

# ENDOMETRIOSIS DIAGNOSIS & MANAGEMENT

This is a quick-reference guide that provides condensed information for Singapore healthcare professionals on the diagnosis, counselling and early management of endometriosis.

Supported by:



- Endometriosis is defined as the growth of endometrial-like tissue outside the uterus that leads to inflammation and pain, resulting in scar tissue and adhesion<sup>1,2</sup>.
- Endometriosis affects approximately 1 in 10 women of reproductive age<sup>3</sup> and up to 50% of women with subfertility<sup>4</sup>.
- Due to the difficulties in recognising the symptoms and women delaying in seeking help, delays of 7 – 10 years can occur between onset of symptoms and confirmation of the diagnosis<sup>5</sup>.

## Assessment

### Endometriosis-related symptoms<sup>1,6</sup>:

- Chronic pelvic pain
- Dysmenorrhoea
- Dyspareunia
- Cyclical urinary symptoms  
*Urinary urgency & frequency, dysuria, haematuria*
- Cyclical gastrointestinal symptoms  
*Painful bowel movement, abdominal cramps, bloating, tenesmus, diarrhoea, constipation, rectal bleeding*
- Infertility (in association to ≥1 symptom above)

### Complete assessment with:

- Abdominal & pelvic examination
- Transvaginal or transabdominal ultrasound mapping of endometriosis

### Management should take into account:

- Age
- Impact of symptoms on quality of life
- Deep infiltrating endometriosis affecting other organs (bladder, ureter, bowel, etc.)
- Treatment history
- Desire for fertility
- Ovarian reserve
- Psychosexual needs
- Emotional needs
- Patient's ideas, concerns & expectations

### Other Assessment Tools:

- ✓ Endometriosis Symptoms Questionnaire
- ✓ Endo Diary App  
*Patient's record of 3 months of symptoms*

## Counselling

### Counselling is key to treatment compliance!

- Patient should be made aware that endometriosis is a chronic disease and may require long-term management till menopause
- Discuss patient's priorities & support needs (Please refer to checklist above)
- Provide information & support
  - Nature, symptoms and signs of endometriosis
  - Diagnosis & treatment options
  - WWW.ENDOSUPPORT.SG
  - Singapore Endometriosis Support Group (Facebook)
- Encourage involvement of partner and family members in discussions



SG ENDO  
SUPPORT GROUP



ENDO  
DIARY

## TREATMENT GOALS

- ✓ Improve quality of life
- ✓ Preserve functions (e.g. fertility and organ functions)
- ✓ Radical excision of the disease
- ✓ Prevent recurrence

## Treatments

According to current guidelines<sup>1,6</sup> and recent consensus<sup>2</sup>, diagnosis should be based on clinical symptoms and empirical treatment with analgesia and hormonal therapy is recommended. Treatment options for endometriosis include:

### First-line medical treatments:

- NSAIDs (short-term pain management)
- Hormonal therapy:
  - Progestin-only therapy
    - Dienogest (2mg / day is approved for long-term use)
    - Injectable medroxyprogesterone acetate
  - Hormonal contraceptive
    - Continuous COCs (Contraindications: Smokers >35 age, women at increased risk of stroke/VTE/heart attack)

### Second-line medical treatments:

- GnRH agonists (not more than 6 months)

### Surgical treatments:

*Excision is preferred to ablation surgery.  
To be discussed with gynaecologist specialising in endometriosis and minimally invasive surgery.*

## REFERRALS

Please refer patients to their preferred public or private specialist endometriosis service if:

- Patients have suspected or confirmed sign(s) of endometriosis
- Patients have severe, persistent or recurrent symptoms of endometriosis
- Initial management is not effective / not tolerated / contraindicated.



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Refer to Endometriosis Clinic via  
General Practitioner Liaison Centre (GPLC)  
Tel: (65) 6772 2000 | gp@nuhs.edu.sg



Refer to KK MIS Centre via  
Tel: (65) 6294 4050



Refer to Endometriosis Clinic @  
SGH O&G Centre via GP Hotline  
Tel: (65) 6326 6060 | gpnetwork@sgh.com.sg

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1. Dunselman GA, et al. ESHRE guideline Hum Reprod. 2014;29(3):400-412.

