



Fertility Circle is CARE Tunbridge Wells' face-to-face support group – whether you're our patient or not – so you can come along and unload your experiences of fertility treatment and get some friendly advice and information. We hope we'll be able to resume **Fertility Circle** soon, but for now, we hope this month's Newsletter will give you some insights and knowledge about treatment options.

Endometriosis is estimated to affect 1 in 10 women. It's a condition that's relatively poorly understood and hard to diagnose as there's limited knowledge about what causes endometriosis, particularly how and why it develops; it also mimics other conditions such as Irritable Bowel Syndrome (IBS) or uterine fibroids, amongst others.

Endometriosis is where cells, similar to those found in the womb lining (endometrium), are found outside the pelvic organs (endometrial implant). The problem with endometriosis is that when this displaced tissue reacts to hormonal changes in the menstrual cycle, it builds up, breaks down and results in a bleed in the same way that happens with a period, but because there's no way for it to exit the body, it becomes trapped and leads to inflammation, swelling and scarring. This can result in cysts on the ovaries (endometriomas), scarring and adhesions (bands of endometriotic tissue) which cause pelvic organs and tissues to stick to each other.

It can cause intense pain, especially at the time of a menstrual period, but there can also be pain with intercourse, bowel movements or urination. Other symptoms include fatigue, diarrhoea, constipation, bloating or nausea, particularly during menstrual periods. Pain, though, is a poor indicator: you might have mild endometriosis with a lot of pain or severe endometriosis with little or even no pain.

When should you seek help? If you have symptoms, it can be hard to figure out what's "normal" or not but as early diagnosis is key to managing this condition, consider seeing your GP if you have:

- short menstrual cycles (less than 27 days)
- heavy menstrual bleeds that last longer than 7 days
- family history (mum, aunt or sister) with endometriosis
- difficulty in conceiving

Your GP will decide whether to refer you to a Gynaecologist specialising in the treatment of endometriosis. Some treatment options include just surgery: laparoscopic surgery (where a thin tube with a camera is inserted via a small incision to take a look at the abdominal cavity) can

evaluate the extent of the endometriosis to then proceed with removing the endometriotic tissue. Other treatment options might include hormonal therapy and pain relief.

Our Medical Director, Dr Andrina Louisy, says: "Many women with endometriosis do go on to conceive naturally, usually within about six months after laparoscopic surgery. For women with severe endometriosis, who perhaps require more frequent treatment to endometriosis, timing is crucial as there's a balance between needing to start hormonal therapy and trying to conceive: **IVF** is, of course, a great treatment option for endometriosis sufferers who want to get pregnant because eggs are fertilised with sperm in the laboratory and then the fertilised embryo is placed into your uterus to implant and grow, so fallopian tubes are bypassed altogether."

It's not clear how endometriosis plays a part in infertility but it's possible that because it can distort pelvic tissues, this may block the fallopian tubes which stops an egg becoming fertilised by sperm. With severe endometriosis, the ovaries can become distorted and cysts can form within the ovary, either preventing ovulation or stopping the ovulated egg from being released.

Some women may want to consider **alternative treatments** in conjunction with medical or surgical approaches; for information on these, go to **SHE Trust (UK)** shetrust@shetrust.org.uk or **telephone 08707 743665** for information on holistic information and support. **Acupuncture** can offer a positive and beneficial treatment by lowering stress hormones, improving blood flow to the pelvic area, ovaries and uterus, reduce contractions of the uterus and regulate the immune system. Our **March Newsletter** looked at alternative therapies and how they could help support the process of assisted conception.

Women coping with the severe pain of endometriosis are more likely to suffer from anxiety or depression. Wanting to get pregnant adds to this worry and places a considerable strain on relationships. Being confronted by a decision on whether to have children, perhaps earlier than planned, because of a concern about leaving it too late, or whether there's a greater need to focus on the treatment of endometriosis can lead to conflict. Balancing a choice about having hormonal treatment to manage the condition, which can act as a contraceptive, or perhaps your partner has different priorities. Partners can feel isolated, angry and frustrated with a condition that is very difficult to cope with. Sharing how you feel with each other and looking at ways to lessen the demands of work and finding time to spend together will help you both feel more positive about planning for the future.

Finding the advice and support you both need: **Endometriosis UK** www.endometriosis-uk.org provides vital support services, reliable information and a community for those affected by endometriosis. Their **helpline** is **0808 808 2227**.

CARE is proud to be partnered with **Fertility Network UK** with **The Patient Pledge** to offer the very best support for patients and their partners. **FNUK** offers online Support Groups and webinars and there's also a Support Line 0121 323 5025 (10 am – 4 pm) Monday, Wednesday and Friday or email support@fertilitynetworkuk.org

If you know you have endometriosis and you're aged under 35 and have been trying to conceive for more than 12 months **or** if you're aged over 35 and have been trying to get pregnant for more than 6 months, seek help, either from your GP for onward referral to an NHS Fertility clinic.

Book a 1-2-1 appointment to outline your fertility journey so far and hear about the options available to you here at **CARE Tunbridge Wells** by contacting our Central Bookings team on **0800 564 2270**. For information about our **CARE finance packages**, our **CAREPay team** can be contacted on **0800 033 4333** for details of our **Multi-Cycle, Refund and Donor Egg IVF Refund Programmes**.

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Links and resources:

Video: this month's video is courtesy of Endometriosis UK where former Trustee Carol Pearson's TEDxBrighton "Rewriting Red Hiding Hood" gives a raw, funny and positive take on her experience of endometriosis: http://www.youtube.com/watch?v=g1D_ya4cJ8E

For advice for couples jointly produced by Endometriosis UK and De Montfort University:

 [Endometriosis and Couples Leaflet.pdf](#)

[Fertility Network \(fertilitynetworkuk.org\)](http://fertilitynetworkuk.org) support@fertilitynetworkuk.org

[Fertility Information Events | CARE Fertility](#)

Our next CARE Online Support Meeting is on Wednesday 6th October at 7 pm

Support for men at CARE: our next Male Focus Online Support Group event is on Monday 27th September at 7 pm.

Or get your walking boots on for our **CARE Walk 'n' Talk event** on Sunday 3rd October at 11 am at **Cannon Hill Park, Birmingham**. Walk 'n' Talk Therapy provides a relaxed, informal walk to combine taking gentle exercise with getting support and connecting with others on their fertility journey.

With love,
CARE Tunbridge Wells xx

For more information about Fertility Circle, please contact: Jan.Reece@carefertility.com