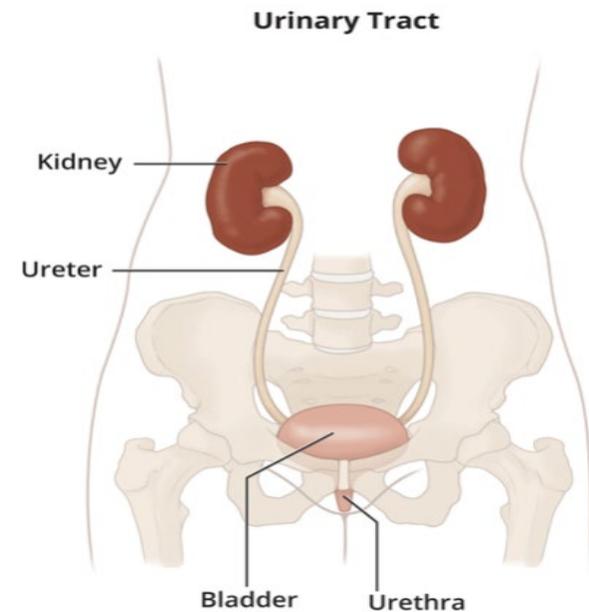
Endo and Bladder Symptoms

Symptoms can vary with the menstrual cycle

- Painful urination
- Blood in urine
- Increased frequency
- Painful urination
- Sensation of incomplete emptying
- Difficulty emptying

Endometrial cells around the bladder, ureters of kidneys

- 20-50% of women with endo will have endometriosis close to the bladder and ureters
- Only 1-6% cases have endometriosis growing directly into the bladder muscle or ureters



Patient Resources and Guidelines

- Jean Hailes
- True Reproductive Health
- Monash University
- Endometriosis Australia

Sources

<https://goldcoastprivatehospital.com.au/blogs/endometriosis-gp-guide-endometriosis-management>

<https://teachmeobgyn.com/gynaecology/uterine/endometriosis/>

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<https://endometriosisaustralia.org/endometriosis-and-the-urinary-tract/>

<https://www.endometriosis-uk.org/sites/default/files/2023-02/Endometriosis%20UK%20-%20Bladder%20Endometriosis%20Jan%202023.pdf>



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Kelly Rigby

Senior Physiotherapist
Musculoskeletal & Pelvic
health
DPhty, BBiomedSc, ISMP



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Pelvic Floor Physiotherapy

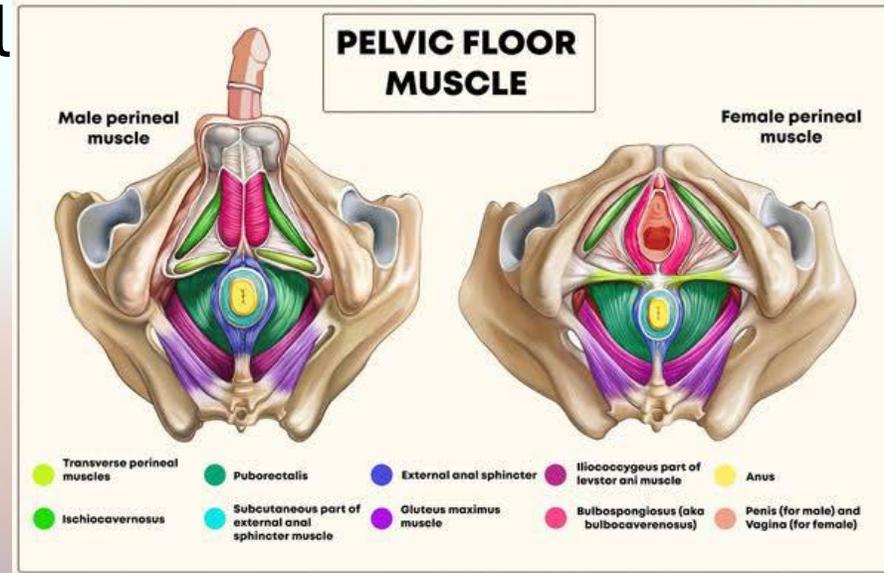
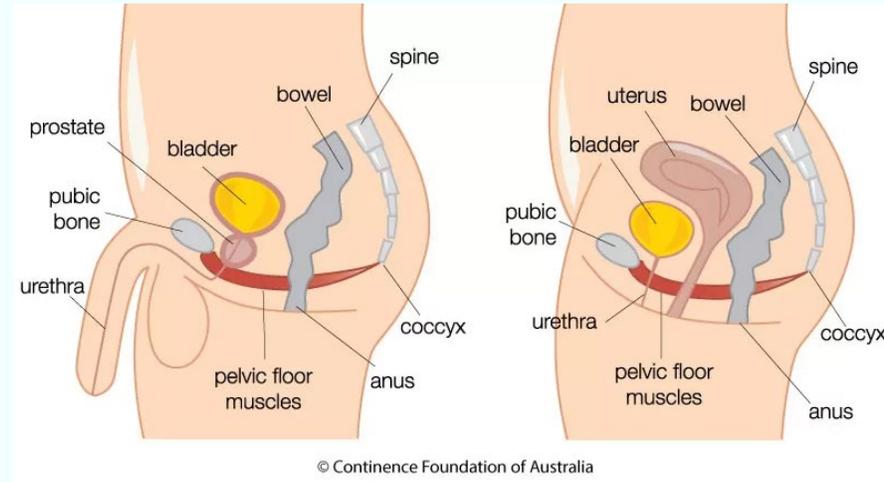
Endometriosis Awareness Month

