

What is Endometriosis?

Endometriosis (or Endo for short) is tissue that is similar to, but not the same as, the lining of the uterus that is found outside of the uterus. It is most commonly found in the pelvis and can affect the function of the organs in this area, leading to painful menstrual cycles, bladder pain, pain with defecation, pain with vaginal penetration (tampon, intercourse), and is the leading cause of fertility challenges. Less commonly, although not rare, endometriosis implants are found elsewhere in the body, for example the



diaphragm, the lungs and the digestive system. Click here for a <u>List of Possible</u> <u>Symptoms of Endometriosis</u>.

Who has Endometriosis?

Over 176 million people worldwide have endometriosis, with 500, 000+ of those in Canada. That's 1 in 10 of those assigned female at birth; however some specialists suspect it is much higher than that due to a discrepancy in diagnosis because of race, culture or socioeconomic status. There are a few theories of why people have endometriosis, but nothing has been definitively proven to date. We do know that there is a hereditary component, so if you have a mother or sister that suffers with debilitating menstrual cramps, or have had trouble getting or staying pregnant, you might suspect endometriosis.



How is Endo diagnosed?

"Often misdiagnosed and mismanaged; endometriosis can have a significant negative impact on a person's physical and mental health and dramatically hinder their overall quality of life. Women need to know that painful periods are not normal. There are treatment options available, as long as endometriosis is identified quickly. Unfortunately, that is not always the case," says <u>Dr. Sukhbir Singh</u>, MD, Professor, Department of Obstetrics and Gynecology, University of Ottawa.

The challenge with endometriosis is that it can present differently in different people. If a practitioner only considers you symptom by symptom they may not be putting the whole picture together, which is what may suggest endometriosis. You may be referred to a Gastroenterologist for your digestive problems, a Urologist for your urinary issues, and Gynecologist for your reproductive or menstrual symptoms. You will get test after test, which may present with a diagnosis, but a bigger picture may be being missed - endometriosis. The average time to diagnosis in Canada is 5 years, with another 2 year wait for surgery.

To date the gold standard for diagnosis is by laparoscopy (minimally invasive surgery) and histology (tissue sent to a lab and confirmed with endometriosis). Endometriosis can present in different ways, so it is important that the doctor performing the surgery be well versed in the different presentations of endometriosis.

Another new, exciting, less invasive test being utilized by very few doctors with a focus on endometriosis right now is Ultrasound. <u>Dr. Mathew Leonardi</u> at McMaster University in Hamilton, Ontario is spearheading the research being done in Canada on this method. He is looking at finding deep endometriosis as a definitive diagnosis of endometriosis, but admits it doesn't rule out the disease if it isn't found. That may only indicate that it is more superficial and unable to be seen on ultrasound. Others are looking to see if blood testing can be utilized. Regardless, it is nice to see that research is being done to look for a less invasive form of diagnosis.

Canadian Guidelines for Treatment

Initial treatment for Endometriosis is symptom management. Medical treatment is often directed at anti-inflammatory, nerve or hormonal medications. These are generally suggested before excision surgery. Treatment is considered based on the patient's age and goals, taking fertility into consideration. Make sure to ask your doctor about all risks and benefits, side effects and long term plans before making an informed decision on

your care. If you suspect you have endometriosis ask your family doctor for a referral to one of <u>Canada's gynaecologists with a focus on Endometriosis</u>.

Other complimentary therapies recommended by the Society of Obstetricians and Gynaecologists of Canada (SOGC) are <u>Pelvic Physiotherapy</u>, lifestyle changes (exercise, diet, sleep); and Mindfulness/CBT (cognitive behavioural therapy). Learn <u>How Pelvic Physiotherapy can help Endometriosis</u>.

Your Endometriosis Healthcare Team

Addressing endometriosis should really be done in a team approach. This is a disease that can affect many systems in the body, as such should take a multidisciplinary team approach. Persistent pain, of any sort, can be complex.

It is important to find practitioners with updated knowledge in Endometriosis research and pain neuroscience, including:

Doctors with a focus in Endometriosis Pelvic Physiotherapists Naturopaths and/or nutritionists Psychotherapists

Our Endometriosis Program at Healthy Balance Physiotherapy & Wellness

We have a team of Pelvic Health Physiotherapists who are well versed in helping people with/or suspected with Endometriosis. Our program was collaboratively designed by Jill Mueller, Practitioner Voice Member of the <u>Endo Educational Organization of</u> <u>Canada</u>, and the Healthy Balance Pelvic Physiotherapy Team. Jill has endometriosis herself, and has implemented many evidence-based approaches to her life leading her to design a course, "Reframe Endometriosis in Rehabilitation" that she instructs for <u>Reframe Rehab</u>. She no longer has a painful menstrual cycle, and has helped design the program with the Healthy Balance team to guide clients to living their best life.

Our Endometriosis Program includes:



We will help you understand your pain and how to retrain your nervous system to increase resilience, guiding you to living your best life.

Sign up today for our Endometriosis Program, book with one of our <u>Pelvic Health</u> <u>Physiotherapists</u>, or call: 905 469-2973.

Tough times never last, but tough people do.

- Robert H. Schuller