

CONDITION GUIDE:
ENDOMETRIOSIS

UNDERSTANDING ENDOMETRIOSIS



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ABOUT THIS GUIDE

Whether you've just been diagnosed or suspect you may have endometriosis, we're here to help. This guide explains what the condition is, how it affects fertility and pregnancy, and what treatment options are available.

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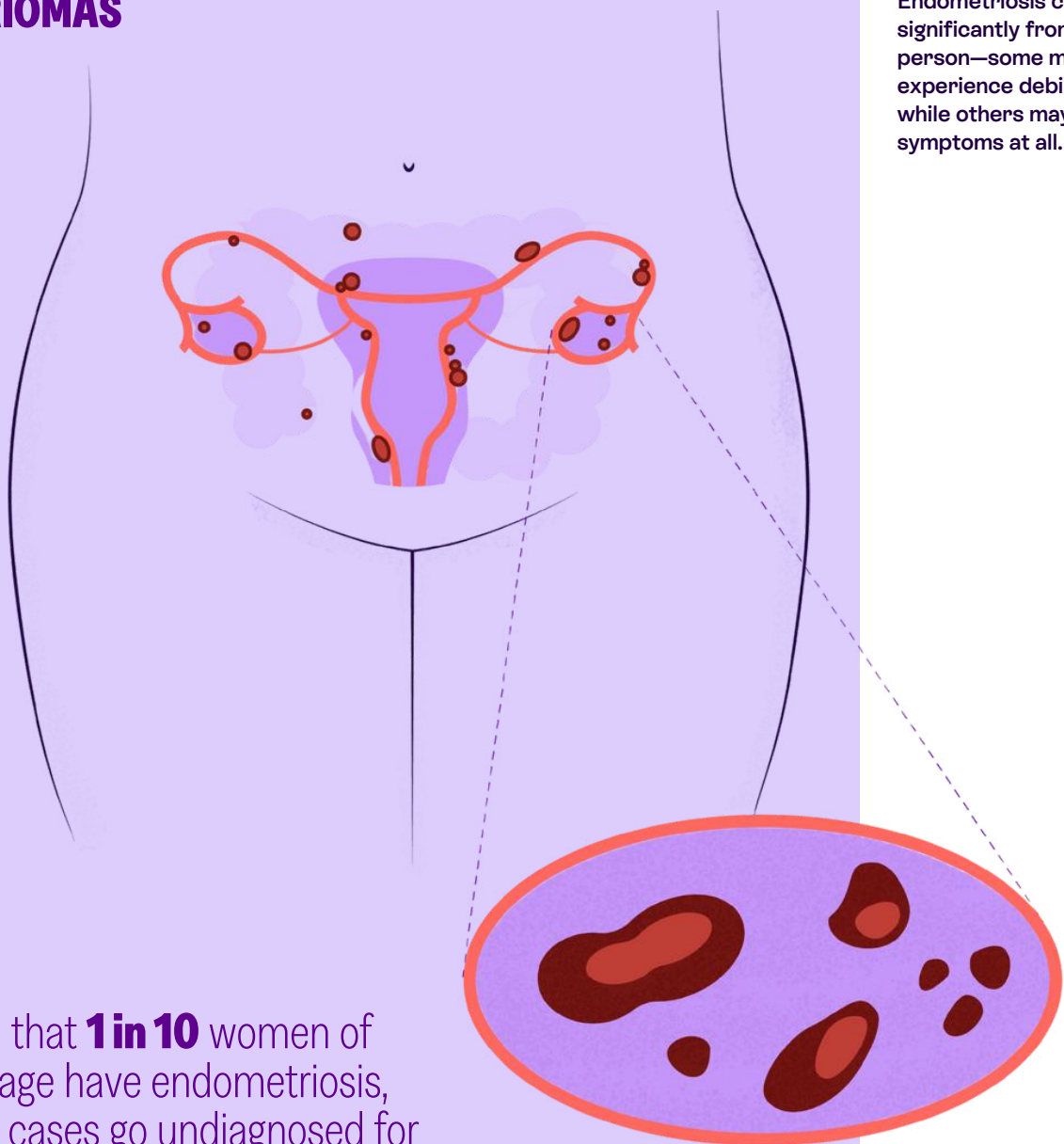


WHAT IS ENDOMETRIOSIS?

Endometriosis is a condition where tissue similar to the lining of the womb grows outside of the uterus, commonly on the ovaries, bladder, fallopian tubes, and pelvic cavity.

Unlike normal uterine tissue, which sheds during a menstrual period, this tissue has no way to exit the body. This leads to chronic inflammation, pain, scarring, and in some cases, fertility challenges.

ENDOMETRIOMAS



Endometriosis can vary significantly from person to person—some may experience debilitating pain, while others may have no symptoms at all.

It's estimated that **1 in 10** women of reproductive age have endometriosis, though many cases go undiagnosed for years.

