



ENDOMETRIOSIS: UNDERSTANDING

Endometriosis is a condition that can affect individuals where the lining inside the uterus (endometrium) attaches to organs outside the uterus and begins to grow. This misplaced tissue may cause pain, heavy periods, fertility challenges, and more.

[VIEW ALL OUR RESOURCES ON ENDOMETRIOSIS](#)

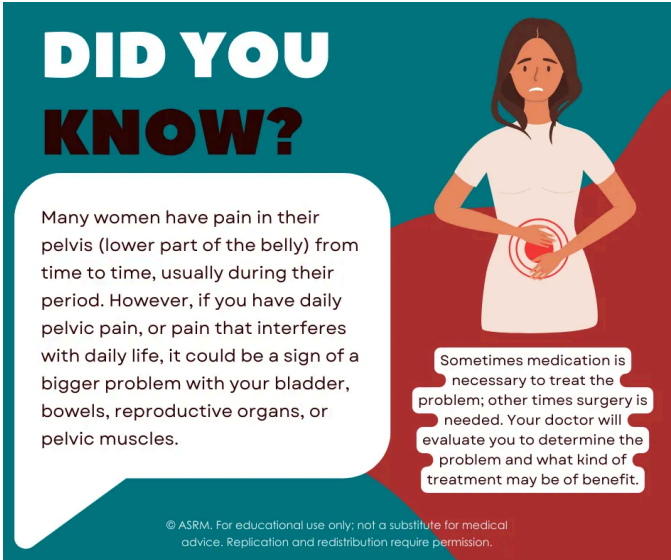
WHAT ARE THE SYMPTOMS OF ENDOMETRIOSIS?

Endometriosis presents with a range of symptoms that can differ in intensity from person to person. Some of the most common symptoms include:

- **Pelvic Pain:** This pain often accompanies menstrual periods, starting before menstruation and lasting into the period itself. It may extend to the lower back and abdomen.
- **Painful Intercourse (dyspareunia):** Discomfort during or after intercourse is common for people with endometriosis and may be related to pelvic tissue sensitivity.
- **Pain with Bowel Movements or Urination:** This pain often occurs during menstruation.
- **Heavy Menstrual Bleeding:** Endometriosis may cause very heavy periods (menorrhagia) or spotting between periods.
- **Infertility:** Endometriosis is associated with fertility challenges, and an estimated 30-50% of individuals with infertility may have endometriosis.
- **Other Symptoms:** Some may experience fatigue, nausea, diarrhea, constipation, or bloating, especially around menstrual periods.

Endometriosis may also form a cyst (endometrioma) in the ovaries, which is sometimes visible on an ultrasound. However, a surgical procedure called laparoscopy is generally required to diagnose endometriosis definitively.

The severity of symptoms can vary; some people experience mild symptoms, while others may have moderate to severe symptoms. Additionally, not everyone with endometriosis experiences symptoms, and symptom presence does not always correlate with the condition's severity.



READ THE PATIENT BOOKLET - ENDOMETRIOSIS

READ THE PATIENT FACT SHEET - MANAGING PELVIC PAIN

READ THE PATIENT FACT SHEET - ENDOMETRIOSIS AND INFERTILITY: CAN SURGERY HELP?

HOW IS ENDOMETRIOSIS DIAGNOSED?

If you think you may have endometriosis, it's helpful to record any symptoms and share them with your doctor at your initial appointment. During this visit, your healthcare provider will review your medical history and conduct a pelvic exam, which may include checking for findings that could indicate endometriosis.

Additional diagnostic methods may include:

- **Ultrasound:** This imaging test can help identify findings, including ovarian cysts (endometriomas), commonly associated with endometriosis.
- **CT imaging and MRI:** Occasionally these imaging methods will be used to provide additional information and can be useful in surgical planning.
- **Laparoscopy:** A minimally invasive procedure where a thin tube with a camera (laparoscope) is inserted through a small incision near the belly button, allowing for visualization of the pelvic organs. During this procedure, any visible endometriosis tissue may be removed or treated, and the surgeon may check for other complications. Laparoscopy can also be used to stage the extent of endometriosis, but this score does not always align with symptoms such as pain or fertility difficulties.

