

Endometriosis

A plain-English guide for you and your family

WHAT IS HAPPENING

Normally, the endometrium (the lining inside your uterus) grows thick each month to prepare for a baby, and if no pregnancy happens, it sheds as your period. That tissue stays inside the uterus, bleeds out through the vagina, and leaves the body. In endometriosis, tissue that looks and acts just like the endometrium grows outside the uterus—on the ovaries, fallopian tubes, the outer wall of the uterus, the tissue lining your pelvis, the bowel, or the bladder. Every month when your hormones rise, that misplaced tissue grows and thickens just like the lining inside the uterus. When your period starts, it bleeds too—but the blood has nowhere to go. It sits trapped in your belly, irritates the tissue around it, and triggers swelling and pain. Over time, your body tries to clean up the mess by forming scar tissue and adhesions (sticky bands that glue organs together). This causes deep, aching pain during your period, pain during sex, pain with bowel movements, and sometimes trouble getting pregnant because the tubes or ovaries get blocked or stuck. The pain often gets worse over the years because the scarring builds up. Endometriosis is not an infection, and it is not cancer—it is tissue in the wrong place responding to normal hormone signals in a way that traps blood and irritates everything around it.

What you might feel

- Pelvic pain that gets worse during your period
- Pain during or after sex (deep pain with sex (dyspareunia))
- Heavy or irregular menstrual bleeding
- Trouble getting pregnant (infertility)
- Painful bowel movements or blood in the stool during your period
- Painful urination or blood in the urine during your period
- Tender nodules or lumps felt behind the uterus on pelvic exam
- Uterus is tilted backward and does not move freely (fixed retroverted uterus)

Call the doctor right away if...

- Severe, sudden pelvic pain that does not go away — may mean an endometriosis cyst on the ovary has ruptured or twisted (ovarian torsion), cutting off blood supply and causing tissue to die
- Blood in the stool or urine during your period, or painful bowel movements that make you unable to pass stool — may mean endometriosis has grown deep into the bowel or bladder wall and needs urgent evaluation
- Trouble getting pregnant after one year of trying (or six months if you are over 35) — endometriosis is a common hidden cause of infertility and needs specialist evaluation and treatment

What the care team will do

- Assess pain level using a 0 to 10 scale and ask when pain happens in relation to the menstrual cycle.
- Check vital signs including temperature and blood pressure to rule out infection or internal bleeding.
- Give nonsteroidal anti-inflammatory drugs like ibuprofen 400 to 800 milligrams every 6 to 8 hours for pain control.
- Teach the patient that hormonal birth control pills or progestin therapy can thin the endometrial tissue and stop monthly bleeding.
- Ask about fertility goals before starting any hormone therapy.
- Screen for anxiety and depression using simple questions about mood, sleep, and daily function.
- Document any palpable masses or nodules during abdominal and pelvic exam.
- Educate that laparoscopy (camera surgery through small belly cuts) is the only way to diagnose endometriosis for certain, but treatment can start based on symptoms alone.

Medicines you may be given — and why

NSAIDs (ibuprofen, naproxen)

NSAIDs block an enzyme called COX (cyclooxygenase) that makes prostaglandins, the chemicals that cause pain, cramping, and swelling in the pelvis when endometriosis tissue bleeds each month.

Combined oral contraceptives (birth control pills with estrogen and progestin)

Birth control pills keep estrogen and progestin steady in your blood all month, which stops your ovaries from releasing an egg and tells the endometriosis tissue to stay thin and quiet instead of thickening and bleeding every cycle.

Progestin-only pills, shot (Depo-Provera), implant (Nexplanon), or IUD (Mirena, Liletta)

Progestin is a hormone that thins the lining of the uterus and endometriosis tissue, makes periods lighter or stops them completely, and quiets the signals from the brain that would otherwise tell the ovaries to make estrogen surges.

GnRH agonists (leuprolide [Lupron], goserelin [Zoladex], nafarelin [Synarel])

GnRH agonists first overstimulate, then completely shut down the brain signals that tell your ovaries to make estrogen, putting you into a temporary menopause so the endometriosis tissue starves and shrinks.

GnRH antagonist (elagolix [Orilissa], relugolix combination [Myfembree])

GnRH antagonists immediately block the brain receptor that triggers ovary signals, lowering estrogen fast without the initial flare that agonists cause. The combination pill (relugolix with add-back hormones built in) keeps estrogen low enough to shrink endometriosis but high enough to protect bones and ease menopause symptoms.

Aromatase inhibitors (letrozole [Femara], anastrozole [Arimidex])

Aromatase inhibitors block the enzyme aromatase, which turns other hormones into estrogen in fat tissue, muscle, and the endometriosis patches themselves. By cutting off that local estrogen production, the tissue shrinks even when the ovaries are already quiet.

Where this information comes from

- ACOG Practice Bulletin No. 114, 2010 (reaffirmed 2022): Management of Endometriosis
- ESHRE (European Society of Human Reproduction and Embryology) Guideline on Endometriosis, 2022
- American Society for Reproductive Medicine (ASRM) Endometriosis Guidelines, 2021

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