Physician Conversation Guide

Endometriosis

Be mindful that many individuals with endometriosis experience a diagnostic delay of 7-8 years with at least 10 physician visits before receiving an accurate diagnosis and treatment. This lag is attributed to a common diagnostic presumption of dysmenorrhea rather than endometriosis. This clinical challenge likely persists because not all patients present with typical symptoms.

Common Presenting Symptoms for Endometriosis:

- Heavy bleeding with possible blood clots or irregular menstrual cycles
- Light bleeding (spotting) between menstrual cycles
- Severe menstrual cramps
- Abdominal, pelvic and/or back pain during or in between menstrual cycles
- Pain during intercourse (dyspareunia)
- Infertility
- Pain with urination or bowel movements
- Gastrointestinal complaints (ie, diarrhea, constipation, bloating, nausea).
- Fatigue

Criteria and Prompts to Discuss with Patient:

- Ask about a family history of endometriosis
- Inquire about the severity and timing of symptoms, including:
    - Menstrual cycle:
        - When did you first experience heavy or painful menstrual bleeding?
        - Does the pain get worse during menstrual cycles, when having sex, or is it constant?
        - Does anything seem to make menstrual pain better or worse?
    - Do you experience pain and/or pressure in your abdomen, pelvic area, or back?
    - How would you describe the pain: sharp, burning, dull, throbbing?
    - Have you noticed blood clots during menstrual bleeding?
    - Have you had any changes in the frequency of urination or bowel movements?
    - Have you experienced any significant health changes in weight, stress, sleep?

Key Information to Gather:

- Quality and characteristics of bleeding and pain
- Timing of symptoms
- Relationship of symptoms to the menstrual cycle (ie, Is there a consistent pattern)
- Whether symptoms adversely impact activities of daily living or interfere with work, relationships, and activities of daily living

AMWA
The Vision and Voice of Women in Medicine

Sources:
UpToDate. Endometriosis: Clinical features, evaluation, and diagnosis.
ESHRE Endometriosis Guideline Group. ESHRE Guideline: Endometriosis.

Supported by an unrestricted educational grant from Pfizer.

Patient Conversation Guide

Endometriosis

What should I tell my doctor about how endometriosis is affecting me?

The symptom causing me the most distress is:

- **Pain**
  - Describe where it hurts (eg, middle of my abdomen, my pelvic region, my lower back)
  - When does the occur pain? (eg, I feel pain all the time, when I go to the bathroom, when I increase my activity, when I have my period)
- **Bleeding**
  - Describe the timing and flow (e.g. heaviest during my period, spotting all the time, heavier when I am active, worse after having sex)
- **Other symptoms or issues**
  - I've noticed some other bothersome symptoms (e.g., diarrhea, low mood, migraines, weight gain)
  - I'm having difficulty with (eg, getting pregnant, sleeping well, having the energy to get through the day)

- This is what a good day looks like for me ...
- This is what a bad day looks like for me ...
- This is what helps me feel better ...

Here is what I want you (my doctor) to know about me:

- My priority for treatment is (select all that are important):
  - Less pain
  - Less bleeding
  - Not feeling so bloated all the time
  - Getting better sleep
  - Improving my mood
  - Maintaining my fertility
  - Other
- I want to learn:
  - What's causing these symptoms?
  - How can I manage these symptoms so they don't disrupt my work/school, sleep, daily activities, and exercise?
  - Is surgery necessary?
  - Can you assure me that treatment will not prohibit my ability to get pregnant?
  - Other
- I want more information about:
  - Treatment options
  - Benefits and risks of surgery
  - Other

Sources:
UpToDate. Endometriosis: Clinical features, evaluation, and diagnosis.
Becker CM et al. ESHRE Endometriosis Guideline Group. ESHRE Guideline: Endometriosis.

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Remember to take this with you to your appointment