

The 20 Rules of Endo - Mindmyendo.com - Endosketch.co.uk - Dr. Amr Moneib MBBCh MSc MRCOG

Endometriosis is a benign disease, not cancer. It can affect your quality of life but it is not life threatening.

Endometriosis is when tissues similar to the lining of the womb migrate to places in the pelvis that it is not meant to be. It can also be found in the diaphragm, lungs, abdominal wall.

Diagnostic laparoscopy is NOT the gold standard anymore for diagnosing endometriosis. *Eshre 2022*

Ultrasound and MRI are able to assess the sites mostly affected in the sidewalls behind the abdominal cavity which can not be seen by diagnostic laparoscopy.

Ablation of endometriosis which is unfortunately still widely done is not an effective way of managing endometriosis

Endometriosis symptom tend to decline in most patients after the menopause

The amount of endometriosis does not correlate with the amount of symptoms..

There is no definitive cure for endometriosis yet.

Endometriosis is a hormone dependant disease.

Endometriosis can cause subfertility. However many women with endometriosis can achieve natural conception.

The only person who can quantify how much the pain is affecting their quality of life ; is the patient.

Diagnostic laparoscopy plus/minus Proceed should not be accepted. Patients have the right for adequately planned procedures and proper counseling regarding risks and benefits.

Pelvic pain is multifactorial and there are other comorbidities that can co-exist with endometriosis e.g. Migraine, IBS, Fibromyalgia, Pelvic pain syndrome.

Having negative laparoscopy or negative MRI does not mean you do not have endometriosis but only means there is nothing physical to be removed and hence surgery is unlikely to help.

Pain is a neurological process. We recognise pain through our brains.

Holistic management including , psychological support , Brain training, physiotherapy and formal pain specialised clinics are essential parts of the MDT.

Doctors have to discuss potential risks of surgery. Keeping in mind, this can be very complex surgery , requiring bowel and urological surgeries done for a benign disease. Surgery might be essential in cases with possible bowel or ureteric obstruction

The patient should be making their decision regarding, conservative, hormonal and surgical management based on an adequate counselling process. Doctors should support their decisions and facilitate referrals to specialists if needed.

The general consensus is that if symptoms are manageable then the least invasive option if needed is the recommended route.

Not all endometriosis is the same.