



**UZ
LEUVEN**



Patient education on endometriosis

Anna Rijkers

**Leuven University Fertility Centre
Endometriosis- & Fertility Surgery
Department of Obstetrics & Gynecology**

UZ
Leuven

Herestraat 49
B - 3000 Leuven

www.uzleuven.be
tel. +32 16 33 22 11

UNIVERSITY HOSPITALS LEUVEN

Content

- Definition
- How to recognize endometriosis?
- Diagnosis
- Endometriosis team: place of midwives
- Typical problems associated with endometriosis
- Concerns for midwives
- Clinical Protocol: Contribution of the midwife
 - Preoperative visit 1
 - Preoperative visit 2
 - Preoperative follow-up
 - Intervention
 - Postoperative visit
 - Postoperative follow-up
- Future

Endometriosis: definition

- Gynecological disorder
- Presence of endometrial-like tissue, glands and stroma outside the uterus
- Predominantly found in women of reproductive age
- Pain and/or infertility

How to recognize endometriosis?

- Chronic pelvic pain
- Cyclical or premenstrual symptoms
- Chronic fatigue
- Dysmenorrhea (period pain)
- Deep dyspareunia (painful sexual intercourse)
- Dyschezia (bowel symptoms)
- Dysuria (bladder symptoms)
- Fertility problems
- Some women have no symptoms

Endometriosis: diagnosis

- Referral to a gynecologist or expertcenter
- History of the menstrual cycle and symptoms
- Vaginal examination
- Mapping influence on surrounding organ systems
- Laparoscopy & histological examination of biopsies

=> Gold Standard

Endometriosis team: place of midwives

Multidisciplinary approach

- Colorectal surgeon
- Fertility surgeon
- **Midwives/nurses**
- Pain clinic
- Relaxation therapist/counsellor
- Secretary support
- Thorax surgeon
- Urologist

Typical problems

- Seeking help for several years before being diagnosed
- Emotions: anger, fear, frustration, anxiety,...
- Feelings of being misunderstood
- Impact on general, physical, mental and social well being, sexually life, work, relationship,

Typical problems

- Financial difficulties
- Adolescents with chronic pelvic pain who do not respond to medical treatment

Concerns for midwives

- Provide time for the patient to express her concerns and anxieties
- Careful note of the woman's complaints
- Maintain a good relationship with the woman
- Be flexible in diagnostic and therapeutic thinking
- Involve women in all decisions

Concerns for midwives

- Help women and girls to cope with feelings of confusion, disbelief, frustration that often accompany this disease
- Stress management, exercise, diet
- Coaching to reach informed decisions about the plan of care