2. Johnson NP, et al. Hum Reprod. 2013;28(6):1552-1568.

3. Eisenberg VH, et al. BJOG. 2018;125(1):55-62.

4. Meuleman C, et al. Fertil Steril. 2009;92(1):68-74.

5. Benagiano G, et al. Reprod Biomed Online. 2018;36(1):102-114.

6. NICE guideline. Available from: www.nice.org.uk/guidance/ng73.

7. National University Hospital Endometriosis Clinic.

8. KK Women's and Children's Hospital, KK MIS Centre.

9. Singapore General Hospital Endometriosis Clinic.

**This questionnaire aims to help the physician and patient work together towards a diagnosis and/or managing endometriosis. It is important to gain as much accurate information as possible.**

### 1. Menstrual profile

Duration of menstrual period:  0–2 days  3–5 days  6–8 days  >8 days

Intensity of menstrual bleeding:  None  Spotting/Light  Normal  Heavy

Do you experience spotting/light bleeding at any time other than when your period is due?  Yes  No

### 2. Symptoms

When do you experience the onset of pelvic pain?

Before menstruation  First day of menstruation  Second day of menstruation  Later

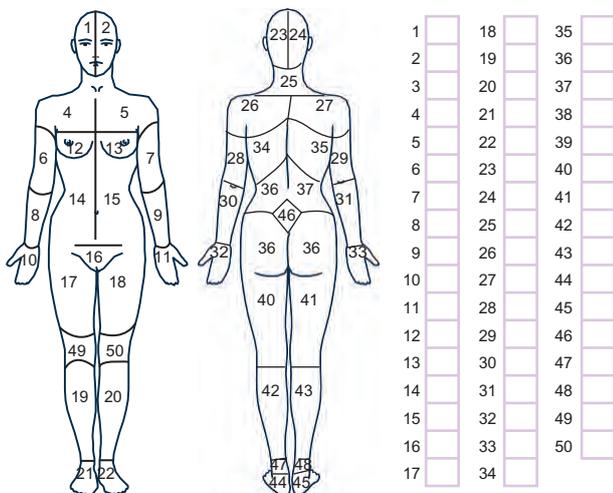
Duration of pelvic pain during menstrual period:  <2 days  3–5 days  6–8 days  >8 days

Does this pain last longer than your menstrual bleeding?  Yes  No

**For the following statements, please use a cross [x] on the scale of 0 (no pain) to 10 (unbearable pain) to indicate how much pain you feel.**

|   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|----|
| Chronic pelvic pain   | ☺ |   |   |   |   |   |   |   |   |   | ☹  |
| Painful menstruation (dysmenorrhoea)  | ☺ |   |   |   |   |   |   |   |   |   | ☹  |
| Between your periods  | ☺ |   |   |   |   |   |   |   |   |   | ☹  |
| Period-related pain during urination  | ☺ |   |   |   |   |   |   |   |   |   | ☹  |
| Period-related pain during bowel movements  | ☺ |   |   |   |   |   |   |   |   |   | ☹  |
| Other gastrointestinal symptoms:  |   |   |   |   |   |   |   |   |   |   | ☹  |
| <input type="checkbox"/> abdominal cramps <input type="checkbox"/> bloating <input type="checkbox"/> tenesmus     |   |   |   |   |   |   |   |   |   |   |    |
| <input type="checkbox"/> diarrhoea <input type="checkbox"/> constipation <input type="checkbox"/> rectal bleeding |   |   |   |   |   |   |   |   |   |   |    |
| Deep pain during or after sexual activity (if active)   | ☺ |   |   |   |   |   |   |   |   |   | ☹  |

If you have pain between or during your periods, please indicate on the diagram below where you feel this pain.



### 3. Treatment history

Have you ever been diagnosed for the following conditions:

- Chronic pelvic pain syndrome
- Bleeding disorder
- Irritable bowel syndrome

Have you ever received any surgery/treatment to manage your symptoms:

A. Surgery  
 Yes – please specify: \_\_\_\_\_  
 No

B. Medication:  
 NSAIDs (pain reliever)  
 Hormonal contraceptives  
 Homeopathic medications  
 Others – please specify: \_\_\_\_\_  
 No

C. Fertility treatment:  
 Yes – please specify: \_\_\_\_\_  
 No

### 4. Fertility

How many children do you have?

Did you experience any difficulties trying to conceive?

- Yes  No – proceed to section 5.
- Not trying to conceive – proceed to section 5.

How long have you been trying to conceive?

Does your partner suffer from diagnosed infertility?

- Yes  No  Not known

### 5. Emotional wellbeing

Are you unable/anxious to work, attend school or social functions, or go about your daily routine because of your period-related symptoms?

- Yes  No

Have you been feeling down, depressed or hopeless because of your period-related symptoms?

- Never  Rarely  Sometimes  Often  Always

**No one should suffer in silence – if, after discussion, you suspect endometriosis, you may wish to explore appropriate medical treatment.**

*For further information, please consult your healthcare professional.*

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