DOCTOR DISCUSSION GUIDE

Managing Endometriosis

Being diagnosed with endometriosis can be overwhelming, but working closely with your doctor will make sure that the treatment approach taken is the right one for your own individual case. Asking the right questions during your conversation will help you know what to expect and how to better navigate your condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

Vocabulary to Know
Your doctor might mention these common terms. Here’s what they mean.

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tr>
<td>Endometrium</td>
<td>The inner lining of the uterus. With endometriosis, tissue similar to the endometrium grows outside the uterus and other reproductive organs in the pelvis.</td>
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<td>Laparoscopy</td>
<td>A surgical procedure and the main way that endometriosis is diagnosed. It allows your doctor to see inside your abdomen and determine the severity, as well as other details of your endometriosis. It also one of the main ways endometriosis is treated. However, your endometriosis can still come back even after this surgery is used to treat it.</td>
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<td>Dysmenorrhea</td>
<td>This is simply another name for painful periods. It is one of the major symptoms of endometriosis and is often in the form of pelvic, lower back, and/or abdominal pain as well as cramping during your period (sometimes even before the period starts).</td>
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<td>Reproductive Endocrinologist</td>
<td>A doctor that specializes in treating infertility.</td>
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<td>Hysterectomy</td>
<td>The surgical removal of the uterus. Sometimes, other surrounding organs such as the ovaries and fallopian tubes are removed as well. It used to be the treatment of choice for endometriosis in the past. However, it is a somewhat drastic surgery and comes with some significant risks and long-term side effects, so doctors are moving away from it. In severe cases of endometriosis, hysterectomies may still be recommended.</td>
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<td>Progestin Therapy</td>
<td>A form of therapy used to treat endometriosis that involves the use of drugs called progestins. You can think of progestins as the synthetic version of the progesterone hormone. There are different forms and dosages of these drugs that can be prescribed to alleviate endometriosis symptoms.</td>
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Questions to Ask
These questions will help you start a conversation with your doctor about how to best manage endometriosis.

About Symptoms
- Will my symptoms change or get worse as I get older?
- Why don’t I have any painful symptoms?

About Causes & Risk Factors
- Is endometriosis an inherited condition? Can I pass it on to my children?

About Diagnosis
- What did my laparoscopy tell you about the severity and nature of my condition?
- Did you take small tissue for a biopsy during my laparoscopy?

About Treatment
- Will I have to go on a hormonal contraceptive? If yes, which one(s)?
- The pain medications I’m currently on aren’t helping much. What are my other options?
- Will I have to undergo a hysterectomy?
- How much can I expect my symptoms to decrease after my laparoscopy?
- What are the chances of my endometriosis coming back after my laparoscopy?

About Living With Endometriosis
- Is it advisable to join a support group to help me cope better?
- Will I be able to have children?
- Will I have to see a reproductive endocrinologist when/if I want to have children?
- What is my risk of developing ovarian cancer?
- What kinds of exercises do you recommend I do to help with my symptoms?

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