Kelly Rigby (DPhty, BBiomedSc)
Senior Physiotherapist - Bloom Health + Wellness



What is the pelvic floor?

- 14 different muscles
- 5 roles:
 - lumbo-pelvic support
 - control of bladder and bowel
 - support to pelvic organs
 - sexual function
 - sump pump



How do I feel my pelvic floor? Am I contracting/relaxing correctly?

- Lying
- Sitting
- Standing
- Squat
- Child's pose

Did you know 30%
of people do pelvic
floor exercises
incorrectly?

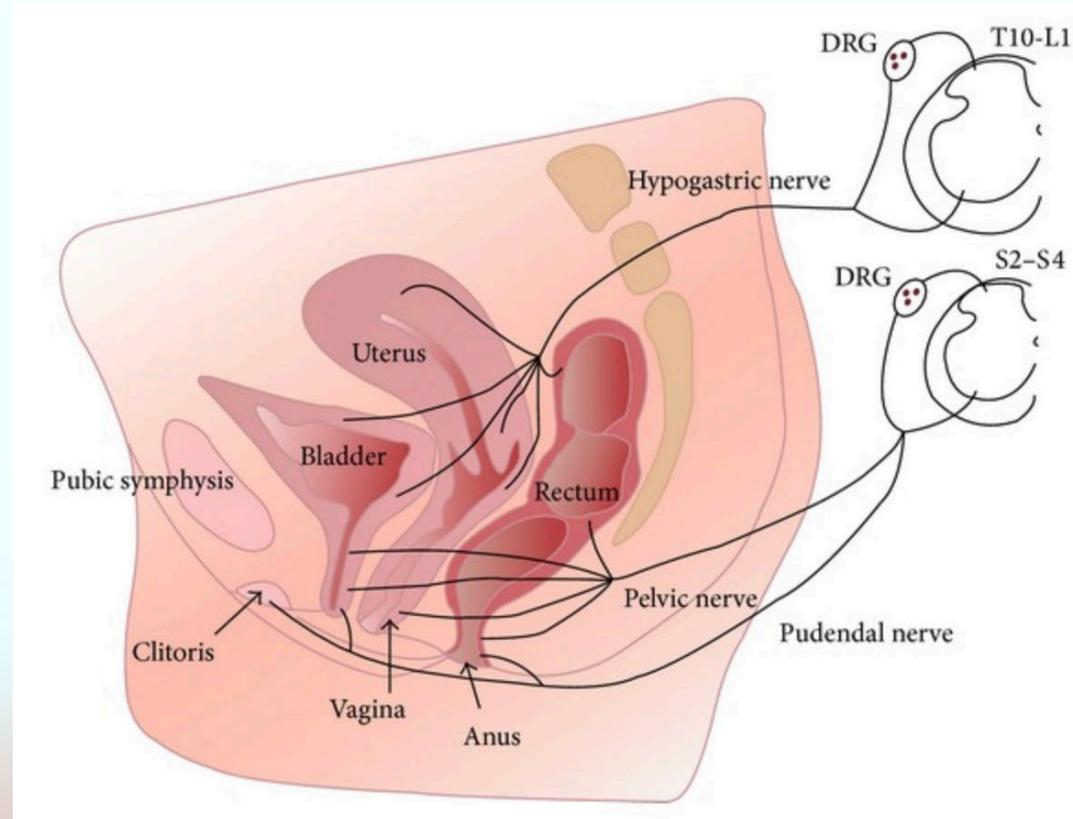


Symptoms of pelvic floor dysfunction

- Painful periods (dysmenorrhea)
- Pelvic pain
- Bladder or bowel symptoms: leakage, urgency, frequency, inability to empty
- Prolapse
- Vaginismus (pain with insertion/initial penetration)
- Painful sex (dyspareunia)
- Vulvodynia (pain around the vulva) & vestibulodynia (pain at the vestibule)
- Constipation
- Low back, abdominal, hip, groin or leg pain
- Migraines, headaches, TMJ pain