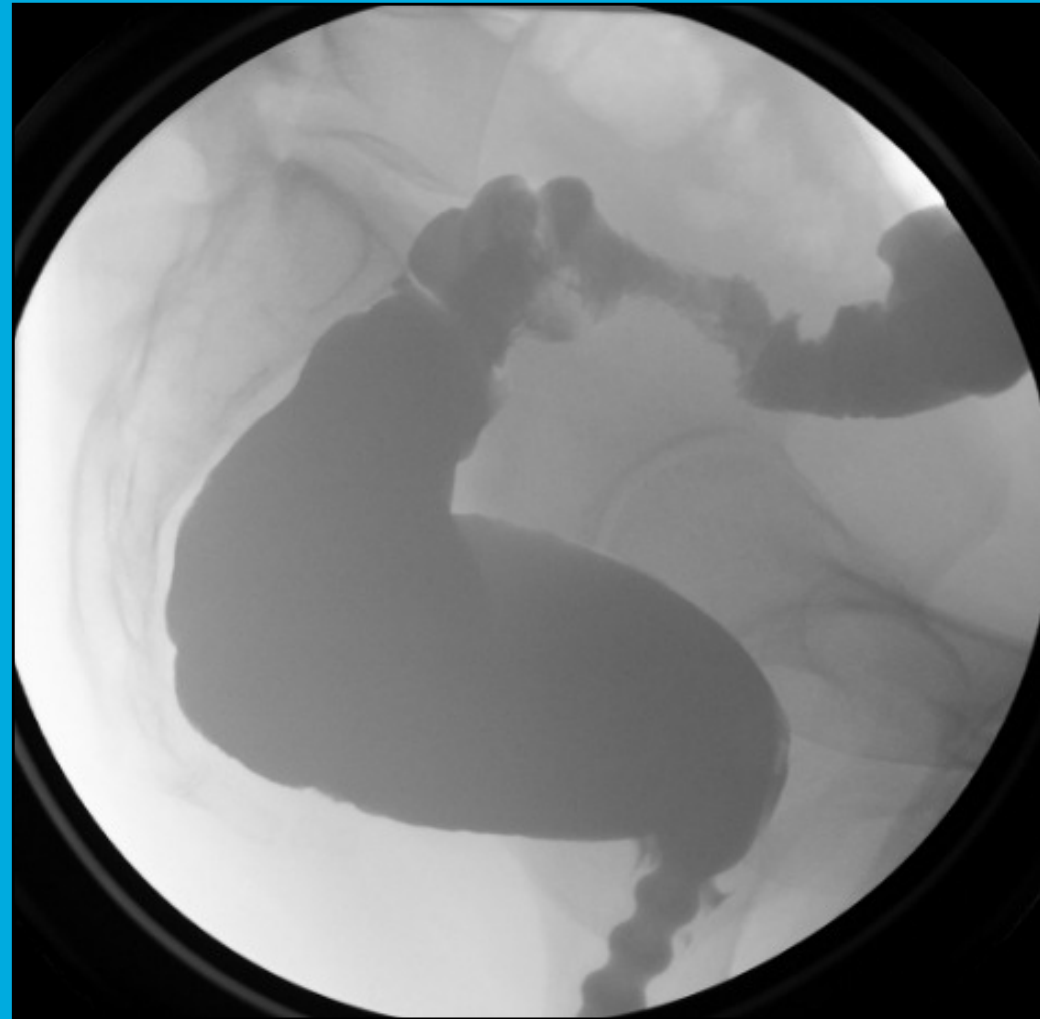
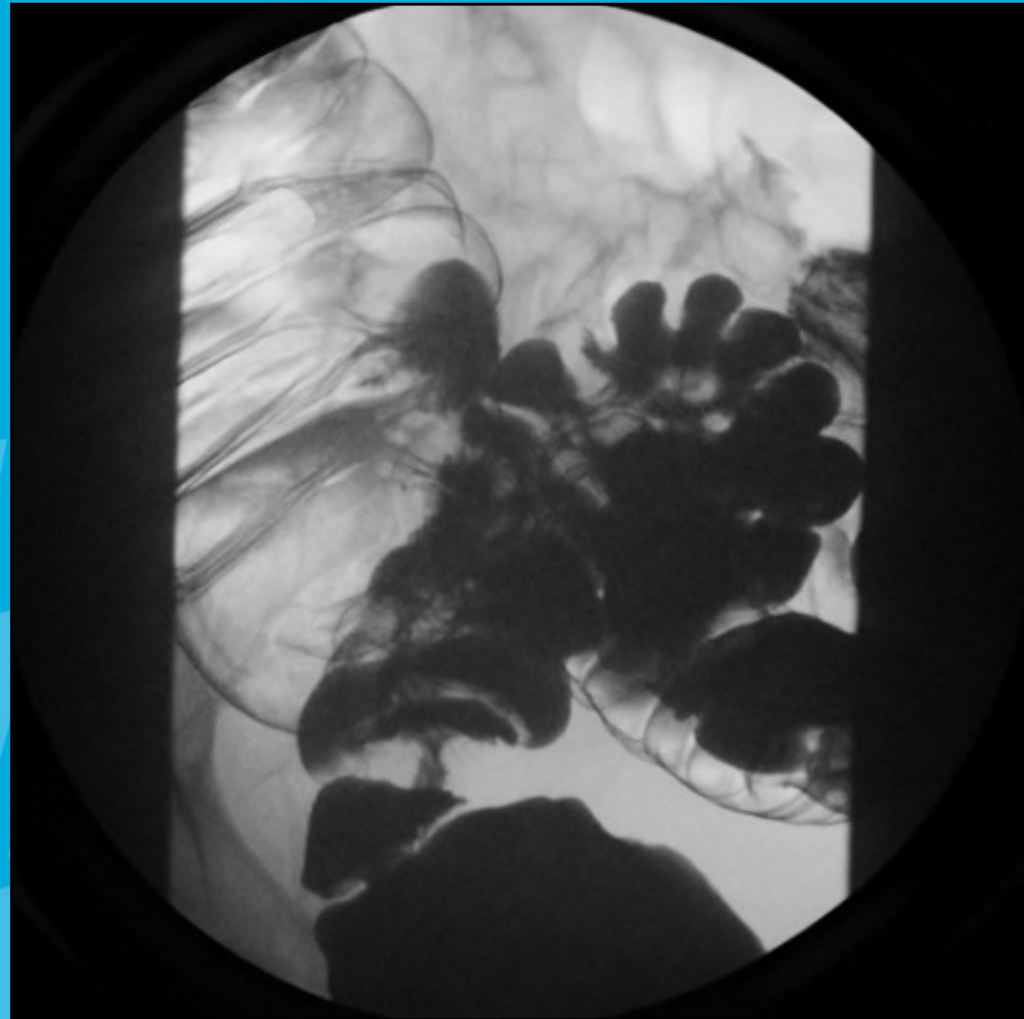
Clinical Protocol: Contribution of the midwife

