Endometriosis

Recognition, clinical diagnosis & stepwise management

CLINICAL PATHWAY

Clinical diagnosis is valid — don't wait for laparoscopy to start treatment. ESHRE 2022 supports beginning empirical medical therapy on symptoms and examination alone. Average diagnostic delay is still 7–10 years; earlier suspicion and treatment shortens it.

SYMPTOM CLUSTERS — SUSPECT IF

- Dysmenorrhoea that is progressively worsening or poorly responsive to simple analgesia
- Deep dyspareunia — suggests deep infiltrating disease or pouch of Douglas involvement
- Cyclical dyschezia (painful defecation) — suggests bowel-surface or rectovaginal disease
- Chronic non-cyclic pelvic pain, bloating or fatigue, often with subfertility (present in 30–50% of women being investigated for infertility)

INVESTIGATION — IMAGING FIRST

Expert-performed transvaginal ultrasound detects endometriomas and deep infiltrating disease; MRI pelvis maps bowel/bladder/ureteric involvement before complex surgery. CA-125 is **not** recommended for diagnosis (poor specificity).

MEDICAL MANAGEMENT — STEPWISE

- NSAIDs (e.g. mefenamic acid or naproxen), started before pain onset where possible
- Continuous combined hormonal contraception (skipping the pill-free interval) is commonly first-line hormonal therapy
- Dienogest or the hormonal IUD are reasonable alternatives, the latter useful if contraception is also wanted
- GnRH analogues are specialist-initiated and always paired with add-back hormone therapy to protect bone density

MULTIDISCIPLINARY SUPPORT

- Pelvic physiotherapy — pelvic floor dysfunction is common alongside endometriosis
- Psychology — CBT and ACT are well-evidenced for the anxiety and low mood that often accompany chronic pain and diagnostic delay
- Dietitian if GI symptoms (bloating, bowel upset) are prominent
- Specialist endometriosis nurse or clinic for education and care coordination, where available

DIENOGEST PBS AUTHORITY

Dienogest requires PBS authority for confirmed endometriosis. Confirm current authority criteria and listing at pbs.gov.au before prescribing.

PATIENT RESOURCES

Endometriosis Australia (endometriosisaustralia.org) and the Pelvic Pain Foundation of Australia (pelvicpain.org.au) both offer patient information and support services.

■ SAFETY

- Don't delay starting empirical medical therapy while waiting for a laparoscopy booking — clinical diagnosis is sufficient to act on
- CA-125 is not a diagnostic test for endometriosis — don't order it to confirm or exclude the diagnosis
- Any GnRH analogue must be co-prescribed with add-back hormone therapy to prevent bone loss

■ RED FLAGS / REFER

- Pain not controlled after 6 months of appropriate medical therapy
- Suspected deep infiltrating disease, or bowel/bladder/ureteric signs
- Endometrioma on ultrasound → specialist surgical or fertility planning
- Fertility wish → refer a fertility specialist alongside the endometriosis team early, not after