

# Diagnosing and assessing endometriosis

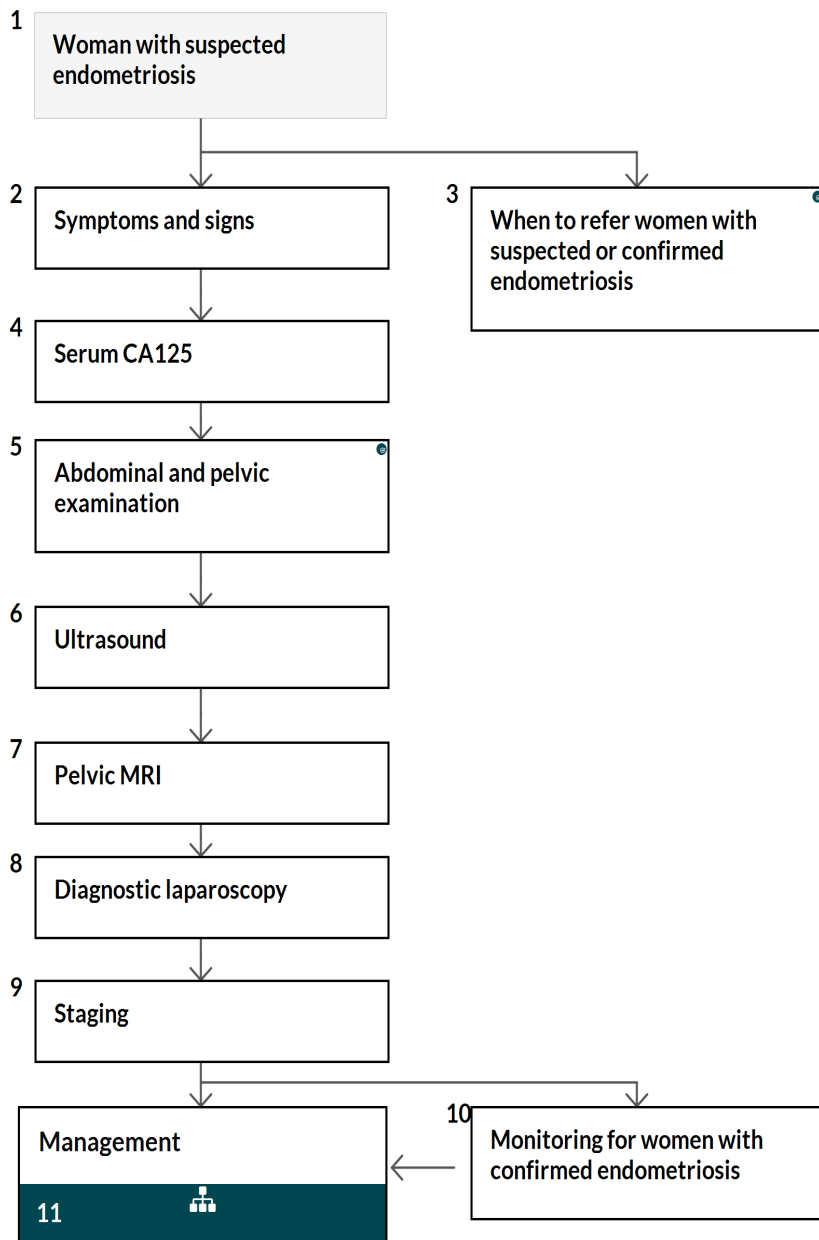
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/endometriosis>

NICE Pathway last updated: 02 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Woman with suspected endometriosis

No additional information

## 2 Symptoms and signs

Suspect endometriosis in women (including young women aged 17 and under) presenting with 1 or more of the following symptoms or signs:

- 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.

Inform women with suspected or confirmed endometriosis that keeping a pain and symptom diary can aid discussions.

## 3 When to refer women with suspected or confirmed endometriosis

Do not exclude the possibility of endometriosis if the abdominal or pelvic examination, ultrasound or MRI are normal. If clinical suspicion remains or symptoms persist, consider referral for further assessment and investigation.

Consider referring women to a gynaecology service (see [organisation of care](#)) for an ultrasound or gynaecology opinion if:

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

Refer women to a specialist endometriosis service (endometriosis centre; see [organisation of care](#)) if they have suspected or confirmed deep endometriosis involving the bowel, bladder or ureter.

Consider referring young women (aged 17 and under) with suspected or confirmed endometriosis to a paediatric and adolescent gynaecology service, gynaecology service or specialist endometriosis service (endometriosis centre), depending on local service provision (see [organisation of care](#)).

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Referral for deep endometriosis

### 4 Serum CA125

Do not use serum CA125 to diagnose endometriosis.

If a coincidentally reported serum CA125 level is available, be aware that:

- a raised serum CA125 (that is, 35 IU/ml or more) may be consistent with having endometriosis
- endometriosis may be present despite a normal serum CA125 (less than 35 IU/ml).

### 5 Abdominal and pelvic examination

Offer an abdominal and pelvic examination to women with suspected endometriosis to identify abdominal masses and pelvic signs, such as reduced organ mobility and enlargement, tender nodularity in the posterior vaginal fornix, and visible vaginal endometriotic lesions.

If a pelvic examination is not appropriate, offer an abdominal examination to exclude abdominal masses.

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Presentation with suspected endometriosis

## 6 Ultrasound

Consider transvaginal ultrasound:

- to investigate suspected endometriosis even if the pelvic and/or abdominal examination is normal
- to identify endometriomas and deep endometriosis involving the bowel, bladder or ureter.

If a transvaginal scan is not appropriate, consider a transabdominal ultrasound scan of the pelvis.

## 7 Pelvic MRI

Do not use pelvic MRI as the primary investigation to diagnose endometriosis in women with symptoms or signs suggestive of endometriosis.

Consider pelvic MRI to assess the extent of deep endometriosis involving the bowel, bladder or ureter.

Ensure that pelvic MRI scans are interpreted by a healthcare professional with specialist expertise in gynaecological imaging.

## 8 Diagnostic laparoscopy

Also see [surgical management](#).

Consider laparoscopy to diagnose endometriosis in women with suspected endometriosis, even if the ultrasound was normal.

For women with suspected deep endometriosis involving the bowel, bladder or ureter, consider a pelvic ultrasound or MRI before an operative laparoscopy.

During a diagnostic laparoscopy, a gynaecologist with training and skills in laparoscopic surgery for endometriosis should perform a systematic inspection of the pelvis.

During a diagnostic laparoscopy, consider taking a biopsy of suspected endometriosis:

- to confirm the diagnosis of endometriosis (be aware that a negative histological result does

- not exclude endometriosis)
- to exclude malignancy if an endometrioma is treated but not excised.

If a full, systematic laparoscopy is performed and is normal, explain to the woman that she does not have endometriosis, and offer alternative management.

## 9 Staging

When endometriosis is diagnosed, the gynaecologist should document a detailed description of the appearance and site of endometriosis.

## 10 Monitoring for women with confirmed endometriosis

Consider outpatient follow-up (with or without examination and pelvic imaging) for women with confirmed endometriosis, particularly women who choose not to have surgery, if they have:

- deep endometriosis involving the bowel, bladder or ureter **or**
- 1 or more endometrioma that is larger than 3 cm.

## 11 Management

[See Endometriosis / Managing endometriosis](#)

## Glossary

### chronic pelvic pain

(pelvic pain lasting for 6 months or longer)

## Sources

[Endometriosis: diagnosis and management](#) (2017) NICE guideline NG73

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

## Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.



Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.