

Are there medications to treat endometriosis?

Endometriosis cannot be cured, however there are medications to address the symptoms, mainly pain. Not all patients can take every medication. Your doctor will determine whether you are a suitable candidate.

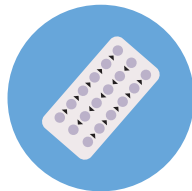


Non-steroidal Anti-Inflammatory Medications (NSAIDs)

NSAIDs include medications such as *Ibuprofen* or *Naproxen*. These medications help to reduce inflammation, thereby decreasing pain from endometriosis.

EXAMPLES OF HORMONAL OPTIONS

The hormonal medications listed below help to suppress hormonal fluctuations, ultimately decreasing inflammation caused by endometriosis implants. It is important to understand that hormonal therapy is not usually suitable for women who are trying to conceive.

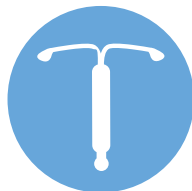


Estrogen and Progesterone Containing Medications (Combined Hormonal)

Medications containing both estrogen and progesterone include those such as the Oral Contraceptive Pills (OCPs), vaginal ring, transdermal patches

Progestin Only

- **Intrauterine device** (e.g. *Mirena*): significantly reduces menstrual bleeding by acting locally on the uterine cavity lining to keep it thin. Progesterone also acts on surrounding endometriosis implants to theoretically keep these thin/inactive too.
- **Subdermal implant** (e.g. *Nexplanon*): prevents pregnancy and reduces amount of menstrual bleeding. It is implanted under the skin in the inner upper arm.
- **Dienogest** (*Visanne*): causes amenorrhea (absence of menses) in almost 40% women after 6 months of use. Possible side effects include headaches, depression, irritability, nausea, and breast discomfort.
- **Medroxyprogesterone Acetate** (*Depo-Provera*): injectable contraceptive that is given intramuscularly every 3 months to suppresses ovulation and therefore reduces pain.



Gonadotropin-Releasing Hormone (GnRH) Agonists or Antagonists

These medications cause ovaries to stop producing estrogen and progesterone, causing a reversible, medical menopause. Therefore, patients may require “add-back therapy” in the form of estrogen and progesterone, in order to maintain bone health. These types of medication include **Leuprolide Acetate** (*Lupron*) and **Elagolix** (*Orilissa*).



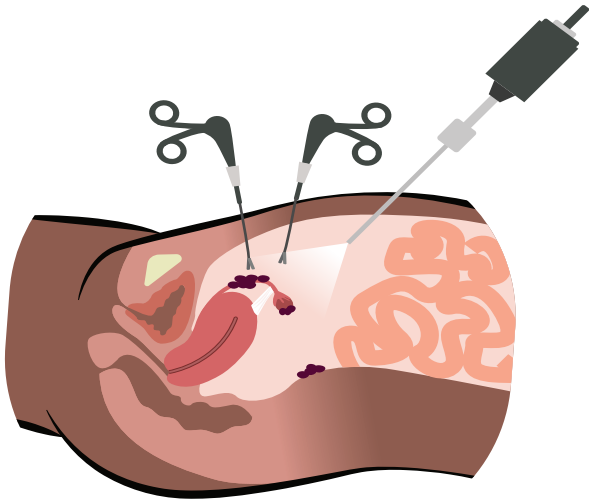
Danazol

Danazol (*Cyclomen*) is a medication that directly inhibits endometriosis growth and blocks ovaries from producing estrogen. It has androgenic effects with possible side effects including acne, weight loss, hot flashes, mood changes. To prevent bone density loss, it is recommended patients take “add-back therapy”. Danazol does not prevent pregnancy, and it is important not to take it in pregnancy as it may cause adverse effects on the fetus.



Is there **surgery** to treat endometriosis?

Commonly, a **laparoscopy** is performed with the goal of definitively diagnosing the condition and resecting any endometriosis implants. **Surgical management** is typically suggested after medical options are trialed and found to be ineffective at controlling symptoms.

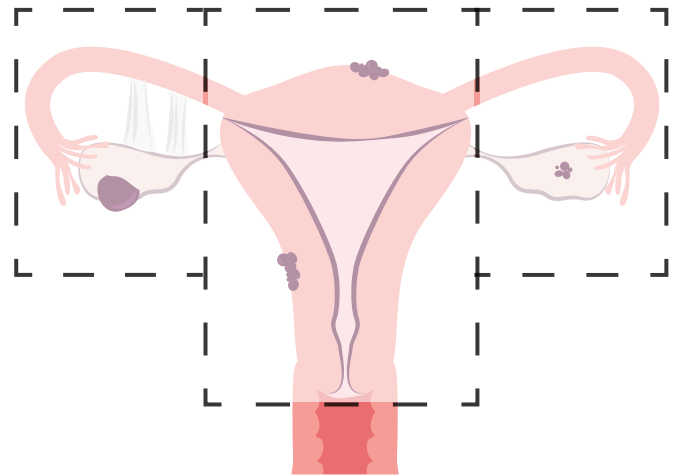


Diagnostic and/or Operative Laparoscopy

During this procedure a surgeon can visualize, take samples of tissue to confirm the diagnosis (*diagnostic laparoscopy*) and resect any endometriosis implants that are there. However, surgery is not curative and endometriosis symptoms can come back.

Hysterectomy and Bilateral Salpingo-oophorectomy

Depending on severity of symptoms and plans for pregnancy, your doctor may discuss the option of a more complex surgery that involves removing the uterus and ovaries (hysterectomy/bilateral salpingo-oophorectomy). You may feel this option is right for you after a careful and thorough discussion with your doctor.



References

1. Chapron C, Marcellin L, Borghese B, Santulli P. Rethinking mechanisms, diagnosis and management of endometriosis. *Nat Rev Endocrinol*. 2019 Nov ; 15(11):666-682.
2. Shafirir AL, Farland LV, Shah DK, Harris HR, Kvaskoff M, Zondervan K, et al. Risk for and consequences of endometriosis: A critical epidemiologic review. *Best Pract Res Clin Obstet Gynaecol*. 2018 Aug ; 51:1-15.
3. The Endometriosis Network Canada. The Endometriosis Network Canada. Understanding Endometriosis; Endometriosis & You. Available from: <https://endometriosisnetwork.com/understanding-endometriosis>
4. Leyland N, Casper R, Laberge P, Singh SS. Endometriosis: Diagnosis and Management. *J Obstet Gynaecol Can*. 2010 Jul; 32(7):S1-S3.

This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.