NICE National Institute for Health and Care Excellence

NICE Pathways

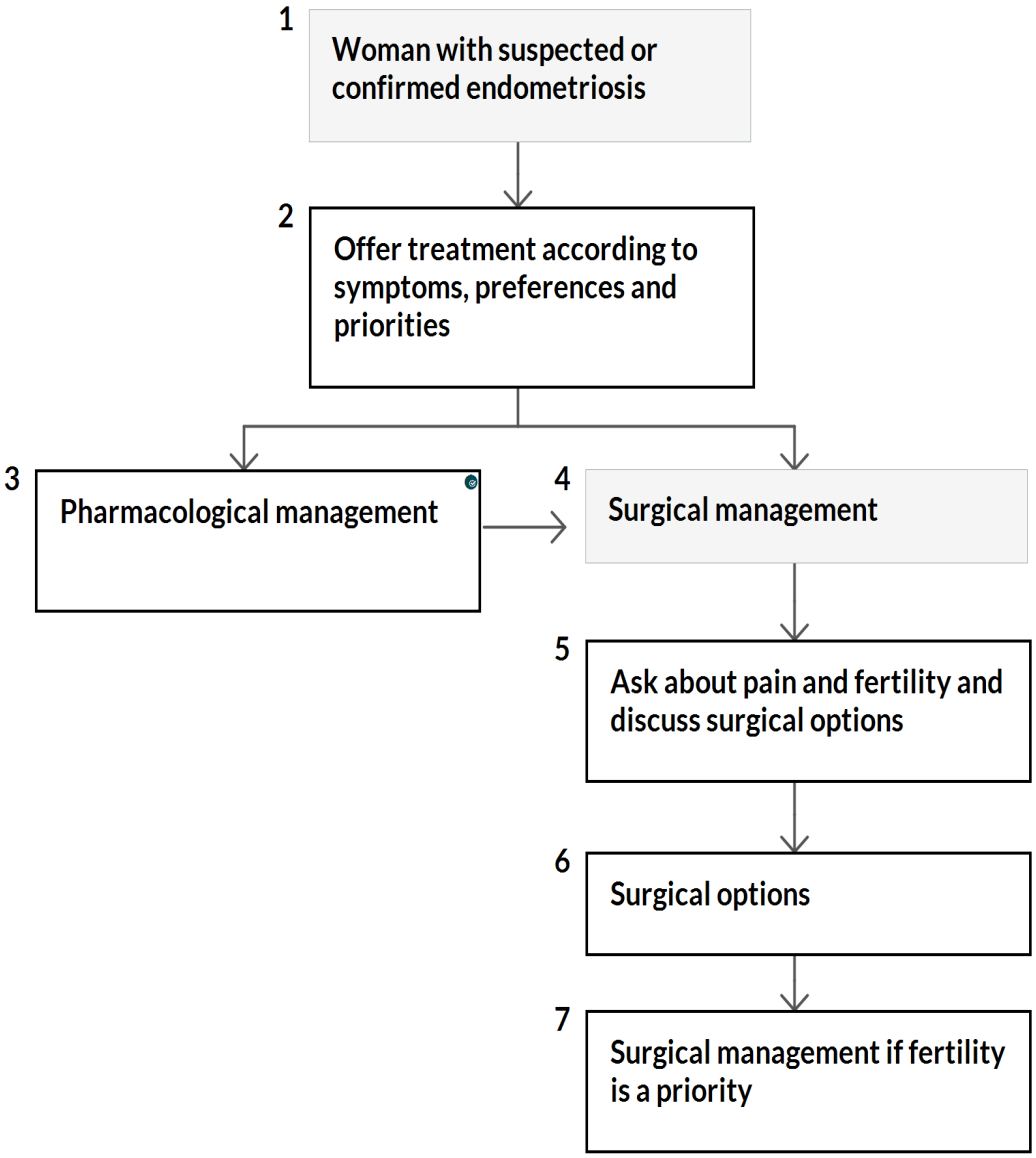
Managing endometriosis

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 or confirmed endometriosis

No additional information

2 Offer treatment according to symptoms, preferences and priorities

Offer endometriosis treatment according to the woman's symptoms, preferences and priorities, rather than the stage of the endometriosis.

Advise women that the available evidence does not support the use of traditional Chinese medicine or other Chinese herbal medicines or supplements for treating endometriosis.

3 Pharmacological management

Analgesics

For women with endometriosis-related pain, discuss the benefits and risks of analgesics, taking into account any comorbidities and the woman's preferences.

Consider a short trial (for example, 3 months) of paracetamol or an NSAID(alone or in combination) for first-line management of endometriosis-related pain.

If a trial of paracetamol or an NSAID (alone or in combination) does not provide adequate pain relief, consider other forms of pain management and referral for further assessment.

Neuromodulators and neuropathic pain treatments

For recommendations on using neuromodulators to treat neuropathic pain, see NICE's recommendations on neuropathic pain.

Hormonal treatments

NICE has produced a patient decision aid on hormonal treatment for endometriosis.

Explain to women with suspected or confirmed endometriosis that early hormonal treatment for endometriosis can reduce pain and has no permanent negative effect on subsequent fertility.