WHAT ARE THE SYMPTOMS AND CAUSES OF ENDOMETRIOSIS?

SYMPTOMS

Painful periods (Dysmenorrhea)

Severe cramping that can begin before your period and last several days into menstruation. Pain may radiate to the lower back and legs, making it difficult to carry out daily activities.

Chronic pelvic pain

Some women experience persistent pain throughout the month, not just during menstruation. This may feel like a dull ache, sharp pains, or burning discomfort.

Pain during or after sex

Painful intercourse is common in endometriosis due to inflammation, scar tissue (adhesions), or deep tissue growth near the vaginal wall.

Heavy or irregular periods

Excess endometrial-like tissue can cause long, heavy, or unpredictable bleeding, sometimes with large blood clots.

Painful bowel movements or urination

If endometriosis affects the bladder or bowel, it can cause pain, constipation, diarrhoea, bloating, or even blood in the urine or stool, especially during menstruation.

Fatigue, bloating, or nausea

Many women with endometriosis experience chronic fatigue, digestive issues, and nausea, likely due to inflammation and hormonal fluctuations.

Difficulty getting pregnant

Endometriosis can interfere with ovulation, block fallopian tubes, and create an inflammatory environment that makes conception more difficult. However, many women with endometriosis go on to have successful pregnancies.

CAUSES

Retrograde menstruation

Instead of exiting through the vagina, menstrual blood flows back into the pelvic cavity, carrying endometrial cells that attach to organs.

Hormonal influences

Endometriosis is oestrogen-dependent, meaning the hormone fuels its growth. Hormonal imbalances may cause tissue to grow where it shouldn't.

Hereditary

Having a family history of endometriosis increases the likelihood of developing the condition.

Immune system dysfunction

A weakened immune system may not recognise and remove misplaced endometrial tissue, allowing it to continue growing.

HOW TO DIAGNOSE AND TREAT ENDOMETRIOSIS

DIAGNOSIS

Endometriosis can be difficult to diagnose because its symptoms often overlap with other conditions like irritable bowel syndrome (IBS), pelvic inflammatory disease (PID), or even routine menstrual discomfort. Since there's no simple blood test for endometriosis, a combination of methods is used to assess symptoms and confirm the condition.

Clinical features

Your doctor may suspect endometriosis based on your symptoms. In many cases, imaging or surgery isn't needed, as treatment can begin based on symptoms alone.

Pelvic examination

A doctor may perform a physical examination to check for cysts, scar tissue, or tender areas in the pelvis. While this can sometimes detect larger growths or nodules, smaller lesions are often missed, so further testing is usually required.

Ultrasound or MRI scan

An ultrasound—either abdominal or transvaginal—can help identify ovarian cysts known as endometriomas, which are common in endometriosis. However, ultrasounds may not detect smaller patches of endometriosis. In some cases, an MRI may be recommended for a more detailed view of the pelvic organs and any deep infiltrating endometriosis.

Laparoscopy (Gold standard diagnosis)

Laparoscopy is the most reliable way to diagnose endometriosis. It's a minimally invasive surgical procedure where a small camera is inserted through a tiny incision in the abdomen. This allows doctors to see endometriosis tissue directly. If endometriosis is confirmed, tissue can often be removed or treated during the same procedure.

TREATMENT

The right treatment for endometriosis depends on the severity of symptoms, the location of the tissue, and whether someone is trying to conceive.

Pain management

Over-the-counter pain relief, like ibuprofen or naproxen, can help with discomfort. Some people also find relief through physiotherapy, acupuncture, or dietary changes.

Hormonal therapy

Hormonal treatments control oestrogen levels to slow endometriosis growth and ease symptoms. Options include the combined contraceptive pill, progestin-based treatments (like the hormonal IUD), or GnRH agonists, which temporarily stop periods.

Surgical intervention

For more severe cases, or when other treatments aren't effective, laparoscopic surgery can remove or destroy endometriosis tissue and adhesions. This can significantly improve pain and, in some cases, restore fertility. Surgery is often recommended when endometriosis causes ovarian cysts, affects the bowel or bladder, or leads to severe scarring.

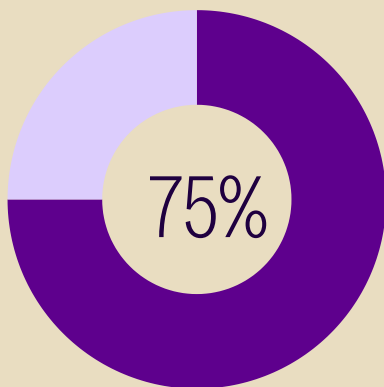
Fertility treatment

Endometriosis can sometimes make conception more difficult by affecting egg quality, fallopian tube function, or ovarian reserve. If pregnancy doesn't happen naturally, assisted reproductive technologies (ART) such as in vitro fertilisation (IVF) may help. IVF bypasses many of the challenges caused by endometriosis, giving eggs the best chance of fertilisation and implantation.

