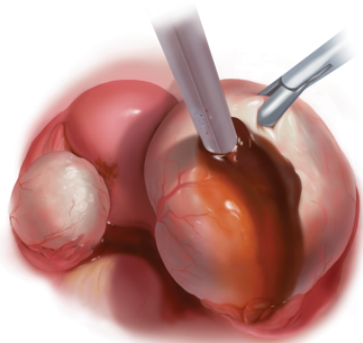




WHAT IS DEEP INFILTRATING ENDOMETRIOSIS?

Deep infiltrating endometriosis (DIE) is a severe form of endometriosis where the lesions have grown deep into the wall of another organ, such as the bowel, bladder, ureter, pelvic sidewall, or diaphragm. Endometriomas, which are cysts that result from endometriosis growing into an ovary, are also considered a form of severe endometriosis and often coexist with DIE elsewhere in the pelvis. Severe endometriosis can lead to significant scar tissue causing pelvic organs to stick together, a condition commonly referred to as a “frozen pelvis.”



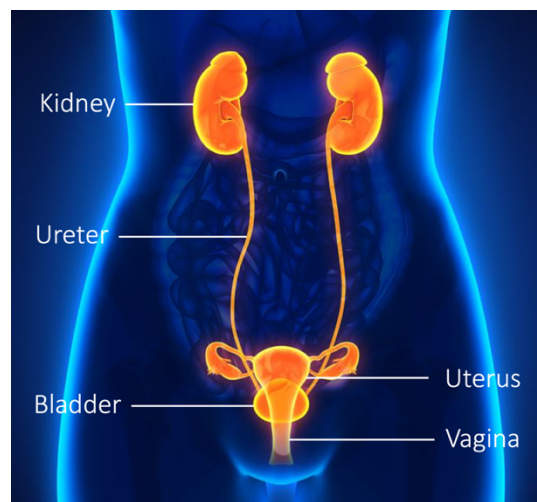
HOW ARE ENDOMETRIOMAS MANAGED?

The decision to operate on ovaries should never be taken lightly, as this can affect future fertility. The best way to manage endometriomas depends on multiple factors including patient age, preference, desire for fertility, as well as size, number, and location of endometriomas. Medications can be used to shrink these “chocolate cysts” as they are called, or surgery can be performed to either remove the cyst from the ovary, or, in certain cases, remove the ovary entirely.

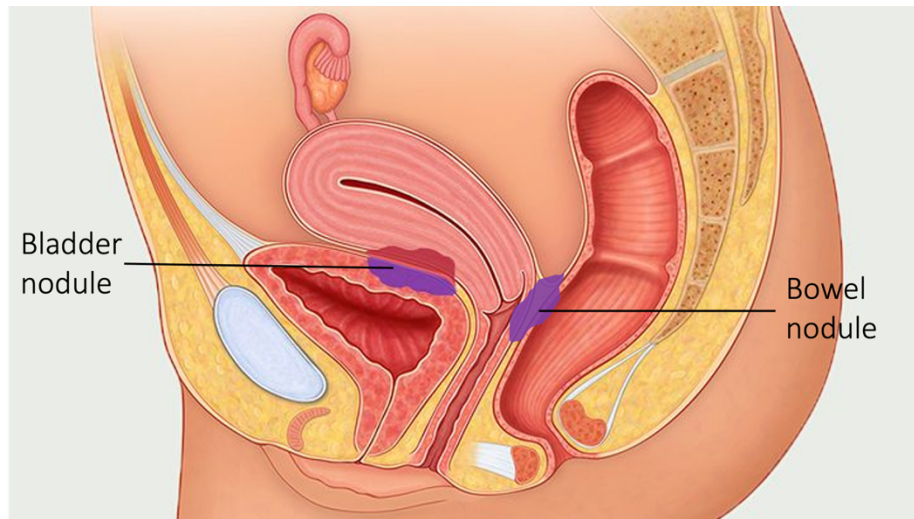
Speak with your healthcare provider to find the best strategy for you.

HOW IS BLADDER ENDOMETRIOSIS MANAGED?

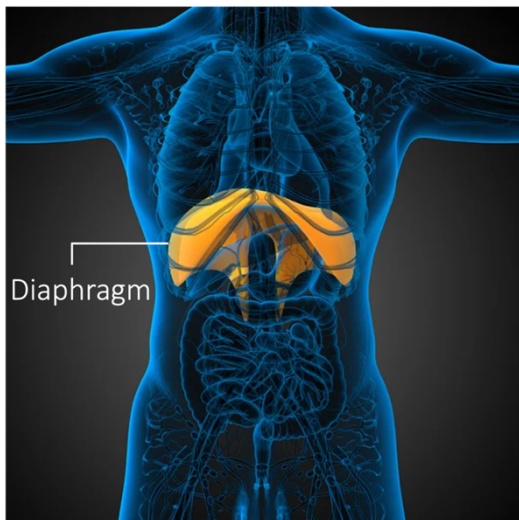
When endometriosis invades the bladder, it can cause bladder irritation as well as blood in the urine. As with other forms of endometriosis, bladder endometriosis can usually be treated with medication first. Surgical removal may be recommended in certain cases, and may involve separating the lesion from the bladder wall (shaving), to removing a portion of bladder wall (partial cystectomy).



HOW IS BOWEL ENDOMETRIOSIS MANAGED?



When endometriosis affects the bowel, it most commonly involves the rectum and can cause pain during bowel movements and intermittent bloody stools during your period. The treatment of endometriosis bowel lesions depend on how deeply they invade into the bowel. Although medications are usually the first treatment option, surgery may be required in specific cases, either by separating the lesion from the bowel wall (shaving), removing a crescent-shaped portion of bowel wall (disc excision), or removing a segment of bowel (bowel resection).



HOW IS DIAPHRAGMATIC ENDOMETRIOSIS MANAGED?

Rarely, endometriosis can invade the diaphragm, which is the thin muscle that separates the lungs in the chest from the abdominal cavity. It can cause pain or a bloody cough during periods. Once more, treatment can either be with medications, or the surgical removal of the part of diaphragmatic muscle that is affected.

If you would like to discuss with us further, ask your family doctor to send a referral to: **514-843-2888** (fax) or endocares@muhc.obgyn.com

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