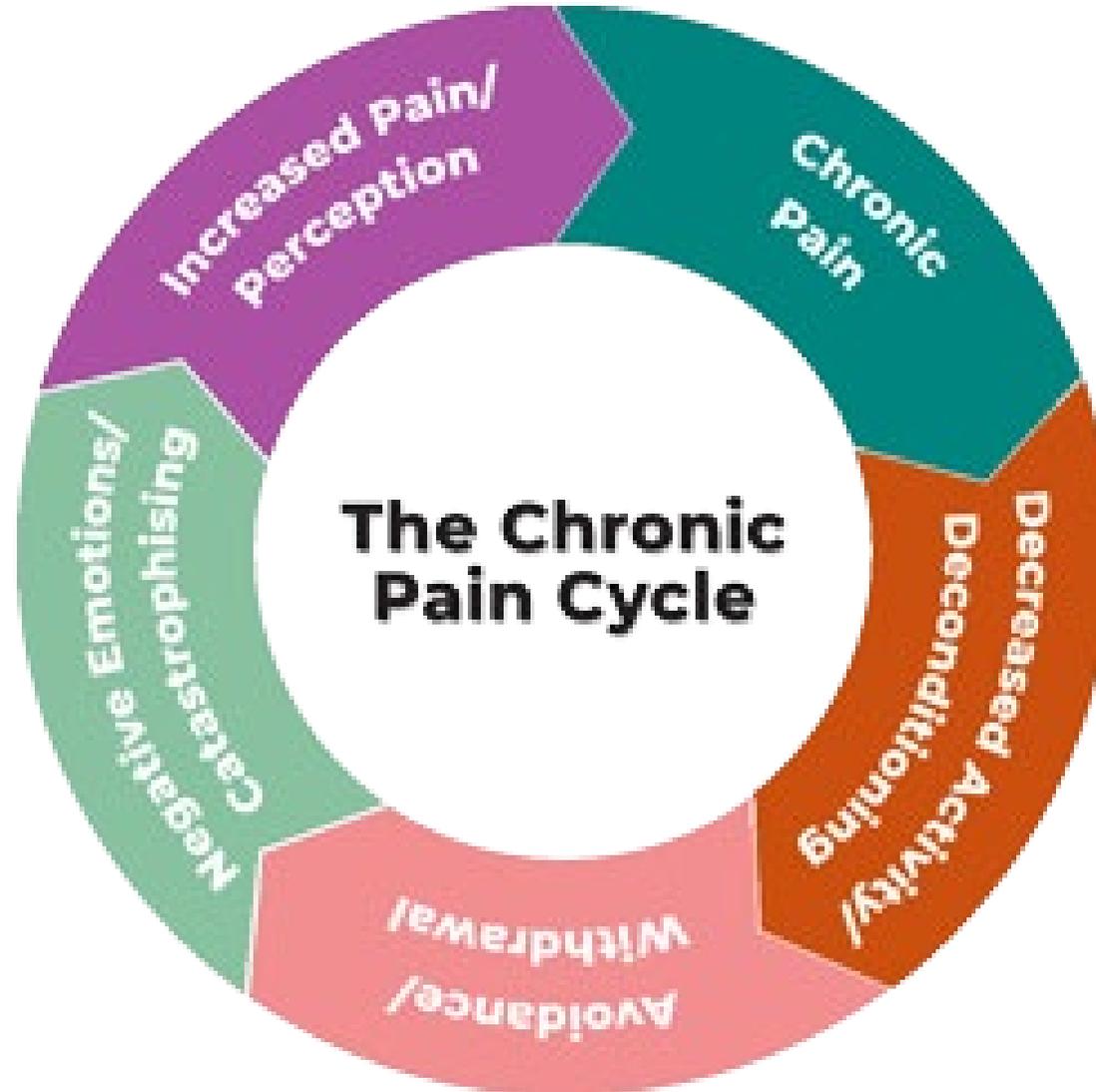
How does endometriosis affect the pelvic floor?