The only way to confirm endometriosis is with a minor surgery called laparoscopy. In this procedure, your doctor makes small cuts around your belly button and lower stomach. A thin tool with a camera, called a laparoscope, is inserted through one of these cuts to look inside the pelvis for signs of endometriosis.

If endometriosis is found, the doctor may use small surgical tools to remove affected tissue or scar tissue. These tools, like scissors, electrical devices, or lasers, are inserted through other tiny cuts. This procedure is often done on an outpatient basis, so you can usually go home the same day.

Figure 2

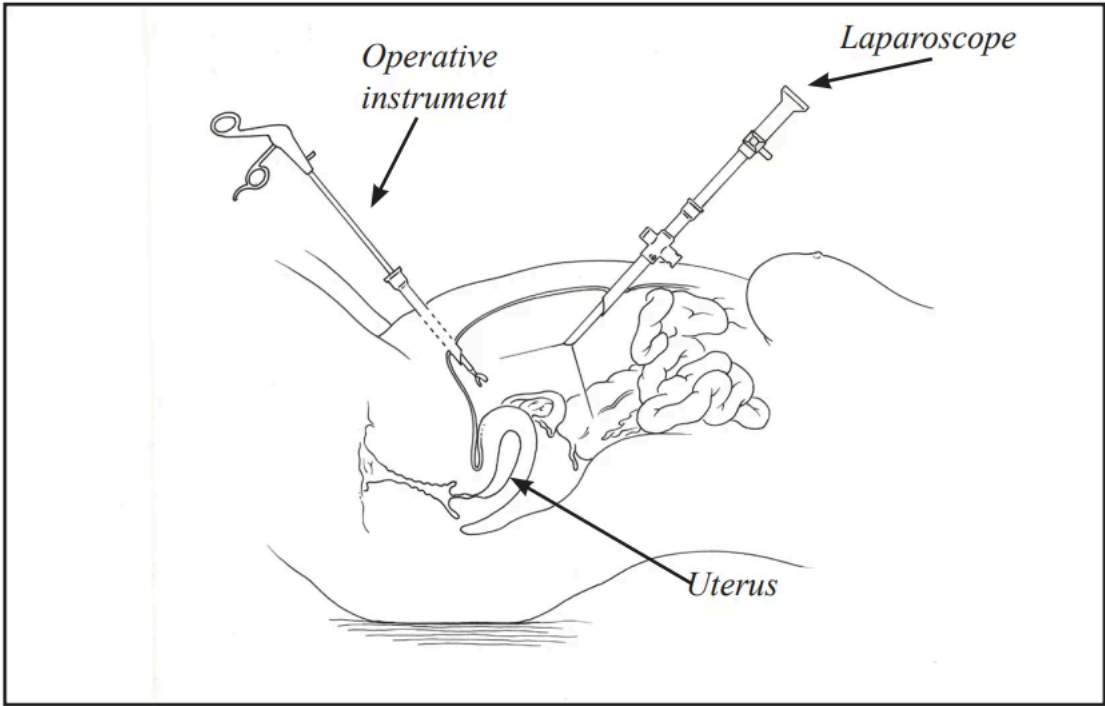


Figure 2. Diagnostic laparoscopy

During laparoscopy, the doctor will check the location, amount, and depth of endometriosis and give it a stage from 1 to 4, from minimal to severe. For more advanced cases, like Stages 3 or 4, surgery may help restore the shape and function of the ovaries and fallopian tubes, which may improve chances of pregnancy.

For more information and support, explore our resources:

- [Laparoscopy and Hysteroscopy Patient Education Booklet](#)
- [Minimally Invasive Surgery Patient Fact Sheet](#)
- [Robotic Surgery Patient Fact Sheet](#)

 Woman with endometriosis

 Play
Icon

HOW DOES ENDOMETRIOSIS IMPACT MY FERTILITY?

Endometriosis can make getting pregnant harder in a few ways. It can cause changes in the pelvic area, like scar tissue, blocked fallopian tubes, or damage to the ovaries, which can prevent eggs and sperm from meeting. It may also cause inflammation, changes in immune system function, or shifts in hormones that affect the eggs, all of which can make conception more difficult. In some cases, endometriosis can also make it harder for a pregnancy to implant in the uterus.

