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Endometriosis
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Introduction

Many people have heard about endometriosis but not a lot is understood about the condition. Endometriosis is a condition where endometrium, tissue that lines the inside of the uterus, grows outside the uterus. This tissue can grow around the ovaries, fallopian tubes, bowls, and bladder. When this occurs, the surrounding tissue becomes inflamed, swollen, and irritated which causes scarring. The resulting lesions impede the function of the organs that they surround. The inflammation and tissue damage can lead to bleeding and painful discomfort. There is much debate over the exact cause of endometriosis and how to best treat the condition. It is also hard to determine if pregnancy is a cause because of limited means of diagnosing. This can lead to misdiagnosis and patients unnecessarily living with pain related to untreated endometriosis. Research continues to be as ever and healthcare professionals will need to stay up to date on current findings.

Symptoms

- Symptoms widely vary in both occurrence and severity, which is why “it takes an average of 11.7 years for endometriosis to be diagnosed in a woman with symptoms.” (Schrager, Falleni, & Edgoose, 2013, p. 109).
- The most common symptoms are: dysmenorrhea, abdominal or pelvic pain, menorrhagia
- Pain may also be present in lower back, rectum, bladder, and even in the legs
- Dyspareunia (pain with intercourse)
- Dyschezia (painful bowel movements)

Underlying Pathophysiology

- The exact cause of endometriosis is unknown. There do appear to be aspects of chronic inflammation, impaired immune response suppression and inadequate fibrinolytic mechanisms at play (Augoulea, Alexandreou, Creats, Vrachnis, & Lambrinoudaki, 2012).
- Retrograde menstruation occurs and endometrial cells travel through the fallopian tubes and into the peritoneal cavity (Macer & Taylor, 2012).
- Endometrial cells implant outside of the uterus where they establish a blood supply, respond to hormones, proliferate and form the underlying structures. This elicits the inflammatory response and resulting pain and scarring (Tamas et al., 2014).
- Women may also have altered immunity that contributes to the proliferation of endometrial cells. There is reduced activity of cytotoxic T cells and natural killer cells (NK) that fail to kill the rogue tissue cells (Augoulea et al., 2012).
- Since endometriosis is a chronic disease, there are increased levels of leukocytes and macrophages present around the implanted endometrial tissue. These cells secrete cytokines and grow factors that further enhance the multiplication of endometrial cells (Macer & Taylor, 2012).
- Symptoms of endometriosis include: chronic pelvic pain, dyspareunia (pain during sex), and heavy menstrual bleeding. The level of incidence is difficult to determine because, at this time, many cases are not being diagnosed. Physical symptoms associated with endometriosis include: chronic pelvic pain, dyspareunia (pain during sex), and increased information gathering to guide research.

Significance of Pathophysiology

- Comorbidities: infertility, ovarian cysts, pelvic inflammatory disease, irritable bowel syndrome
- “Infertility is due to dysfunctional ovulation, poor egg quality, abnormal uterine endometrium, and compromised embryo implantation” (Tamas et al., 2014, p. 4987)
- Gold standard diagnostic is laparoscopy. This procedure is the only way to definitely visualize and biopsy endometriosis.
- There is no cure. So treatment focuses on symptom relief.
- “Pelvic inflammation and nerve infiltration result in pain” (Tamas et al., 2014, p. 4987). Pain is often initially managed with nonsteroidal anti-inflammatory drugs.
- Pain can also be managed with hormone therapy and the use of combination oral contraceptives, estrogen and progesterone. These prevent the ovaries from producing hormones and therefore slowing the growth of endometriosis.
- If NSAIDs and hormonal contraceptives are ineffective, gonadotropin-releasing hormone (GnRH) analogues may be beneficial in blocking the menstrual cycle (Schrager et al., 2013).
- Laparoscopic surgery can be used to remove or destroy endometrial lesions in order to restore the normal anatomy. This can relieve pain and help treat infertility due to endometriosis (Duffy et al., 2014). The goal is to stop progression but disease recurrence is still a possibility following surgery.

1 in 10 women are affected by Endometriosis

Implications for Nursing care

- Obtain complete medical history.
- Assessment, monitoring, and management of the patient’s pain.
- Ask about patient’s family planning. Treatment options vary depending on if pregnancy is desired.
- Provide education on medications and treatment options.
- Advise that cancers can recur with medication discontinuation.
- Encourage communication and discussion about the effects the disease has on their life, sexual activity, and fertility. Refer to counseling as needed.
- In the presence of infertility, provide guidance on fertility options and refer to specialist if required.

Conclusion

Endometriosis affects women, usually in their 30s or 40s, and it is notoriously difficult to diagnose. This difficulty is due to the fact that women either do not display associated signs and symptoms or the symptoms they do present with are misdiagnosed. Physical symptoms associated with endometriosis include: chronic pelvic pain, dyspareunia (pain during sex), and increased information gathering to guide research. Researchers are looking for less invasive approaches to diagnosing and there is exciting new research trying to stage and classify endometriosis based on genomic data.

References


