

Integrated Primary to Secondary Care Pathway for Women with Suspected, Confirmed or Recurrent Endometriosis

(from NICE Guideline 73 and adapted for NHS Scotland)

First Presentation

Suspect endometriosis (including in young women aged 16 and under) with 1 or more symptoms of:

- chronic pelvic pain
- period-related pain (dysmenorrhoea) affecting daily activities and quality of life
- deep pain during or after sexual intercourse
- period-related or cyclical gastrointestinal symptoms, in particular painful bowel movements
- period-related or cyclical urinary symptoms, in particular, blood in the urine or pain passing urine
- infertility in association with 1 or more of the above.

Assess women's individual information and support needs

Take into account their circumstances, symptoms, priorities, desire for fertility, aspects of daily living, work and study, cultural background, and their physical, psychosexual and emotional needs.

Initial Assessment

Initial Assessment and Investigations

- Discuss keeping a pain and symptom diary
- Offer abdominal and pelvic examination to identify abdominal masses and pelvic signs
- Consider transvaginal or transabdominal ultrasound scan** to investigate pain even if examination is normal
- Do not use Pelvic MRI or CA-125** to diagnose endometriosis
- Do not exclude** the possibility of endometriosis if the **abdominal** and/or **pelvic examinations** or **ultrasound** are **normal**
- Consider STI screening for women under 25 or those who have any risk factors
- Discuss the diagnosis of suspected endometriosis and provide information about endometriosis, symptoms, diagnosis, management and long term impact including fertility - [endometriosis patient information leaflet](#).
- Consider management of chronic pain including pharmaceutical and non-pharmaceutical strategies – [SIGN 136](#)

**Be aware that endometriosis can be a long-term condition that can have a significant physical, sexual, psychological and social impact.
Women may have complex needs and may require long-term support.**

Initial Management

Offer **initial management** with:

- paracetamol or non-steroidal anti-inflammatory drug (NSAID) for the management of pain in combination with;
- Hormonal contraception (combined hormonal contraception such as; combined pill, patch or ring, LNG-IUS, progestogen only pill, DMPA injection) for 6 months.
- refer to [SIGN 136](#) Management of Chronic Pain for treatment of neuropathic pain.

If **fertility is a priority**, the management of endometriosis-related subfertility should have multidisciplinary team involvement with input from a fertility specialist. This should include recommended diagnostic fertility tests or preoperative tests and others recommended fertility treatments such as assisted reproduction.

Consider referral to a **gynaecology** if;

- hormonal treatment is declined/ not wanted.
- a trial of pain management in combination with hormonal treatment does not provide adequate pain relief **AND/OR**
- initial hormonal treatment for endometriosis is not effective, not tolerated, is contraindicated or symptoms recur following surgical treatment of endometriosis.

Referral

Consider referral to a **gynaecology service**:

- for severe, persistent or recurrent symptoms of endometriosis for pelvic signs of endometriosis, **or**
- if initial management is not effective, not tolerated or is contraindicated.

Refer women to a **specialist endometriosis service** (endometriosis centre) if they have **surgically confirmed** deep endometriosis involving the bowel, bladder and/or ureter.

Consider referring young women (aged under 16) to a **paediatric and adolescent gynaecology service**, or **paediatric service** depending on local service provision.

PRIMARY CARE