Offer hormonal treatment (for example, the combined oral contraceptive pill or a progestogen[1])

[1] At the time of publication (September 2017), not all combined oral contraceptive pills or progestogens have a UK marketing authorisation for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the GMC's Prescribing guidance: prescribing unlicensed medicines for further information.

to women with suspected, confirmed or recurrent endometriosis.

If initial hormonal treatment for endometriosis is not effective, not tolerated or is contraindicated, refer the woman to a gynaecology service, specialist endometriosis service (endometriosis centre) (see organisation of care) or paediatric and adolescent gynaecology service for investigation and treatment options.

Quality standards

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

2. Referral after initial hormonal treatment

4 Surgical management

No additional information

5 Ask about pain and fertility and discuss surgical options

Ask women with suspected or confirmed endometriosis about their symptoms, preferences and priorities with respect to pain and fertility, to guide surgical decision-making.

Discuss surgical management options with women with suspected or confirmed endometriosis. Discussions may include:

- what a laparoscopy involves
- that laparoscopy may include surgical treatment (with prior patient consent)
- how laparoscopic surgery could affect endometriosis symptoms
- the possible benefits and risks of laparoscopic surgery
- the possible need for further surgery (for example, for recurrent endometriosis or if complications arise)
- the possible need for further planned surgery for deep endometriosis involving the bowel, bladder or ureter.

6 Surgical options

Laparoscopic treatment

Perform surgery for endometriosis laparoscopically unless there are contraindications.

During a laparoscopy to diagnose endometriosis, consider laparoscopic treatment of the following, if present:

- peritoneal endometriosis not involving the bowel, bladder or ureter
- uncomplicated ovarian endometriomas.

As an adjunct to surgery for deep endometriosis involving the bowel, bladder or ureter, consider 3 months of gonadotrophin-releasing hormone agonists[1] before surgery.

Consider excision rather than ablation to treat endometriomas, taking into account the woman's desire for fertility and her ovarian reserve. Also see ovarian reserve testing in NICE's recommendations on fertility.

Laparoscopic helium plasma coagulation

NICE has published interventional procedures guidance on laparoscopic helium plasma coagulation for the treatment of endometriosis with **special arrangements** for consent and for audit or research.

Combination treatment

After laparoscopic excision or ablation of endometriosis, consider hormonal treatment (with, for example, the combined oral contraceptive pill)[2], to prolong the benefits of surgery and manage symptoms.

Hysterectomy in combination with surgical management

If hysterectomy is indicated (for example, if the woman has adenomyosis or heavy menstrual bleeding that has not responded to other treatments), excise all visible endometriotic lesions at the time of the hysterectomy.

Perform hysterectomy (with or without oophorectomy) laparoscopically when combined with surgical treatment of endometriosis, unless there are contraindications.

[1] At the time of publication (September 2017), not all gonadotrophin-releasing hormone agonists have a UK marketing authorisation for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

[2] At the time of publication (September 2017), not all hormonal treatments (including not all combined oral contraceptive pills) have a UK marketing authorisation for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

For women thinking about having a hysterectomy, discuss:

- what a hysterectomy involves and when it may be needed
- the possible benefits and risks of hysterectomy
- the possible benefits and risks of having oophorectomy at the same time
- how a hysterectomy (with or without oophorectomy) could affect endometriosis symptoms
- that hysterectomy should be combined with excision of all visible endometriotic lesions
- endometriosis recurrence and the possible need for further surgery
- the possible benefits and risks of hormone replacement therapy after hysterectomy with oophorectomy (also see NICE's recommendations on menopause).

7 Surgical management if fertility is a priority

These recommendations should be interpreted within the context of NICE's recommendations on fertility. The management of endometriosis-related subfertility should have multidisciplinary team involvement with input from a fertility specialist. This should include the recommended diagnostic fertility tests or preoperative tests as well as other recommended fertility treatments such as assisted reproduction that are included in NICE's recommendations on fertility.

Offer excision or ablation of endometriosis plus adhesiolysis for endometriosis not involving the bowel, bladder or ureter, because this improves the chance of spontaneous pregnancy.

Offer laparoscopic ovarian cystectomy with excision of the cyst wall to women with ovarian endometriomas, because this improves the chance of spontaneous pregnancy and reduces recurrence. Take into account the woman's ovarian reserve. (Also see ovarian reserve testing in NICE's recommendations on fertility.)

Discuss the benefits and risks of laparoscopic surgery as a treatment option for women who have deep endometriosis involving the bowel, bladder or ureter and who are trying to conceive (working with a fertility specialist). Topics to discuss may include:

- whether laparoscopic surgery may alter the chance of future pregnancy
- the possible impact on ovarian reserve (also see ovarian reserve testing in NICE's recommendations on fertility)
- the possible impact on fertility if complications arise
- alternatives to surgery
- other fertility factors.

Do not offer postoperative hormonal treatment to women with endometriosis who are trying to conceive, because it does not improve spontaneous pregnancy rates.

Glossary

NSAID

non-steroidal anti-inflammatory drug

ovarian cystectomy

(surgical excision of an ovarian endometriotic cyst (an ovarian endometrioma is a cystic mass arising from ectopic endometrial tissue within the ovary))

paediatric and adolescent gynaecology service

(hospital-based, multidisciplinary specialist services for girls and young women (usually aged under 18))

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.