- Convergence
- Inflammation
- Protection/guarding
- Referral
- Inactivity
- Sensitisation



Origoni M, Leone Roberti Maggiore U, Salvatore S, Candiani M. Neurobiological mechanisms of pelvic pain. Biomed Res Int. 2014;2014:903848. doi: 10.1155/2014/903848. Epub 2014 Jul 8. PMID: 25110704; PMCID: PMC4119661.

How does endometriosis affect the pelvic floor?



How can Physiotherapy help?

Assessment

- Hear your story & timeline
- Understand your symptom patterns, concerns and goals for Physiotherapy
- Functional testing
- Range of motion testing
- Strength testing
- Testing for pain provocation, tone or tenderness
- Pelvic floor examination (internal and/or external)

How can Physiotherapy help?

Treatment



Vaginal
Dilators



Breathing/
Relaxation
Exercises



Anatomical
Education



Conditioning
Exercises

PHYSIOTHERAPY FOR ENDOMETRIOSIS



Trigger point
management



Bladder/Bowel
Health



Pelvic Floor
Strengthening



Stretching
Exercises



Manual Pelvic
Floor Therapy

Pelvic floor training isn't just about Kegels

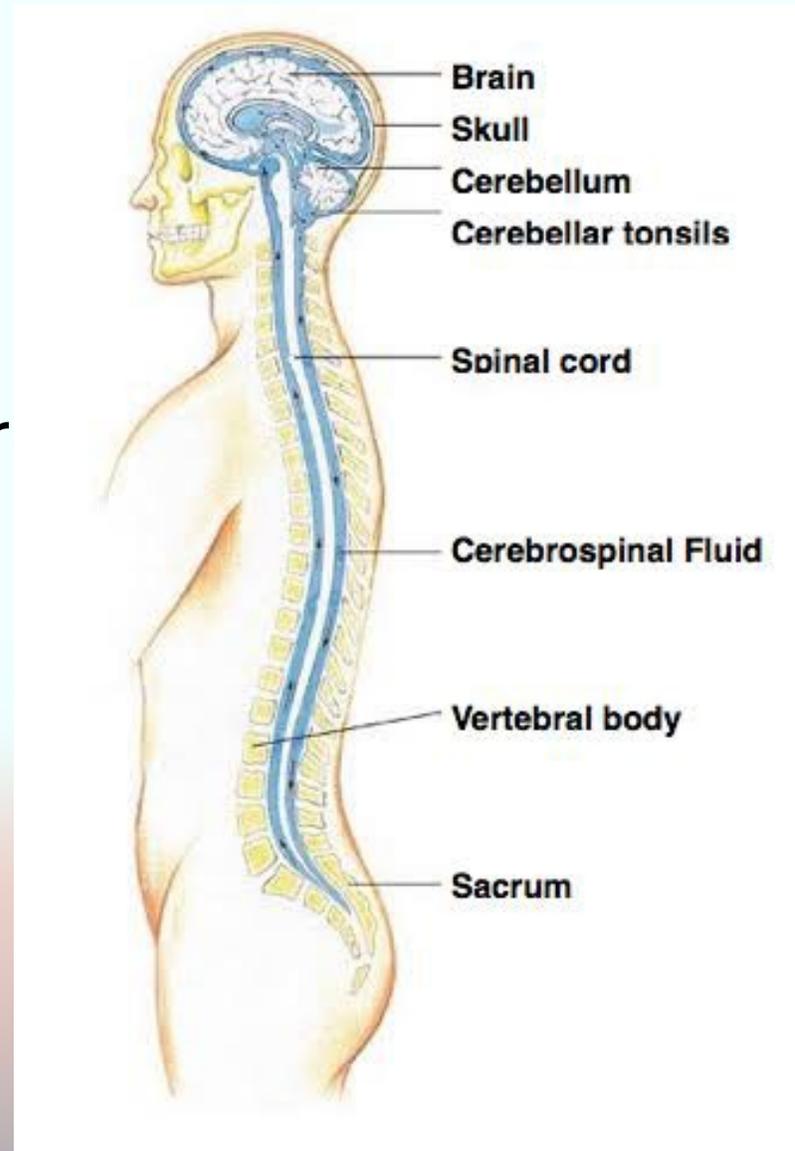
- Pelvic floor Physiotherapy can involve one or more of the following factors:
 - Strength
 - Endurance
 - Coordination/motor control
 - Relaxation
 - Reducing tone, tightness or overactivity
 - Integration into global function



Many of you with pain shouldn't be doing 'kegels'!!