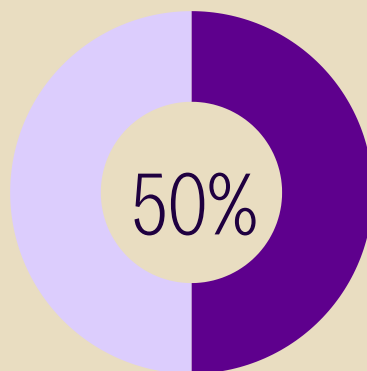
ENDOMETRIOSIS AND FERTILITY

Endometriosis can make conception more difficult by causing scar tissue that blocks the fallopian tubes, disrupting ovulation due to inflammation, or potentially affecting egg quality. It may also create an unfavourable uterine environment, making implantation harder. However, many women with endometriosis successfully conceive, either naturally or with fertility treatments like IVF.

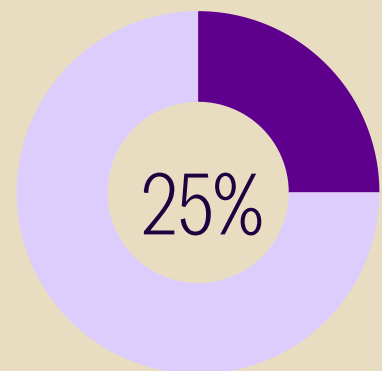
Research suggests that endometriosis can affect fertility, with the likelihood of natural conception decreasing as the severity of the condition increases.



3/4 of people with mild endometriosis will conceive naturally within a year of trying.



This drops to around 50% for those with moderate endometriosis.



For those with severe endometriosis, the chance of natural conception within a year is lower, at around 25%.

HOW IS ENDOMETRIOSIS CLASSIFIED?

Endometriosis is typically classified into four stages:

Minimal (Stage 1):

Small patches of endometrial-like tissue are found outside the uterus, with little to no scar tissue.

Mild (Stage 2):

More extensive tissue growth is present, but it remains superficial, with minimal scarring or adhesions.

Moderate (Stage 3):

Endometriosis has spread more deeply, often involving the ovaries and forming small cysts (endometriomas), with scar tissue starting to develop.

Severe (Stage 4):

Widespread endometriosis, larger ovarian cysts, and significant scar tissue or adhesions that may impact the fallopian tubes and other pelvic organs.

The severity of symptoms doesn't always match these classifications—some people with minimal endometriosis experience significant pain, while others with severe cases may have few or no symptoms.

ENDOMETRIOSIS AND FERTILITY

TREATMENT

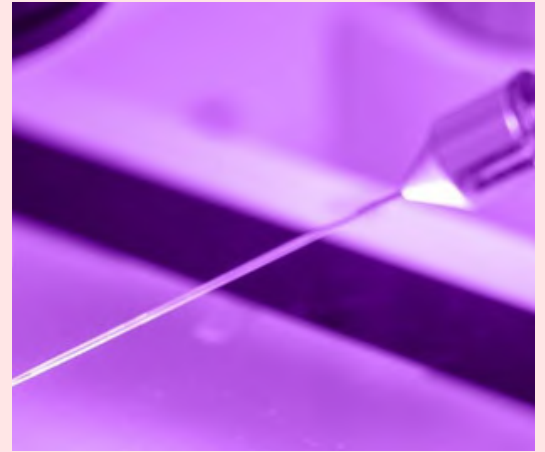
Factors that can affect the success of IVF for women with endometriosis include:

4 KEY FACTORS



Stage & severity of endometriosis

Women with mild to moderate endometriosis generally have better IVF success rates than those with severe cases involving extensive scarring.



Inflammation & hormonal imbalance

Inflammation in the uterus can lower embryo implantation rates. Suppressing inflammation before embryo transfer (using GnRH agonists or anti-inflammatory treatments) may improve success.



Egg quality & ovarian reserve

Endometriosis can impact egg quality, so IVF protocols may be adjusted for optimal results. Women with low ovarian reserve may consider egg freezing or donor eggs.



Clinic & doctor expertise

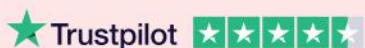
Choosing a fertility clinic with expertise in endometriosis is key. At Care Fertility, our specialists create tailored treatment plans and work closely with gynaecologists and surgeons to manage symptoms, improve quality of life, and optimise fertility.

WHAT OUR CUSTOMERS SAY



“AFTER TRYING FOR 10 YEARS TO CONCEIVE, CARE FERTILITY MADE OUR DREAMS COME TRUE. THERE WAS NO COMPARISON WITH THE CARE AND TREATMENT AT CARE FERTILITY COMPARED TO PREVIOUS ROUNDS OF IVF ELSEWHERE”

Aimee, patient at Care Fertility



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