

*Women's Health with
Dr. Minoos Hosseinzadeh*

Endometriosis Part III: Identifying Treatment Options to Maximize Fertility Potential

By Dr. Minoos Hosseinzadeh



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Endometriosis is a progressive disease that can lead not only to chronic pain, but also to problems with infertility. Although pain is often the primary reason women seek treatment for endometriosis, it is equally as imperative to treat both adolescents and women of childbearing age aggressively, so as to preserve their reproductive potential. Currently, there is no cure for endometriosis, and treatment options fall into two main categories: Surgical and medical.

Surgical Treatment

In last month's issue of OC Life there was discussion of how endometriosis is diagnosed, which is conducted via laparoscopic surgery, where the lesions of endometriosis can be surgically excised or ablated using a laser. In some patients with more extensive disease and scar tissue, a laparotomy (open procedure) may be required. Six-month follow-up of these patients demonstrates that 60-80% of them see significant improvement in their pain symptoms. It is important to realize, however, that endometriosis will recur after surgical treatment alone and therefore surgical treatment should be followed up with medical treatment. This will also help minimize the need for further surgical interventions.

Medical Treatment

In some patients, NSAIDs or non-steroidal anti-inflammatory drugs may be used to relieve pain. These drugs, however, will not prevent the progression of the disease. The most commonly used hormonal therapies are:

- **Oral contraceptives** – Birth control pills are used to help treat painful periods and may also decrease menstrual flow. Increasingly, patients are being placed on birth control pills continuously so as to prevent them from having periods. These patients typically have better pain control than those who have periods.

- **GnRH Analogs** – These medications work by temporarily inducing a state of menopause. As a result, estrogen levels are lowered and the lesions of endometriosis begin to regress. These medications can be given as a shot, through an implant or via nasal spray. They typically are given for at least three months, but more commonly for six months. Because a state of menopause is temporarily induced, patients may experience side-effects including hot flashes, night sweats, vaginal dryness, headaches and bone loss. In some patients, "add-back" hormone therapy can be given after a few months to help control the side-effects of these drugs.

Special Considerations If Wishing to Conceive

- In young patients with early endometriosis (stage I/II) who do not get pregnant on their own, ovulation induction with intrauterine insemination could be considered. Women 35 years of age or older, with early stage disease, could consider in-vitro fertilization.
- Women with more advanced endometriosis (stage III/IV) are more successful with in-vitro fertilization.

It is important for all patients with endometriosis to understand that although the condition does not have a cure, there are treatments available which can minimize pain and, hopefully, preserve fertility. Women experiencing symptoms commonly associated with endometriosis, as detailed in the January issue of OC Life, should schedule a consultation with a medical professional for an appropriate evaluation.

OC Life Readers: E-mail questions to Women's Health with Dr. Minoos Hosseinzadeh at DrMinoos@OCLIFEmagazine.com

