

Endometriosis and the Bowel

Introduction

Endometriosis is a condition where cells from the uterus (womb) are found elsewhere in the body. These cells react in the same way as those within the uterus but as they are located outside the womb they are not released from the body and result in inflammation, pain, and the formation of scar tissue (adhesions).

Endometriosis tissue in the ovary can form cysts, called 'chocolate cysts' because of their appearance. It is most commonly found inside the pelvis, around the ovaries, the fallopian tubes, on the outside of the womb or the ligaments (which hold the womb in place), or the area between the rectum and the womb, called the Pouch of Douglas. It can also be found on the bowel, the bladder, the vagina and the rectum.

What causes bowel endometriosis?

Endometriosis can affect the bowel in the abdomen and pelvis. It can be on the surface of the bowel (superficial) or penetrate the bowel wall (deep endometriosis). Recto-vaginal nodules probably start superficially on the surface and progress to deep infiltrating disease growing through the wall of the bowel. There are lots of theories, but the exact cause of bowel endometriosis is not known.

What are the main symptoms of bowel endometriosis?

Symptoms of bowel endometriosis are pain on opening the bowels and deep pelvic pain with sex (dyspareunia). Less common is rectal bleeding during a period. The pain may be so severe that you cannot get to work or carry out your normal daily activities.

It is common for a woman with bowel endometriosis to have been diagnosed with irritable bowel syndrome. Endometriosis and irritable bowel syndrome can occur together. The difference is that symptoms of bowel endometriosis vary with the menstrual or period cycle; they are worse in the days before a period and during menstruation. Try keeping a note of your symptoms to see if they vary at different times of the month.

How is bowel endometriosis diagnosed?

In addition to an internal examination you might need an ultrasound scan, and a flexible sigmoidoscopy and/or a laparoscopy (a keyhole operation to look inside your pelvic area). CT scan and MRI may be helpful if you are thought to have deep endometriosis inside the bowel wall. It may not be possible to know how badly the bowel is affected by endometriosis until your operation.

What are the treatment options for bowel endometriosis?

- Doing nothing (may be appropriate if a woman has mild symptoms or no symptoms)
- Medical or complementary therapies to treat symptoms
- Surgery to remove the endometriosis tissues

What are the medical treatments?

- Analgesics (pain killers) and/or anti-inflammatory drugs
- Hormones such as progestagens or contraceptives like the Pill (Mirena), danazol or gonadotrophin releasing hormone agonists

What happens during surgery for bowel endometriosis?

The aim of surgery is generally to cut out and remove as much of the endometriosis as possible. In most cases, surgery can be carried out laparoscopically (keyhole), or via open surgery, depending on the surgeon. Laparoscopic surgery may reduce adhesions and recovery time.

Who performs the surgery?

Surgery for complicated endometriosis is best performed in teams specialised to undertake these operations. This includes a gynaecologist, a bowel surgeon and, in some cases, a urologist all of whom have expertise of working together for such procedures.

Types of operations for bowel endometriosis

1. The segment or section of the bowel containing the endometriosis can be removed. The bowel is then re-joined (re-anastomosis).
2. For smaller areas of endometriosis, a disc of the affected tissue can be cut away followed by closure of the hole in the bowel.
3. Alternatively, the endometriosis or nodule can be 'shaved' off the bowel leaving it intact. This option may leave residual endometriosis.

Surgery should be tailored to the individual and their symptoms and needs. Most women (approximately 75%) can have conservative surgery, preserving their fertility. For some women, however, more extensive surgery (such as a hysterectomy in conjunction with removal of the endometriosis) may be necessary if suitable.

With bowel surgery, there is a possibility that a *temporary stoma* will be needed. This is a procedure where a section of the bowel is attached to an artificial opening on the tummy wall. This opening is known as a stoma. A stoma bag stuck to the skin of your



tummy collects faeces. If it is thought that you might need a stoma, your surgeon will arrange for you to talk to a specialist nurse.

Does bowel endometriosis have to be treated?

The decision to undergo treatment for bowel endometriosis depends on your individual circumstances, your symptoms and the severity of your endometriosis. Research suggests that endometriosis may get better as well as worse over time. You are best seeking an expert opinion and discussing your options.

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