Pelvic floor therapy - thinking outside the pelvis

- Cranio-sacral therapy
- Thoracic ring approach
- Foot intrinsic training & contr
- Global training
 - Pilates
 - Strength training
 - Yoga



How can Physiotherapy help?



We are here to support, empower and educate you!

Collaboration with your care team.

How can Physiotherapy help?

Kelly Rigby

(Doctor of Physiotherapy, Bachelor of Biomedical Science)

Senior Physiotherapist

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Sharnie Dwyer

Dietitian (APD)
BNutDiet (Hons I)
women's health

Diet and Endometriosis

Sharnie Dwyer

Accredited Practising Dietitian



A little about me

- Graduated 2018 from Griffith University with First Class Honours & the award for Clinical Excellence – Nutrition & Dietetics
- Primarily working in private practice:
 - Women's health – Endometriosis, PCOS, fertility, pregnancy and IBS.
 - Bariatric (weight loss surgery)
- Currently completing my PhD – Dietary management of Endometriosis



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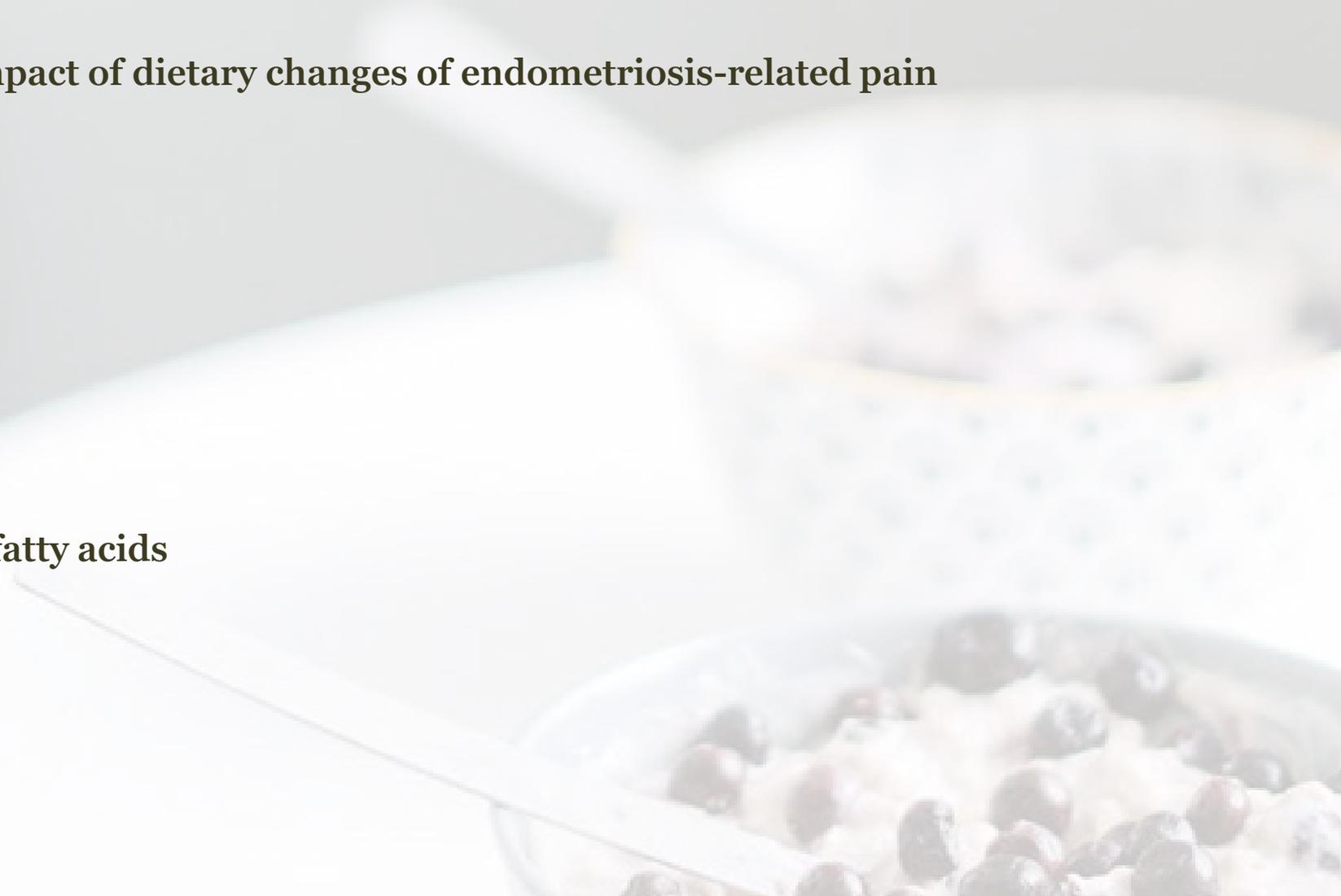
Why consider diet?

