



WHAT IS ADENOMYOSIS?

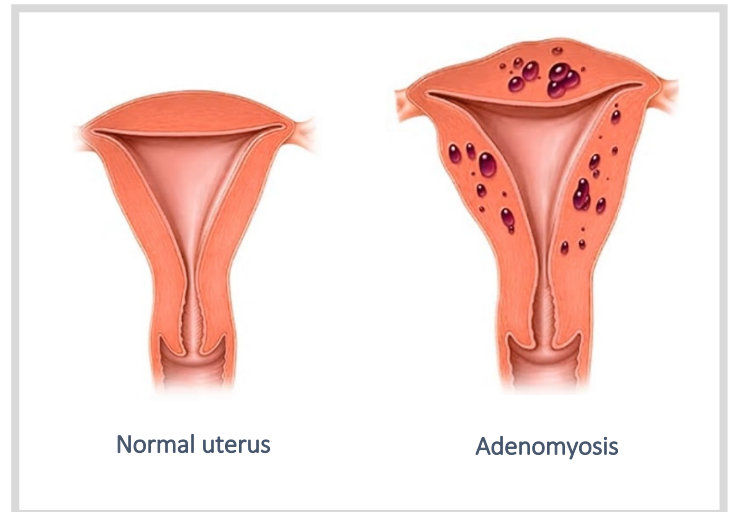
Adenomyosis is a condition in which the cells that normally line the cavity inside the uterus are also found within the muscle layer of the uterus. This leads to enlargement of the uterus and disruption of the lining of the cavity inside the uterus.

HOW COMMON IS ADENOMYOSIS?

It is estimated that adenomyosis affects about 1 in 4 women (20-35%). However, many women may not have symptoms. Adenomyosis is closely related to another condition called endometriosis, and is present in approximately 50% of women with endometriosis—see the “Endometriosis and You” pamphlet.

WHAT ARE THE SYMPTOMS OF ADENOMYOSIS?

Many women with adenomyosis may not be aware as many do not have any symptoms. In others, adenomyosis can cause heavy menstrual periods, painful periods, and pelvic pressure.



IS ADENOMYOSIS DANGEROUS?

Adenomyosis is a benign (non-cancerous) condition that does not require treatment if it does not cause symptoms. However, women who have bothersome symptoms may benefit from treatment.

HOW IS ADENOMYOSIS DIAGNOSED AND MANAGED?

Presence of symptoms, physical exam findings, and ultrasound findings are used to make a presumptive diagnosis and begin management.

Management is tailored to every unique woman’s needs, keeping in mind her symptoms and plans for childbearing. The mainstay of adenomyosis treatment is either the use of some form of hormonal agent to suppress periods and the lesions within the uterus, or the surgical removal of the uterus (hysterectomy).

WHAT ARE THE MEDICAL OPTIONS FOR ADENOMYOSIS?

There are many medical options for endometriosis, each with its own unique benefits and limitations.

- **NSAIDs (non-steroidal anti-inflammatories)**

These are medications like ibuprofen and naproxen, which decrease inflammation and pain, and can help relieve period pain (dysmenorrhea) and also decrease bleeding at the time of the period. While they help with symptom control, they do not address the underlying fibroids. Main side effects include stomach upset.

- **Tranexamic acid (Cyklokapron®)**

Tranexamic acid is a pill taken three times daily on days of heavy menstrual bleeding only. It decreases the amount of bleeding by half by acting on coagulation factors. It is non-hormonal, and is generally very well tolerated. Side effects include headache, fatigue and muscle cramps.

- **Birth control pill, patch, or ring**

Taking birth control works very well to decrease and even eliminate bleeding, and are effective as contraception as well. Main side effects include abnormal spotting (improves with time), mood changes, and possibly water retention.

- **Mirena® or Kyleena® IUD (intra-uterine device)**

The Mirena® and Kyleena® deliver a continuous dose of levonorgestrel, a progestin that makes periods lighter and less painful. They last for 5 years after insertion and are considered among the best options for contraception and for adenomyosis. Main side effects include mild pain with insertion (1-2 days), abnormal spotting (improves with time), and possibly acne.

- **Depo-Provera (depo-medroxyprogesterone acetate, DMPA)**

DMPA is an injectable medication given every 12-13 weeks containing a single hormone. This medication is very effective as birth control and works well to control symptoms of adenomyosis. Main side effects include abnormal spotting (improves with time), possible weight gain, and with long term use it may cause reversible decrease in bone density. However it has not been associated with increased risk of fractures or osteoporosis.

- **Elagolix (Orilissa®)**

This medication is a pill taken twice daily that works on receptors in your brain to simulate menopause. By decreasing your body's hormone levels similar to menopause, the adenomyotic lesions are starved of the hormones they need, and are effectively suppressed. This medication is not considered birth control. Main side effects include abnormal bleeding, mood changes, and hot flashes.

- **Leuprolide Acetate (Lupron®)**

Lupron is an injectable medication that works similarly, but more effectively, than elagolix. Injections are given every 12 weeks (a 4 week formulation also exists), and it also causes a reversible, medical menopause. This medication is not considered birth control. Main side effects include abnormal bleeding, mood changes, difficulty sleeping, and hot flashes. Oftentimes, a small dose of hormone replacement therapy (called "add-back") is given to counteract the side effects of Lupron, especially if it will be used for more than 6 months. Lupron can be useful prior to surgery to improve anemia.

WHAT DOES SURGERY FOR ADENOMYOSIS MEAN?

For women who are done childbearing, surgery offers a definitive treatment option for adenomyosis. Given that adenomyosis is a condition that typically affects many parts of the muscle of the uterus, surgery to treat adenomyosis typically consists of a laparoscopic hysterectomy. In select cases where the adenomyosis only affects a small area within the uterus (called adenomyoma), removal of the discrete area may be possible in women desiring fertility.

WHAT ARE THE RISKS OF SURGERY?

● General Anesthesia

Most surgeries are done with general anesthesia, which means being put to sleep and using a breathing tube to help you breathe.

● Infection

Generally a small risk for this kind of surgery, however antibiotics may be given intravenously while you are asleep, according to the surgeon's discretion

● Bleeding

All patients must be aware of a risk of excessive bleeding and potentially requiring a blood transfusion before surgery. While this is considered a low risk surgery for transfusion, we require signed consent or refusal for blood products prior to surgery.

● Blood clots

Walking after surgery is very important to decrease this risk. Additionally, you may be given a dose of anticoagulation during surgery to reduce this risk.

This may seem like an intimidating list – while surgery usually goes very well, without any complication, it is important to be aware of all the risks involved.

● Injury to other organs

Other organs or structures may be injured during surgery including, but not limited to:

- Bowel (small and large intestine)
- Bladder
- Ureters (connecting tubes from kidneys to bladder)
- Blood vessels
- Nerves

If an injury occurs and is identified at the time of surgery, any necessary repairs will be done at the same time.

● Obstetrical complications

It is important to realize that scarring on the uterus may complicate future pregnancies in two major ways. Note that these risks are very much case dependent:

- Abnormal placentation – There is a risk that the placenta implants in the scar of the fibroid and becomes completely stuck to the uterus. What this means is that after the baby is born, the placenta may not separate, requiring an emergency hysterectomy.
- Uterine rupture – Once there is a scar on the uterus, there is an increased risk of that scar opening up during pregnancy, particularly if labour occurs. Depending on the exact case, your doctor may recommend you deliver only by C-section in future pregnancies.

If you would like to discuss with us further, ask your family doctor to send a referral to: **514-856-5607**

Or visit www.muhc-obgyn.com



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