Not everyone with endometriosis has trouble with fertility, but about 30-50% of people with endometriosis may have challenges getting pregnant. The impact often depends on how severe the endometriosis is. In some cases, fertility treatments can improve the chances of conceiving, especially when endometriosis has caused changes in the pelvic organs.

[VIEW THE ENDOMETRIOSIS VIDEO \(14 MINUTES\)](#)

HOW IS ENDOMETRIOSIS TREATED?

Treatment for endometriosis depends on symptom severity and if you're planning for future pregnancy. Common treatments include:

Medications

- **Pain Relief:** Over-the-counter painkillers like ibuprofen (Advil) or naproxen (Aleve) can ease menstrual pain.
- **Hormonal Therapy:** Hormones can help manage endometriosis pain by lowering estrogen or stopping menstrual cycles.
- **Hormonal Contraceptives:** Birth control pills, patches, or rings can reduce tissue buildup by balancing hormones.
- **GnRH Agonists and Antagonists:** These medications lower estrogen and prevent menstruation.
- **Progestin Therapy:** Progestin-only treatments, like IUDs (e.g., Mirena) or implants, can help reduce or stop periods.
- **Aromatase Inhibitors:** These drugs lower estrogen in the body, potentially reducing endometriosis growth.

Surgical Treatments

If medication does not help, surgery may be an option.

Laparoscopy

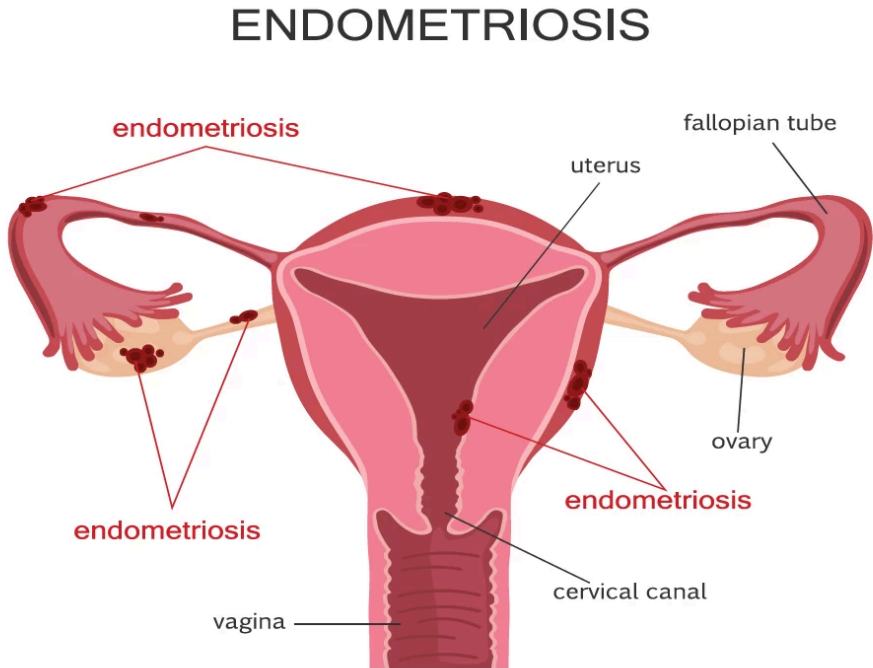
Laparoscopy is a minimally invasive outpatient surgery used to both diagnose and treat endometriosis. During the procedure, a thin, lighted tube with a camera (called a laparoscope) is inserted through a small cut in or near the belly button to view the pelvic organs. This allows the surgeon to examine the uterus, fallopian tubes, ovaries, and other nearby structures for signs of endometriosis. If it appears that endometriosis is present, this procedure allows your surgeon to obtain a tissue sample for confirmation of the diagnosis.

Additionally, depending on the extent of the disease, the surgeon may also remove or treat it using specialized instruments inserted through additional small cuts in the abdomen. Endometriosis tissue can be removed by cutting it out, vaporizing it, or

using heat. In some cases, dye may be injected into the uterus to check whether the fallopian tubes are open, which can aid in assessing fertility.