- Some dietary factors may play a role in the progression and development of endometriosis by influencing steroid hormone metabolism, the menstrual cycle, inflammation regulation, oxidative stress, and muscle contraction.¹
- 44% of Australian individuals with endometriosis report using diet to manage their symptoms.²
- A 2021 study indicated that ~55% of participants reported that food influenced their symptoms and modifying their diet provided symptom relief.³

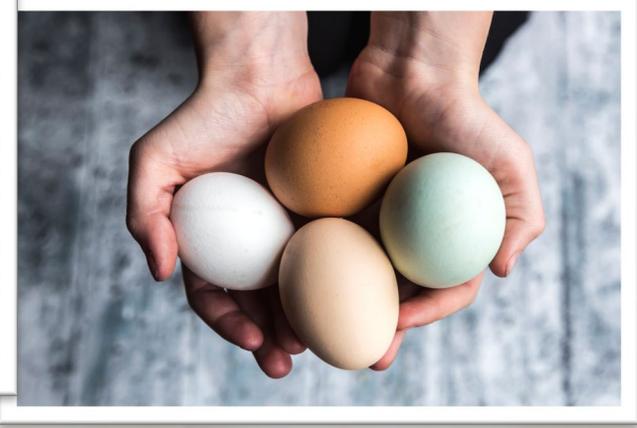
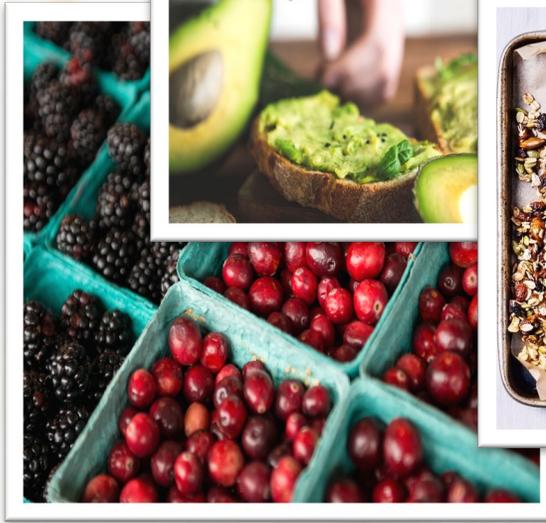
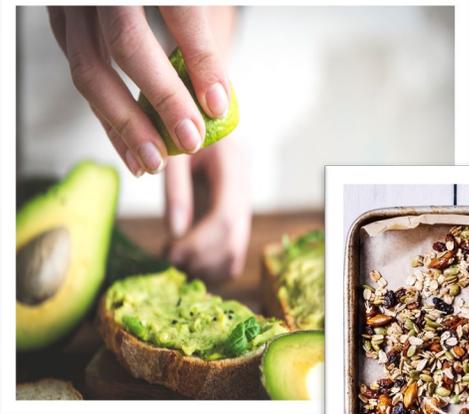
Diet for symptom management

A 2022 systematic review of the impact of dietary changes of endometriosis-related pain perception⁴

- Mediterranean
- Low FODMAP
- Gluten-free
- Low nickel diet
- High intake of polyunsaturated fatty acids



What should you focus on eating?



