

What is Endometriosis?

Endometriosis is a disease in which the tissue that normally lines the inside of the uterus (endometrium) grows outside the uterus. More specifically, it occurs when endometrial glands and stroma are found in locations other than the lining of the uterus.

What are the symptoms of Endometriosis?

1. Pelvic pain during menses and/or throughout the month
2. Painful intercourse
3. Infertility
4. Right and Left sided pelvic and abdominal pain
5. Constipation
6. Diarrhea
7. Painful bowel movements
8. Urinary symptoms(frequency, urgency, painful voiding)
9. Fatigue
10. Bloating
11. Malaise
12. Lower back pain
13. Heavy or irregular periods

The symptoms of endometriosis are related to the areas where endometriosis invades. Endometriosis of the uterosacral ligaments/cul-de-sac leads to painful intercourse, constipation, diarrhea and painful defecation. Endometriosis on the ovary can lead to left sided or right sided pain. Bladder endometriosis may lead to urinary frequency or urgency.

How is Endometriosis diagnosed?

Laparoscopy is both diagnostic and therapeutic. The diagnosis of endometriosis can only be made by laparoscopic excision of tissue with pathological confirmation. Ultrasounds are frequently normal in women with endometriosis. Dr. Orbuch will take an extensive history and perform a thorough physical exam before deciding whether surgical therapy is beneficial.

Treatment of Endometriosis

Laparoscopic surgery is the definitive method to diagnose and treat endometriosis. It is the gold standard treatment for endometriosis. Ideally all endometrial lesions should be excised. Unfortunately most gynecologists are not trained in advanced endometriosis cases. Others approach endometriosis with cautery or a laser, two modalities shown to be far inferior to excision using scissors, the method performed by Dr. Orbuch. With scissors, the endometrial implants are removed, but with cautery or a laser the lesion remains and continues to cause pain necessitating more surgery. A doctor utilizing laser may vaporize the surface of the lesion, but still leaves active endometrial tissue below. Deep fibrotic endometriosis usually does not respond well to hormonal suppressive therapy. Adequate surgical excision of endometrial implants provides the best symptomatic relief and long term results. In addition, surgical excision has been shown to improve fertility rates in women. Drug therapy can suppress endometriosis, not eradicate endometriosis. The definitive treatment of endometriosis is NOT hysterectomy or removal of both ovaries; rather it is complete excision of endometrial lesions.

Excisional surgery makes sense if one understands what endometriosis is. Normally during a monthly cycle, a woman's endometrium, or uterine lining builds up then is shed as her monthly flow of menses. The endometriosis areas growing outside the uterus go through a similar cycle

but because the build up cannot leave the body, the implants get deeper and deeper. Additionally, endometriosis lesions can irritate nearby tissue causing adhesions, scarring, and pain. Over time, endometriosis can grow into nodules causing scarring to nearby organs. Excision of endometriosis is the only therapy to objectively cure disease and thus improve quality of life. Dr. Orbuch excises endometriosis using Wolf blunt scissors, a technique initially performed by Harry Reich, M.D., a leader in advanced gynecological endoscopic surgery. This technique, along with other advanced laparoscopic techniques, was learned during her advanced laparoscopic fellowship with Dr. Harry Reich and Dr. C.Y. Liu.

More endometriosis resources

[The Endometriosis Association](#)

Endometriosis.org