

ENDOMETRIOSIS DIAGNOSIS & MANAGEMENT

This is a quick-reference guide that provides condensed information for Singapore healthcare professionals on the diagnosis, counselling and early management of endometriosis.

Supported by:



- Endometriosis is defined as the growth of endometrial-like tissue outside the uterus that leads to inflammation and pain, resulting in scar tissue and adhesion^{1,2}.
- Endometriosis affects approximately 1 in 10 women of reproductive age³ and up to 50% of women with subfertility⁴.
- Due to the difficulties in recognising the symptoms and women delaying in seeking help, delays of 7 – 10 years can occur between onset of symptoms and confirmation of the diagnosis⁵.

Assessment

Endometriosis-related symptoms^{1,6}:

- ☐ Chronic pelvic pain
- ☐ Dysmenorrhoea
- ☐ Dyspareunia
- ☐ Cyclical urinary symptoms
Urinary urgency & frequency, dysuria, haematuria
- ☐ Cyclical gastrointestinal symptoms
Painful bowel movement, abdominal cramps, bloating, tenesmus, diarrhoea, constipation, rectal bleeding
- ☐ Infertility (in association to ≥1 symptom above)

Complete assessment with:

- Abdominal & pelvic examination
- Transvaginal or transabdominal ultrasound mapping of endometriosis

Management should take into account:

- ☐ Age
- ☐ Impact of symptoms on quality of life
- ☐ Deep infiltrating endometriosis affecting other organs (bladder, ureter, bowel, etc.)
- ☐ Treatment history
- ☐ Desire for fertility
- ☐ Ovarian reserve
- ☐ Psychosexual needs
- ☐ Emotional needs
- ☐ Patient's ideas, concerns & expectations

Other Assessment Tools:

- ✓ Endometriosis Symptoms Questionnaire
- ✓ Endo Diary App
Patient's record of 3 months of symptoms

Counselling

Counselling is key to treatment compliance!

- ☐ Patient should be made aware that endometriosis is a chronic disease and may require long-term management till menopause
- ☐ Discuss patient's priorities & support needs (Please refer to checklist above)
- ☐ Provide information & support
 - Nature, symptoms and signs of endometriosis
 - Diagnosis & treatment options
 - WWW.ENDOSUPPORT.SG
 - Singapore Endometriosis Support Group (Facebook)
- ☐ Encourage involvement of partner and family members in discussions



SG ENDO
SUPPORT GROUP



ENDO
DIARY

TREATMENT GOALS

- ✓ Improve quality of life
- ✓ Preserve functions (e.g. fertility and organ functions)
- ✓ Radical excision of the disease
- ✓ Prevent recurrence

Treatments

According current guidelines^{1,6} and recent consensus², diagnosis should be based on clinical symptoms and empirical treatment with analgesia and hormonal therapy is recommended. Treatment options for endometriosis include:

First-line medical treatments:

- NSAIDs (short-term pain management)
- Hormonal therapy:
 - Progestin-only therapy
 - Dienogest (2mg / day is approved for long-term use)
 - Injectable medroxyprogesterone acetate
 - Hormonal contraceptive
 - Continuous COCs (Contraindications: Smokers >35 age, women at increased risk of stroke/VTE/heart attack)

Second-line medical treatments:

- GnRH agonists (Not more than 6 months without add-back therapy)

Surgical treatments:

*Excision is preferred to ablation surgery.
To be discussed with gynaecologist specialising in endometriosis and minimally invasive surgery.*

REFERRALS

Please refer patients to their preferred public or private specialist endometriosis service if:

- Patients have suspected or confirmed sign(s) of endometriosis
- Patients have severe, persistent or recurrent symptoms of endometriosis
- Initial management is not effective / not tolerated / contraindicated.



Refer to Endometriosis Clinic via
General Practitioner Liaison Centre (GPLC)
Tel: (65) 6772 2000 | gp@nuhs.edu.sg



Refer to KK MIS Centre via
Tel: (65) 6294 4050



Refer to Endometriosis Clinic @
SGH O&G Centre via GP Hotline
Tel: (65) 6326 6060 | gpnetwork@sg.com.sg

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1. Dunselman GA, et al. ESHRE guideline Hum Reprod. 2014;29(3):400–412.
2. Johnson NP, et al. Hum Reprod. 2013;28(6):1552–1568.