Hysterectomy

For those who have finished having children, removing the uterus and ovaries can offer long-term relief from endometriosis. In very severe cases, or if other treatments have not relieved symptoms, removal of the uterus (hysterectomy) and possibly the ovaries (oophorectomy) may be considered. This option is usually used as a last resort and may not be suitable for those wanting to preserve fertility.



Lifestyle Adjustments

Regular exercise, relaxation techniques, and applying heat (like with heating pads) may help reduce pain related to endometriosis. Managing weight can also help lower body fat, which may reduce estrogen levels. Nonsteroidal anti-inflammatory medications, like ibuprofen or naproxen, can help ease menstrual cramps. Adjusting positions during intercourse may reduce discomfort for some individuals.

Alternative Medicine

Some people with endometriosis report pain relief through acupuncture or other complementary therapies. Although natural supplements haven't been proven to reduce endometriosis pain, alternative therapies may offer some individuals additional options for managing symptoms.

Other Options

When endometriosis-related pain continues despite treatments, a team approach, including specialists in pain management, mental health, and physical therapy, can provide additional support.

Investigational Treatments

Researchers are testing new treatments, including drugs that reduce inflammation or target estrogen production, as potential therapies for endometriosis.

✔ Intrauterine insemination IUI is a procedure that places sperm in a woman's uterus when she is ovulating

FERTILITY TREATMENTS FOR ENDOMETRIOSIS

Surgical Options

Laparoscopic surgery is a minimally invasive procedure that can help remove or reduce endometriosis and may improve the chances of getting pregnant naturally, or prior to other fertility treatments. Women with severe endometriosis, which can cause heavy scarring or blocked fallopian tubes, may need advanced fertility treatments like in vitro fertilization (IVF).

Other Fertility Enhancing Treatments

Controlled Ovarian Stimulation (COS) and Intrauterine Insemination (IUI)

For women with mild endometriosis, COS with IUI might help improve fertility. This treatment stimulates ovulation and increases the chances of fertilization.

Assisted Reproductive Technology (ART)

IVF is usually recommended for women with moderate to severe endometriosis, especially if surgery hasn't improved fertility. In some cases, doctors might use medication to control endometriosis before starting IVF to help increase the chances of success.

Expectant Management

For younger women with mild endometriosis, doctors might suggest a "wait and see" approach after surgery, since some may get pregnant naturally within a few months. However, women over 35 might need more active treatments because fertility decreases with age.

REAL LIFE EXPERIENCES

Listen to an Endometriosis patient story on the SART Fertility Experts podcast

Endometriosis is a condition that can affect many facets of a person's life, from pelvic pain to struggles with infertility. Listen as Christine discusses her experiences during her journey to motherhood with Dr. Joseph Findley, a reproductive endocrinologist and member of the Society of Reproductive Surgeons.

SUBSCRIBE TO SART FERTILITY EXPERTS

VISIT THE SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY (SART) WEBSITE

VISIT THE SOCIETY OF REPRODUCTIVE SURGEONS (SRS) WEBSITE

FIND A HEALTH PROFESSIONAL

Connect with reproductive medicine experts who will guide you through your unique journey. Our search tool allows personalized matches based on location, specialization, and expertise. Take control of your reproductive health with compassionate providers, innovative treatments, and unwavering support.

SEARCH FOR AN EXPERT

Healthcare professional eager to help a patient

ENDOMETRIOSIS



SART FERTILITY EXPERTS: COMPLIMENTARY AND INTEGRATIVE MEDICINE IN REPRODUCTIVE CARE AND INFERTILITY TREATMENT

Explore how acupuncture and naturopathic care support IVF, endometriosis, and fertility in this ASRM expert talk on integrative reproductive medicine. [LISTEN TO THE EPISODE](#)



WHAT DO I NEED TO KNOW ABOUT CONCEIVING AFTER SURGERY ON MY FALLOPIAN TUBES?

