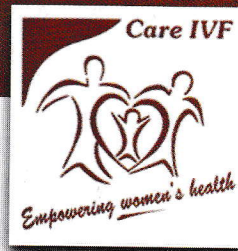


PELVIC PAIN



HAVING PAINFUL PERIODS?



Care IVF

What a Pain it is !

Endometriosis is a hormonal and immune system disease. It occurs when the tissue that lines the uterus (the endometrium) grows outside the uterus—in places where it doesn't belong. It affects girls and women from preteen to postmenopause. Endometriosis has many symptoms including heavy or irregular menstrual periods, bloating, gastrointestinal problems, infertility, and fatigue, but the number one symptom of endometriosis is the one that gets our attention like a hammer on a thumb—is usually Pain.

Not just "the cramps" !

An survey showed that girls and women with endometriosis experience pain at a variety of time :

- 95% said they experience pain at the time of their periods
- 83% at the time of ovulation
- 64% during or after sex
- 31% related to urination

Research also shows that endometriosis pain is severe :

- 45% said their pain was moderate to severe
- 17% said it was severe
- Severe pain was particularly significant in those who began their first pelvic symptoms before age 15.
- 79% of women with endometriosis are unable to carry on their normal work at times due to endo (not counting time off for surgery).

Endometriosis pain is a very big deal !

It's not all in your head

Even though endometriosis is fairly common disease affecting an estimated 90 million worldwide, it is under recognized, under diagnosed, and under treated.

It takes an average of nine to ten years from onset of symptoms to accurate diagnosis. About half that time is because girls and women don't report

the symptoms to their physicians. The other half is because doctors are not taking the symptoms seriously.

Why is that ?

Girls and women are often taught that menstrual pain is normal. They are told, "it's part of being a woman," "Don't be a baby," and "You'll just have to learn to live with it," by parents, teachers, coworkers, friends, and other who don't understand endometriosis. And since talking about menstruation and sex-related issues is still somewhat taboo. It's not a topic of conversation that is easy for most girls and women to pursue.

When they finally go to their physicians and report pelvic pain, girls and women are very often not taken seriously. 42% of women with endometriosis report that they've been told they are exaggerating their pain and of those 52% were told that by their gynecologists !

Pain is tough for physicians to assess since they can't measure it objectively the way they can measure temperature or blood pressure. They must rely on the patient to explain their pain accurately.

Using a pain map and a pain journal can be enormously helpful in communicating with your physician. Share as much information about your pain as you can, including :

- Date and time, including day of menstrual cycle
- Activity - exercise, sleep, bowel movements, etc.
- Pain intensity - on a scale of 0 - 10, how bad is it?
- What did you try - aspirin, heat, massage, etc.
- Diet - many women with endometriosis have allergies and sensitivities, so be careful to check for patterns of pain after eating certain foods.

How endometriosis causes pain

There is nothing simple about endometriosis ! This puzzling disease can cause pain in a number of ways.

- **Inflammation.** Inflammation can cause tissue damage that creates pain.

- **Pressure/stretching.** Endometriosis or adhesions may be pushing against or pulling tissues, causing pain.

- **Adhesions,** Adhesions may damage nerves or strangle tissue, cutting off blood supply to areas of the body. Adhesions are caused by endometriosis and may also be caused by surgery to remove endometriosis.

- **Nerve involvement.** Nerves may be altered, entrapped, or damaged by the chronic irritation of endometriosis.

- **Increased prostaglandin production.** Endometriosis lesions create their own prostaglandins, (hormone-like substances) some of which cause pain by causing strong muscle contractions and inflammation.

Treatments

There is no surefire cure for endometriosis, but there are many ways to treat endometriosis pain. You and your treatment providers will have to decide on the pain treatment that is right for you from options of surgery to remove as much of the endometriosis lesions as possible; hormone therapy; over the counter pain pills; topical pain treatments; heat; massage; prescription drugs or hysterectomy.

Your first step is to become informed. Endometriosis isn't simple. Chances are, you'll see more than one treatment provider and use more than one treatment. Your job is to make sure all your treatment providers know about every treatment you're using and have used. Don't assume that because something doesn't require a prescription that it is safe or will not interact with something else you're using.

You need to be your own case manager. This means you'll ask for and keep medical records, your pain journal, test results, etc. You are the leader of your pain management team—make sure you communicate effectively with all the members of your team.

Pelvic Pain Is Not Normal Period.

Killer Cramps ?

More than "cramps," ongoing pelvic pain is the leading sign of endometriosis, a common, serious, medical illness.

Are you at risk ?

- 10 points if you said yes to question #1. 5 points for each yes to question # 2 - 5.
- If you said yes to any question, you should tell a doctor about your symptoms.
- If you have 10 points or more, you clearly have risk factors for endometriosis.

CHECK FOR YES

For at least six months have you had...

1. Pelvic pain ? The pain may have a monthly pattern, for example being worst during your period and/or midcycle. Some have constant pain.
2. Fatigue, exhaustion, low energy ?
3. Diarrhea , pain full bowel movements, or other stomach upset at the time of your period?
4. Stomach bloating and swelling ?
5. Heavy or irregular periods ?

Services

- Pre Conception Counselling
- Infertility Workup
- IUI or Intra Uterine Insemination
- IVF or In Vitro Fertilization
- ICSI or Intra Cytoplasmic Sperm Injection
- Oocyte Donation and Egg Sharing Programmes
- Surrogacy
- Embryo Freezing and Oocyte Freezing
- Cyro Preserved Semen Bank
- Andrology Clinic
- TESA and PESA
- Basic and Advanced Endoscopic Surgery
- Hormone Analysis
- Genetic Counselling
- Pre Implantation Genetic Diagnosis (PGD)
- Pre Implantation Genetic Screening (PGS)
- Recurrent Miscarriage Clinic
- Nutrition Clinic
- Pharmacy



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