- Preoperative visits
- Intervention
- Postoperative follow-up

Preoperative visit 1: intake

- History
- Vaginal examination
- Information about the disease
- Treatment protocol: medical, surgical, endometriosis–associated infertility
- Appointments *ultrasound, Bowel barium enema, Intravenous pyelogram, CAT scan thorax/diaphragm, relaxation therapist*

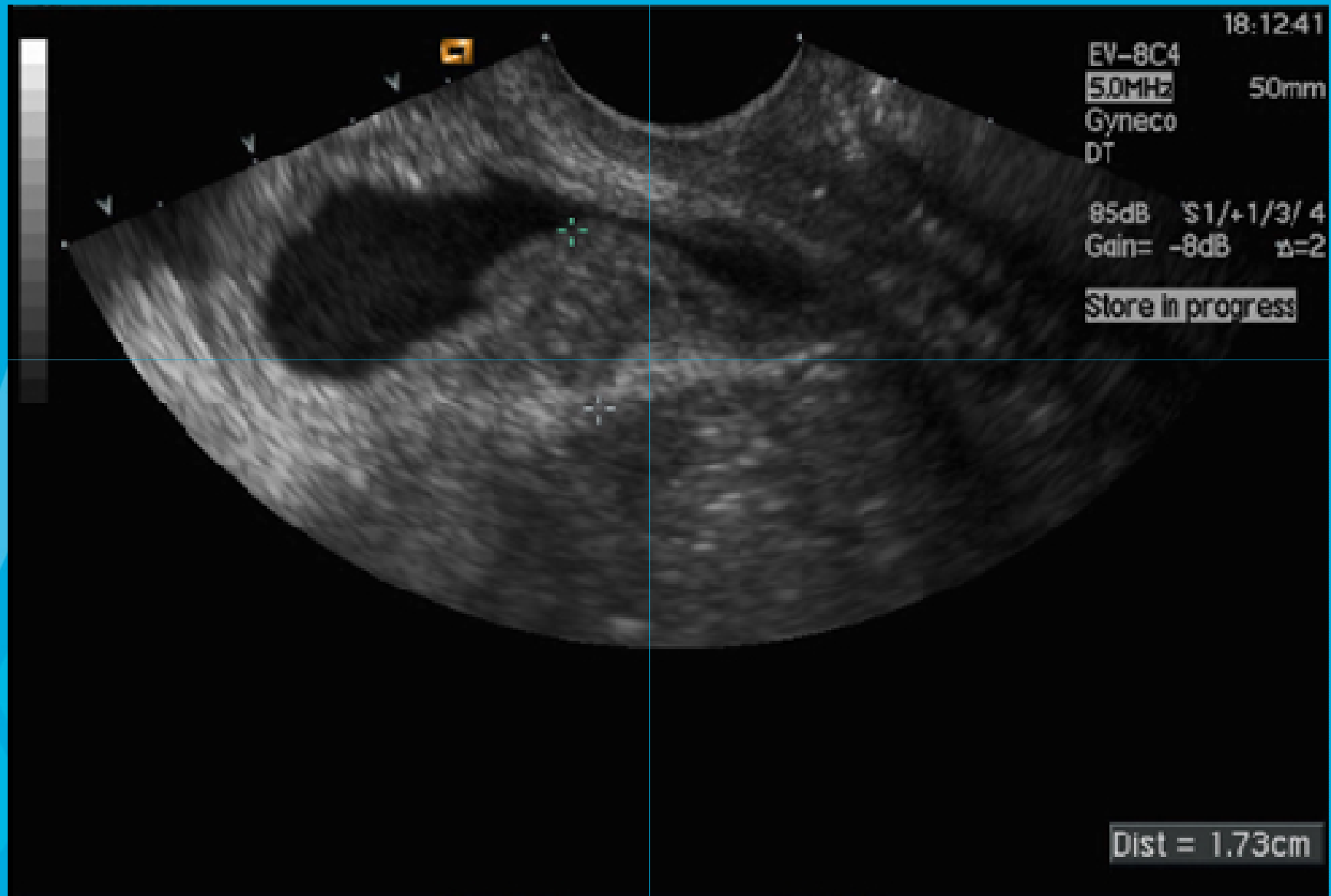
Bowel Barium enema



Intravenous pyelogram



Transvaginal ultrasound



Preoperative visit 2: final decision to level of intervention

- Results of exploration
- Evaluation medication
- Final admission demand
- Decision: level of intervention
- Information about intervention

Preoperative follow-up

- Every six months
- Evaluation medication and – pain
- Blood test serology and blood type
- Visit to anesthesiologist
- Informed consent
- LHRH-analogue (>3 months) if multidisciplinary
- Final information and guidelines about intervention

Intervention

Level 1: day care

Level 2: day care /hospitalization
(multidisciplinary back-up)

Level 3: hospitalization => multidisciplinary surgery

Intervention: level II-III

- Multidisciplinary
- Hospital Stay: *7 to 11 days, TED stockings, LMW-Heparin, Daily control of WBC+CRP, medication, Foley catheter*
- Expected intervention time 2-4 or more hours
- Double J stents (ureters)
- Anterior resection, Colon pouch,..
- Time to recover after surgery

Postoperative visit

- Urologist:
 - Double J stents out
- Colorectal surgeon:
 - Coloscopy/dietary measurements
- Midwife /Fertility surgeon
 - Recovery process
 - Pregnancy
 - Contraception: aim: to diminish the number of menstruations and/or the volume of blood loss

Postoperative follow-up

- Every six months //1 year...for at least two years
- Transvaginale ultrasound
- Consultation midwife and Fertility surgeon
 - Evaluation quality of life, pain
 - Contraception
 - Fertility treatment
 - Vaginal examination
- If necessary consultation Urologist ,Colorectal, Thoracic surgeon

Future

- Centers of excellence” and “specialist care”
- Important to learn women and girls how to live/manage chronic pain, deal with infertility, and how to increase coping skills.
- Special attention to adolescents and informing doctors at schools, GP’s,...
- Nutritionists/dieticians

Thank you for your attention

Anna Rijkers

Heidi Debie

Sophie Kurstjens

Christel Meuleman, MD

Carla Tomassetti, MD

Thomas D'Hooghe, MD, PhD