Fallopian tubes connect the ovary (where the eggs are stored and grow) to the uterus (womb), where the fertilized egg develops into a baby (fetus). [VIEW THE FACT SHEET](#)



ENDOMETRIOSIS AND INFERTILITY: CAN SURGERY HELP?

Endometriosis is when tissue is found outside the uterus that appears similar to the lining of the uterus (endometrium). Endometriosis may grow on the outside of your uterus, ovaries, and tubes and even on your bladder or intestines. This tissue can irritate structures that it touches, causing pain and adhesions (scar tissue) on these organs. [VIEW THE FACT SHEET](#)



HYDROSALPINX

The fallopian tubes are attached to the uterus (womb) on the left and right sides.

[VIEW THE FACT SHEET](#)



DOĞUM KONTROL HAPLARININ DOĞURGANLIK DIŞI YARARLARI

Pek çok kişi yaşamlarının bir döneminde doğum kontrol haplarını kullanır.

[VIEW THE FACT SHEET](#)



NONCONTRACEPTIVE BENEFITS OF BIRTH CONTROL PILLS

Most women will use birth control pills at some time in their lives.

[VIEW THE FACT SHEET](#)



SURGERY (REPRODUCTIVE)



ASRM HOSTS CAPITOL HILL BRIEFING FOR POLICYMAKERS & CONGRESSIONAL STAFF TO HEAR FROM PROVIDERS & PATIENTS ABOUT IMPORTANCE OF IVF ACCESS, REALITIES AND LIMITATIONS OF RESTORATIVE REPRODUCTIVE MEDICINE

ASRM briefing united lawmakers, physicians & patients on IVF access, exposing RRM limits and urging policies to expand fertility care options.

[READ THE FULL PRESS RELEASE](#)



SRS WARNS AGAINST LIMITING ACCESS TO IVF UNDER THE GUISE OF “RESTORATIVE” CARE

SRS, an ASRM affiliate, advocates evidence-based reproductive surgery and full-spectrum fertility care for conditions like endometriosis, fibroids, and PCOS.

[READ THE FULL PRESS RELEASE](#)



SART FERTILITY EXPERTS - SURGERY BEFORE IVF EGG RETRIEVAL AND/OR EMBRYO TRANSFER

Expert insights on surgery before IVF, egg retrieval, and embryo transfer. Learn how procedures like fibroid removal and tubal surgery impact fertility success.

[LISTEN TO THE EPISODE](#)



CONDITIONS TREATED WITH SURGERY ON THE FALLOPIAN TUBES AND OVARIES

Surgery can be used to treat problems with the ovaries or fallopian tubes, such as cysts, endometriosis, or infections.

[VIEW THE FACT SHEET](#)



DILATION AND CURETTAGE (D&C)

“Dilation and curettage” (D&C) is a short surgical procedure that removes tissue from your uterus (womb). You may need this procedure if you have unexplained or abnormal bleeding or if you have delivered a baby and placental tissue remains in your womb.

[VIEW THE FACT SHEET](#)



INTRAUTERINE ADHESIONS: WHAT ARE THEY?

The inside of the uterus is like a balloon with the front and back walls flat against each other.

[VIEW THE FACT SHEET](#)



PATIENT JOURNEYS

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Endometriosis Journey | ReproductiveFacts.org
[ENDOMETRIOSIS JOURNEY](#)

[VIEW THE PATIENT JOURNEY](#)

[FIBROIDS JOURNEY](#)

[VIEW THE PATIENT](#)



[VIEW ALL THE PATIENT JOURNEYS](#)

RESOURCES FOR YOU

The American Society for Reproductive Medicine (ASRM) is committed to providing patients with the highest quality information about reproductive care.

Resources teaser

FAQ teaser

Learning their baby

[Advocacy Resources](#)

ASRM has prepared resources to help you explain and advocate for reproductive rights and the continuation of in vitro fertilization and other fertility treatments.

[VIEW THE RESOURCES](#)

[Frequently Asked Questions](#)

ASRM's Frequently Asked Questions (FAQ) provides answers to common questions about reproductive health.

[KNOW THE FAQS](#)

[Patient Journeys](#)

ASRM has resources an help you through each s journey.

[BROWSE THE JOUR](#)



[BROWSE ALL TOPICS](#)

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