



Understanding and living with endometriosis

Written by the Wellness Cloud team



Endometriosis is a chronic condition that affects approximately 1 in 10 women during their reproductive years, equating to an estimated 176 million women worldwide. It's a condition characterised by the presence of endometrial-like tissue outside the uterus, which induces a chronic inflammatory reaction. This abnormal growth can occur on the ovaries, fallopian tubes, and the tissue lining the pelvis.

Despite its prevalence, endometriosis often goes undiagnosed due to a lack of awareness and the normalisation of menstrual pain. This guide aims to shed light on what endometriosis is, how it affects women, its impact on women in the workplace, and offers advice for those living with the condition.

Understanding endometriosis

Endometriosis occurs when tissue similar to the lining inside the uterus, known as the endometrium, starts to grow outside the uterus. This tissue can be found on the ovaries, fallopian tubes, the outer surface of the uterus, and other organs within the pelvis. Unlike the endometrial tissue inside the uterus that exits the body during menstruation, the tissue outside the uterus remains trapped. This can lead to inflammation, scar formation, and adhesions, causing significant pain and other symptoms.



Symptoms and effects

Symptoms of endometriosis can vary widely in intensity and impact, with some women experiencing severe symptoms and others having mild or no symptoms at all. We've listed the most common symptoms of endometriosis below:

Pelvic pain: Often the most notable symptom, pelvic pain is frequently associated with menstrual periods. Women with endometriosis may experience far worse menstrual cramps than usual, which may increase in severity over time.

Menstrual irregularities: Heavy menstrual periods (menorrhagia) or bleeding between periods (menometrorrhagia) can be symptoms.

Pain with intercourse: Pain during or after sex is common in those with endometriosis.

Pain with bowel movements or urination: Often coinciding with menstrual periods, this can occur due to endometriosis lesions affecting the bladder or intestines.

Infertility: Endometriosis can affect fertility and many women discover they have the condition during fertility investigations.

Other symptoms: These can include fatigue, diarrhoea, constipation, bloating, and nausea, especially during menstrual periods.

Endometriosis can also lead to other long-term health problems, including ovarian cysts and an increased risk of ovarian cancer.



Impact on personal life

Endometriosis significantly impacts the lives of many women, both personally and professionally. On a personal level, the chronic pain and discomfort associated with endometriosis can severely affect a woman's quality of life.

Firstly, the pain can be debilitating, making it difficult for women to engage in everyday activities, maintain relationships, and pursue hobbies. The emotional and psychological toll is equally significant, as the constant management of symptoms can lead to feelings of anxiety, depression, and isolation. The unpredictability of the symptoms can make this worse, as women may feel well one day and incapacitated the next, making it hard to plan for the future or maintain a sense of normality.

Impact on professional life

Professionally, endometriosis can cause issues for women at work. The pain and other symptoms can lead to frequent absences from the office, reduced work hours, or even the need to quit work altogether. During periods of work, the pain can impair concentration and efficiency, affecting performance and career progression. The need for medical appointments and treatments can further disrupt work schedules. Additionally, the chronic nature of the disease means that these challenges can continue over the long term, potentially impacting their career trajectory and financial stability.

The societal misunderstanding of endometriosis and the normalisation of menstrual pain mean that women often face a lack of empathy and support from employers, colleagues, and sometimes even healthcare providers. This lack of understanding can lead to stigma and discrimination, compounding the personal and professional challenges faced by those with the condition. Women with endometriosis often report feeling misunderstood by co-workers and employers, which can lead to isolation and stress.



Management and treatment

Treatment approaches for endometriosis vary depending on the severity of symptoms, the desire for pregnancy, and the patient's response to previous treatments. Pain management often involves nonsteroidal anti-inflammatory drugs (NSAIDs) to reduce inflammation and pain. Hormonal therapies, such as birth control pills, gonadotropin-releasing hormone (GnRH) agonists, and progestins, are used to suppress the growth of endometrial tissue and reduce or eliminate menstruation.

In cases where medication is ineffective or if fertility is affected, surgery may be an option. Laparoscopy, a minimally invasive surgical procedure, can be used to remove or destroy endometrial implants and scar tissue, potentially improving fertility. In severe cases, a hysterectomy (removal of the uterus) could be recommended, but this is generally a last resort, especially for women who wish to have children.

Additionally, complementary therapies, such as acupuncture, physical therapy, and dietary changes, may provide symptom relief for some women. A multidisciplinary approach, often involving gynaecologists, pain management specialists, and mental health professionals, is crucial for comprehensive care.



Advice for living with endometriosis

Living with endometriosis can be challenging. If you suspect you have endometriosis or have been diagnosed with it, here are some steps you can take:

Seek a diagnosis early: If you suspect you have endometriosis, consult a healthcare provider who specialises in the condition. An early diagnosis can lead to better management of symptoms.

Develop a treatment plan: Work closely with your healthcare provider to create a treatment plan tailored to your needs. This may include medication for pain relief, hormonal therapies to manage symptoms, and possibly surgery for more severe cases.

Adopt a healthy lifestyle: Incorporate a balanced diet rich in fruits, vegetables, and omega-3 fatty acids. Regular exercise can also help reduce the pain of endometriosis and improve your mental health.

Explore complementary therapies: Consider alternative therapies like acupuncture, pelvic floor physical therapy, and yoga. These can complement traditional treatments and help you to manage pain and stress.

Stay informed: Educate yourself about endometriosis and stay updated on new treatments or research. Understanding the condition can empower you to make informed decisions about your care. Communicate openly with your doctors, ask questions and, if necessary, seek second opinions to ensure your concerns are being addressed.

Build a support system: Try to connect with others who are living with endometriosis through support groups or online forums. Sharing experiences and advice can be incredibly supportive.

Manage stress: Chronic illness can be stressful. Practice stress-reduction techniques such as meditation, deep breathing, or mindfulness to help manage the emotional aspects of living with endometriosis.





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