High fibre

Protein rich

Omega-3 fatty acids

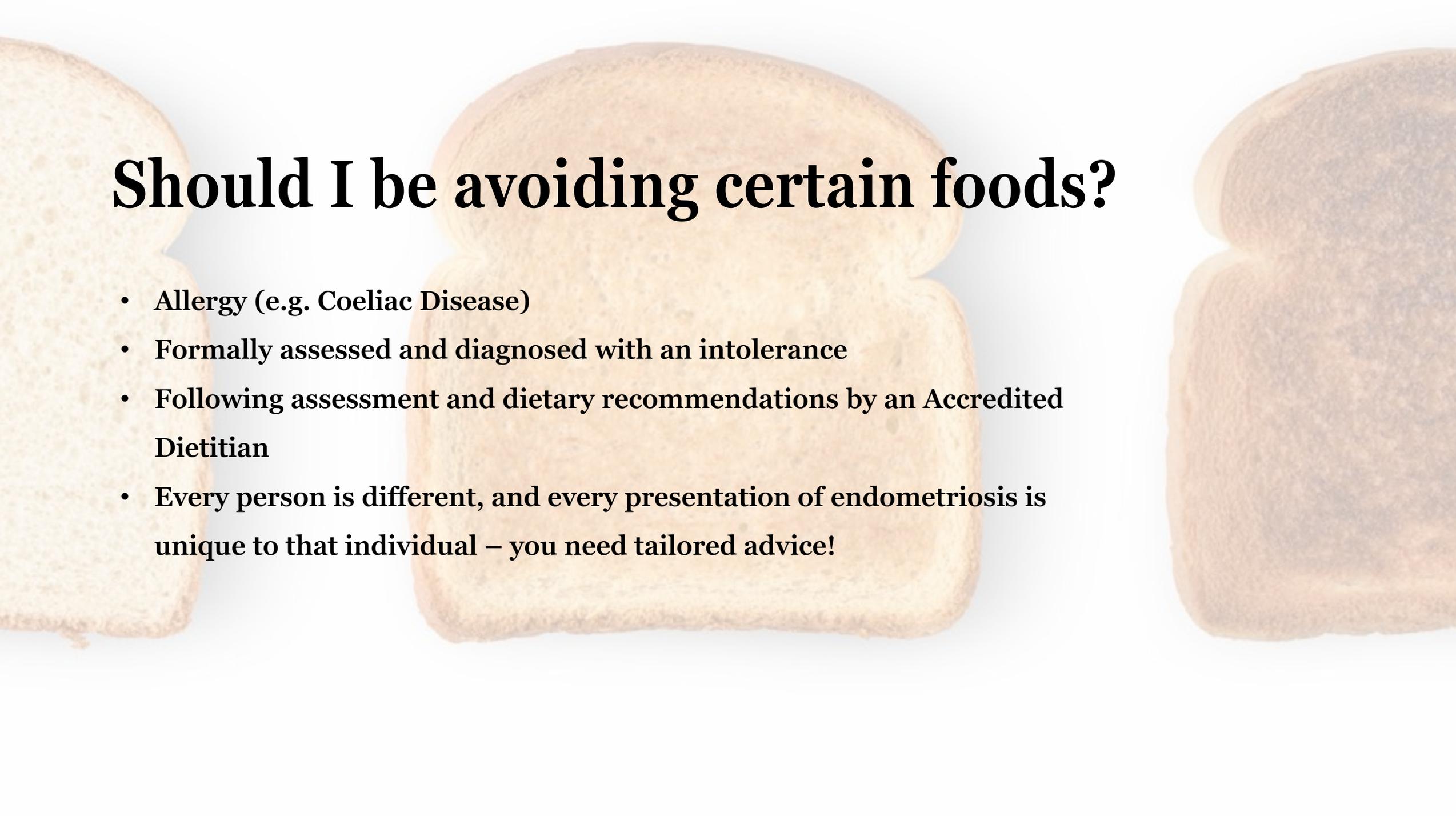
- DHA & EPA
- ALA

Vitamin A, C, E

Selenium

Zinc

Antioxidants & Polyphenols



Should I be avoiding certain foods?

- Allergy (e.g. Coeliac Disease)
- Formally assessed and diagnosed with an intolerance
- Following assessment and dietary recommendations by an Accredited Dietitian
- Every person is different, and every presentation of endometriosis is unique to that individual – you need tailored advice!

Wanting more?

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EXAMPLE MEAL PLAN

Day 1:

- Breakfast: Scrambled eggs with spinach and tomatoes.
- Mid-Morning Snack: Strawberries.
- Lunch: Grilled chicken breast with a quinoa and spinach salad.
- Afternoon Snack: Carrot and cucumber sticks with lactose-free or Greek yoghurt.
- Dinner: Baked salmon with mashed potatoes and green beans.

Day 2:

- Breakfast: Overnight oats topped with a handful of blueberries.
- Mid-Morning Snack: Sliced oranges.
- Lunch: Turkey and lettuce wrap with a side of strawberries.
- Afternoon Snack: Lactose-free cottage cheese with sliced tomato on rice thins.
- Dinner: Baked Barramundi with a side of roasted zucchini and quinoa.

