



used to treat the pain associated with endometriosis. It's best to take NSAIDs the day before period pain is expected.

Paracetamol can be used to treat mild pain but is not usually as effective as NSAIDs.

Codeine is a stronger painkiller that's sometimes combined with paracetamol or used alone if other painkillers aren't suitable. This comes in the form of a drug called Panadeine.

However, constipation is a common side effect that may aggravate the symptoms of endometriosis.

### **Hormonal treatments**

The next step to consider is hormonal treatments. This usually involves giving drugs to create a reversible pseudo-pregnancy or pseudo-menopause state which can stop ovulation and hence allow the endometrial tissue to regress and die.

In my clinic, we usually start off with a low dose combined oral contraceptive pill (COCP). The patient should try it for at least three cycles before seeing proper improvement in symptoms. As long as patients are young, non-smokers and have no contraindications to hormone usage, patients can use the COCPs for many years with good relief of symptoms.

The other hormonal options are that of testosterone derivatives (e.g. Danazol and progestogens such as Provera, Norethisterone and Depo-provera).

GnRH analogues are drugs which create a pseudo-menopause state. This group of drugs is given in the form of injections or nose sprays and is usually used only for short durations (e.g. 6 months). The side effects of GnRH analogues include menopausal symptoms such as hot flushes, vaginal dryness and reversible bone loss. Sometime we give patients hormonal tablets in the form of add-back therapy to alleviate these symptoms.

The Mirena coil can also be used to provide relief from some symptoms like heavy menses, along with the menstrual cramps. It is an intra-uterine device easily inserted during a patient's period and lasts for five years.

### **Surgery**

The final frontier in the management of endometriosis is skilled and effective surgery. Studies have shown that for patients with infertility resulting from endometriosis, surgery offers a better chance of achieving

pregnancy than medical treatments. Surgery is also advised for severe disease (e.g. large cysts or severe symptoms). The surgery is chosen and performed according to individual patient's needs.

Diagnostic laparoscopy helps to confirm the presence of endometriosis. Therapeutic surgery can also be done at the same occasion to remove pathology that is found. On the other hand, therapeutic laparoscopy helps to restore normal pelvic anatomy and excise endometriotic cysts, nodules and scar tissues. It aims to relieve pain and/or symptoms, and improve fertility. Hydrotubation is a simple procedure where blue fluid is flushed through the fallopian tubes to see if they are potent. In perimenopausal women or in women who already have complete families, a hysterectomy may be performed. **MG**

*\*Patient name was changed to protect privacy.*



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*Dr Dharshini is experienced in antenatal ultrasound as well as performing natural childbirth, assisted delivery (vacuum and forceps) and Caesarean-sections. She has extensively trained in gynaecological surgery (hysterectomies, myomectomies, cystectomies), laparoscopic (key-hole) procedures and has a keen interest in hysteroscopic surgeries (a non-invasive procedure to surgically treat small masses within the womb).*