

Endometriosis is a chronic inflammatory condition where tissue similar to the lining of the uterus grows outside the uterus (e.g. ovaries, fallopian tubes, bowel or pelvic lining).

This tissue responds to hormonal changes, leading to pain, inflammation and sometimes scarring. It is common, affecting around 1 in 9 people assigned female at birth in Australia, and can significantly impact quality of life if not recognised and managed early.

Symptoms

Symptoms can vary widely and do not always correlate disease severity. Common symptoms include:

- Painful periods (often worsening over time or not responding to usual treatment)
- Chronic pelvic pain (including outside of menstruation)
- Pain during or after sex
- Bowel or bladder symptoms (especially cyclical, e.g. pain with defecation or urination)
- Fatigue

Other possible features:

- Difficulty becoming pregnant
- Bloating ('endo belly')
- Significant impact on work, study, and daily functioning

Diagnosis

Diagnosis is often delayed, sometimes by several years. Early recognition in general practice is important. A clinical diagnosis based on symptoms is appropriate and often sufficient to begin treatment.

- Pelvic ultrasound may detect some forms (e.g. endometriomas or deep infiltrating disease), but can be normal
- Laparoscopy is the gold standard for definitive diagnosis, but is not always required before starting management

GPs can initiate treatment in line with current Australian guidance, even without surgical confirmation.

Treatment and Management

There is no cure for endometriosis, but effective treatments can manage symptoms and improve quality of life.

First-line options include:

- NSAIDs for pain relief
- Hormonal therapies to suppress cyclical activity:
 - Combined oral contraceptive pill (often used continuously)
 - Progestin-only options (e.g. oral agents, LNG-IUD)

Further options include:

- Referral to a gynaecologist for persistent or severe symptoms
- Surgical management (e.g. excision of endometriosis), particularly for:
 - Severe pain that is not responding to medical therapy
 - Deep disease or organ involvement
 - Infertility

Management is individualised and often involves trial and adjustment over time.

Fertility and Reproductive Impact

Endometriosis can affect fertility, but many people are still able to conceive. Early discussion of reproductive goals is important. Consider referral if:

- Trying to conceive without success
- Known moderate–severe disease

Assisted reproductive technologies (e.g. IVF) are available. In Victoria, fertility care is regulated through the Department of Health.

Living with Endometriosis

Endometriosis is best understood as a long-term condition requiring ongoing care rather than a one-off diagnosis. People may experience:

- Fluctuating symptoms over time
- Chronic pain and fatigue
- Impacts on mental health and wellbeing
- Challenges with work, relationships and daily activities

Regular GP follow-up is important for:

- Monitoring symptoms
- Adjusting treatment
- Coordinating multidisciplinary care where needed

When to Refer to a Specialist

Specialist medical review is recommended if:

- Pain is severe, worsening or not responding to treatment
- Symptoms are significantly affecting daily functioning
- There are concerns about fertility
- New symptoms arise (e.g. bowel or bladder changes not previously present)

Endometriosis is common, real, and manageable. Early recognition, patient-centered care, and ongoing GP involvement are central to improving long-term outcomes.



Your referral is
always welcome.

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