



10 top tips for endometriosis management in primary care

1. There will be as many women in your surgery with endometriosis as there are with either diabetes, asthma or back pain.
2. A 3 month menstrual diary found on line or as an app is a good diagnostic tool (also note cyclical bowel/urinary).
3. Appreciate the impact of symptoms on her psychological & social wellbeing.
4. Perform abdominal +/- pelvic and speculum examination & sexual health screening as appropriate.
5. USS is recommended to exclude endometriomas (warn patient TV scan is best) BUT a normal result does not exclude endometriosis



10 top tips for endometriosis management in primary care

6. Commence simple analgesia or COC/desogestrel at first visit (choice of treatment dependent on imminent fertility requirements).
7. On review recommend continuous hormonal treatment and sign post to Endometriosis UK for patient support.
8. Consider referral to secondary care if symptoms change or continue, or for patient choice.
9. Longer term concerns include managing fertility issues and chronic pain management where indicated.
10. Following surgical treatment (pelvic clearance) consider use of continuous HRT or tibolone for 12 months before changing to oestrogen only.