Day 3:

- Breakfast: A smoothie made with spinach, banana, and lactose-free or Greek yoghurt and chia seeds.
- Mid-Morning Snack: Grapes.
- Lunch: Quinoa salad with roasted red peppers, cucumbers, and grilled chicken.
- Afternoon Snack: Sliced bell peppers with eggplant dip.
- Dinner: Beef stir-fry with Asian greens and brown rice.

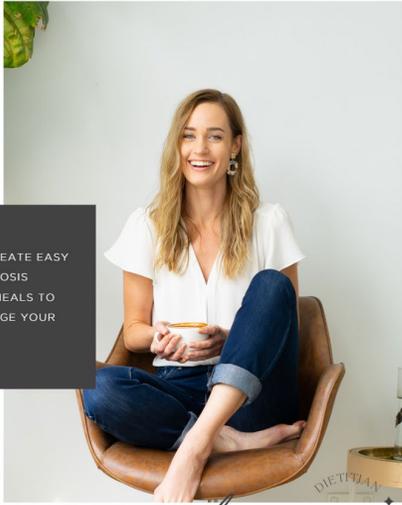
Day 4:

- Breakfast: Scrambled eggs with feta cheese and spinach.
- Mid-Morning Snack: Sliced kiwi.
- Lunch: Spinach and tomato salad with grilled chicken.
- Afternoon Snack: Blueberries.
- Dinner: Baked chicken with quinoa and steamed carrots.



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ENDOMETRIOSIS MEAL GUIDE



HOW TO CREATE EASY ENDOMETRIOSIS FRIENDLY MEALS TO HELP MANAGE YOUR SYMPTOMS.

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UNDERSTANDING ENDOMETRIOSIS-FRIENDLY FOODS



Endometriosis is a chronic medical condition that primarily affects individuals with female reproductive systems. It occurs when tissue similar to the lining of the uterus (endometrium) grows outside the uterus. This misplaced tissue, called endometrial implants, typically attaches to other pelvic organs like the ovaries, fallopian tubes, outer surface of the uterus, and the tissue lining the pelvis. In rare cases, endometriosis can extend beyond the pelvic region.



The exact cause of endometriosis is not fully understood, though several theories exist. Some factors that might contribute to the development of endometriosis include genetic predisposition, hormonal imbalances, retrograde menstruation (where menstrual blood flows backward into the pelvis), and immune system dysfunction.

The link between endometriosis, inflammation, and diet is an important aspect of managing this chronic condition. Endometriosis is associated with inflammation, and certain dietary choices can either exacerbate or help alleviate the inflammation, thereby affecting the severity of symptoms.



Endometriosis-friendly foods are those that can help alleviate the symptoms and discomfort. These foods can be beneficial due to their anti-inflammatory, hormone-balancing, and nutrient-rich properties. While individual responses to foods may vary, whole, unprocessed foods that are rich in anti-inflammatory properties are generally considered endometriosis-friendly.

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Nutrition-related experiences and endometriosis



About this research



We are conducting interviews to explore the experiences, barriers and enablers, confidence, and practices of women with endometriosis and dietitians caring for women with endometriosis.

Who can participate?

- Women with endometriosis
- Dietitians who are caring for women with endometriosis
- Must be at least 18 years old.



What you'll need to do

Participate in a 30-60min online interview.
(You will be offered a gift card as compensation for your time)



Want to know more?



If you would like to participate in this study, or find out more, please scan the QR code to provide your details, or email sharnie.dwyer@griffithuni.edu.au and we will be in touch!

Please be aware that there may be a risk of accidental public exposure when commenting and interacting on social media. Please be mindful of maintaining your privacy, and the privacy of others on social media.

This research has been approved by the Griffith University Human Research Ethics Committee. GU ref no: 2023/307.

Thank you



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1. Missmer, SA, Chavarro, JE, Malspeis, S, Bertone-Johnson, ER, Hornstein, MD, Spiegelman, D, et al. A prospective study of dietary fat consumption and endometriosis risk. *Hum Reprod.* (2010) 25:1528–35. doi: 10.1093/humrep/deq044
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3. Krabbenborg, I, de Roos, N, van der Grinten, P, and Nap, A. Diet quality and perceived effects of dietary changes in Dutch endometriosis patients: an observational study. *Reprod Biomed Online.* (2021) 43:952–61. doi: 10.1016/j.rbmo.2021.07.011
4. Sverrisdóttir, UÁ, Hansen, S, and Rudnicki, M. Impact of diet on pain perception in women with endometriosis: a systematic review. *Eur J Obstet Gynecol Reprod Biol.* (2022) 271:245–9. doi: 10.1016/j.ejogrb.2022.02.028

