

Endometriosis



On average, it takes 7 to 9 years for a woman to be diagnosed with endometriosis in Canada.¹



1 in 10 women are living with endometriosis.¹



6 in 10 women remain undiagnosed.²

Symptoms

Endometriosis affects all women differently. The most common symptom of endometriosis is chronic, cyclical pain at specific points of the menstrual cycle.

Pain

- Pain with sexual activity
- Painful bowel movements
- Painful menstrual cycles
- Pelvic pain at any time of the menstrual cycle
- Back or leg pain during menstruation

Bladder symptoms

- Bladder pain
- Pain with urination
- Frequent urination

What is Endometriosis?

Endometriosis is one of the most common women's health conditions estimated to affect up to 10% of women ages 15 to 44.¹

A woman's uterus is lined with endometrial tissue. During each menstrual cycle this tissue thickens to prepare for the possible implantation of a fertilized egg. If an egg does not implant, the tissue is shed – this is known as menstruation or a 'period'.

Endometriosis is a condition where endometrial-like tissue grows outside of the uterus, often around the reproductive organs but in some cases on the intestines, bladder or abdominal wall. Tissue outside of the uterus does not pass during menstruation, leading to build-up, inflammation, and painful scarring.

More than a disease of the reproductive system

In some cases, endometrial tissue has been found on the lungs, liver, bone and brain. Hormones that trigger the endometrial lining of your uterus to bleed each month also stimulate the inappropriately placed tissue outside of the uterus. This means endometriosis can result in chronic pain anywhere in the body.

What causes endometriosis?

The exact cause of endometriosis is unknown. Historically, endometriosis was thought to be the result of the body's inability to breakdown back-flow (retrograde) menstruation. This concept has been widely debated over the years as other theories have emerged in the research. Genetic causes, cell changes, circulatory distribution of endometrial tissue or a combination of the above have all been proposed as possible causes of endometriosis.³

Gastrointestinal symptoms

- Constipation, diarrhea or cycling between the two
- Abdominal bloating
- Nausea and vomiting
- Painful bowel movements

Other symptoms

- Fatigue
- Infertility
- Recurrent pregnancy loss



Diagnosis

The only way to reliably diagnose endometriosis is through a minimally invasive, laparoscopic (keyhole) surgery. This is reserved for more severe cases that have limited or no response to oral medications. Ultrasound and MRI are also used in the diagnostic process to look for signs of endometriosis, however endometriosis may still be present even if these scans are normal.

Endometriosis cannot be definitively diagnosed by a blood test or scan.¹

Misconceptions of Endometriosis

1.

Myth: Endometriosis is always painful.

Fact: Not everyone with endometriosis experiences pain. It is not uncommon for women to be first diagnosed with endometriosis during their fertility journey after having difficulty getting pregnant.

2.

Myth: You cannot get pregnant if you have endometriosis.

Fact: While endometriosis is one of the leading causes of infertility in women, many women will be able to conceive with or without the help of fertility treatments. Experts suggest that up to 70% of women with endometriosis will have no problem getting pregnant.⁵ See infertility fact sheet for more information.

3.

Myth: Endometriosis can be prevented.

Fact: There is still no known cause or cure for endometriosis which makes prevention next to impossible. It's important that women with endometriosis understand they are not at fault and there is nothing they did to cause the disease. The notion that pregnancy termination causes endometriosis has recently resurfaced - this is absolutely untrue and there is no evidence in the research to back up this claim.

4.

Myth: A hysterectomy (surgical removal of the uterus) cures endometriosis.

Fact: A hysterectomy is often regarded as the definitive treatment of endometriosis symptoms. While this is not entirely untrue, it's important to note that some women will see no change in their symptoms after their surgery. Given the uncertainty of the results, it's best to weigh up the decision for surgery carefully with a specialist.

5.

Myth: Endometriosis always improves after menopause.

Fact: While most symptoms of endometriosis are associated with menstruation, for some women these symptoms last long after their monthly cycles end. Even after a woman reaches menopause, the ovaries continue to produce small amounts of estrogen. Endometriosis growths may continue to respond to the hormone, causing pain.

Treatment

Endometriosis has no formal 'cure'. Symptomatic treatment of endometriosis is initially centered around hormone therapy and pain management, tailored to each patient based on their symptom severity and fertility goals. Surgical removal of the endometriosis growths is considered the 'gold standard' treatment and may be offered in combination with medical options.

Medical treatment options

Medical treatment options are effective at managing the symptoms of endometriosis but do not help to treat or improve the condition itself. Once medications are stopped, symptoms tend to worsen or recur. Non-steroidal anti-inflammatory pain medication, like ibuprofen (Advil) and naproxen (Aleve), and birth control pills or hormonal intra-uterine devices (IUDs) are considered the best initial treatment options.

Surgical treatment options

Laparoscopic surgery (see diagnosis section) can be used to both diagnose and treat endometriosis in the same operation. There are two different techniques for the surgical remove of endometriosis - ablation uses heat to treat the surface of the growth whereas excision removes the entire growth.

Natural treatment options

There is growing evidence to suggest that acupuncture is effective at treating pain associated with endometriosis.⁶ Acupuncture is a long-standing practice in Traditional Chinese medicine involving the insertion of small needles into the skin at specific points on the body on the body.

How can Teladoc Health help?

If you are concerned that your menstrual cycle is consistent with the symptoms of endometriosis, our [Find a Doctor](#) service can locate a general practitioner or gynecologist.


If you are struggling with infertility related to endometriosis, our [Find a Doctor](#) service can locate a fertility specialist.

If you have been investigated for endometriosis and would like a second opinion to discuss diagnosis or treatment options, please reach out to our [Expert Medical Opinion](#) team.

If you would like to explore alternative treatment options such as naturopathic medicine or acupuncture, our [Personal Health Navigator](#) team will be able to assist you in finding the right resources.

The chronic pain of endometriosis can take a toll on your mental health. Prioritizing your mental wellbeing is just as critical as caring for your physical wellbeing. Our Mental Health Navigator services can help you find mental health resources in your community to support your mental health while going through the journey of endometriosis diagnosis, treatment or infertility challenges.





This guide is not meant to provide medical advice or service and should not be construed as the professional advice of Teladoc Health. As such, Teladoc Health does not guarantee or assume responsibility for the correctness of the information or its applicability regarding any specific factual situation. Personal health problems should be brought to the attention of physicians and appropriate health care professionals.

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