3. Eisenberg VH, et al. BJOG. 2018;125(1):55–62.

4. Meuleman C, et al. Fertil Steril. 2009;92(1):68–74.

5. Benagiano G, et al. Reprod Biomed Online. 2018;36(1):102–114.

6. NICE guideline. Available from: www.nice.org.uk/guidance/ng73.

7. National University Hospital Endometriosis Clinic.

8. KK Women's and Children's Hospital, KK MIS Centre.

9. Singapore General Hospital Endometriosis Clinic.

This questionnaire aims to help the physician and patient work together towards a diagnosis and/or managing endometriosis. It is important to gain as much accurate information as possible.

1. Menstrual profile

Duration of menstrual period: ☐ 0–2 days ☐ 3–5 days ☐ 6–8 days ☐ >8 days

Intensity of menstrual bleeding: ☐ None ☐ Spotting/Light ☐ Normal ☐ Heavy

Do you experience spotting/light bleeding at any time other than when your period is due? ☐ Yes ☐ No

2. Symptoms

When do you experience the onset of pelvic pain?

☐ Before menstruation ☐ First day of menstruation ☐ Second day of menstruation ☐ Later

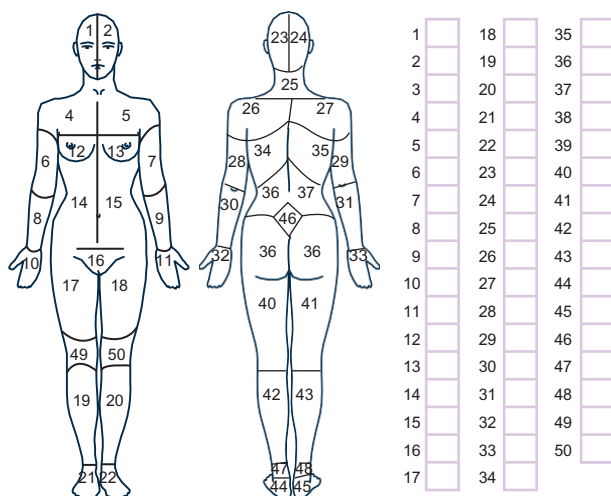
Duration of pelvic pain during menstrual period: ☐ <2 days ☐ 3–5 days ☐ 6–8 days ☐ >8 days

Does this pain last longer than your menstrual bleeding? ☐ Yes ☐ No

For the following statements, please use a cross [x] on the scale of 0 (no pain) to 10 (unbearable pain) to indicate how much pain you feel.

	0	1	2	3	4	5	6	7	8	9	10
Chronic pelvic pain	☺										☹
Painful menstruation (dysmenorrhoea)	☺										☹
Between your periods	☺										☹
Period-related pain during urination	☺										☹
Period-related pain during bowel movements	☺										☹
Other gastrointestinal symptoms:											
<input type="checkbox"/> abdominal cramps <input type="checkbox"/> bloating <input type="checkbox"/> tenesmus											
<input type="checkbox"/> diarrhoea <input type="checkbox"/> constipation <input type="checkbox"/> rectal bleeding											
Deep pain during or after sexual activity (if active)	☺										☹

If you have pain between or during your periods, please indicate on the diagram below where you feel this pain.



3. Treatment history

Have you ever been diagnosed for the following conditions:

- ☐ Chronic pelvic pain syndrome
☐ Bleeding disorder
☐ Irritable bowel syndrome

Have you ever received any surgery/treatment to manage your symptoms:

A. Surgery

- ☐ Yes – please specify: _____
☐ No

B. Medication:

- ☐ NSAIDs (pain reliever)
☐ Hormonal contraceptives
☐ Homeopathic medications
☐ Others – please specify: _____
☐ No

C. Fertility treatment:

- ☐ Yes – please specify: _____
☐ No

4. Fertility

How many children do you have?

Did you experience any difficulties trying to conceive?

- ☐ Yes ☐ No – proceed to section 5.
☐ Not trying to conceive – proceed to section 5.

How long have you been trying to conceive?

Does your partner suffer from diagnosed infertility?

- ☐ Yes ☐ No ☐ Not known

5. Emotional wellbeing

Are you unable/anxious to work, attend school or social functions, or go about your daily routine because of your period-related symptoms?

- ☐ Yes ☐ No

Have you been feeling down, depressed or hopeless because of your period-related symptoms?

- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

No one should suffer in silence – if, after discussion, you suspect endometriosis, you may wish to explore appropriate medical treatment.

For further information, please consult your healthcare professional.

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