

Patient information from BMJ

Last published: Oct 10, 2022

Endometriosis: what are the treatment options?

Endometriosis happens when tissues that make up the lining of your womb spread and grow outside your womb. It can cause pain and it can make it harder to get pregnant. But there are treatments that can help.

What treatments are available?

The lining of your womb is called the **endometrium**. Each month, the lining grows thicker as part of your monthly cycle, when your body makes more of the hormone oestrogen.

Sometimes tissue from the endometrium starts growing in other parts of the inside of your body. This is called endometriosis. No one knows for certain why it happens.

Endometriosis most often grows around your ovaries, fallopian tubes, the outside of your womb or the lining of your pelvis. It can also grow around your rectum and bladder.

Women with endometriosis are more likely than other women to have problems getting pregnant.

Treatments for endometriosis are different depending on whether or not you want to get pregnant. For more on fertility treatments for women with endometriosis, see our leaflet: *Fertility treatments: what treatments work?*

Medicines

If your main symptom is painful periods, you could try simple painkillers first, such as non-steroidal anti-inflammatory drugs (NSAIDs; one example is ibuprofen) or paracetamol.

If you don't want to get pregnant, your doctor may suggest you try the **contraceptive pill**. Some women find they work for all kinds of endometriosis pain, including painful periods, continuous pain, and pain during sex.

Contraceptive pills can have side effects, but they are usually mild. They can include:

- Headaches
- Weight gain
- Feeling bloated
- Mood changes, and

Endometriosis: what are the treatment options?

- Tender breasts.

Women taking contraceptive pills are also slightly more likely to get a blood clot in the veins in their legs. If you are concerned about side effects, talk to your doctor.

If you still get pain despite taking contraceptive pills, your doctor may suggest you try a different type of hormone treatment. There are several different types. They can all cause side effects in some people. But you might be able to find one that doesn't cause you problems.

Talk to your doctor about which type might suit you best. It's important to remember that you can't usually get pregnant while taking these types of hormonal medicines.

Surgery

Surgery to remove endometriosis may help with the pain. The type of surgery you are offered will depend partly on whether you want to get pregnant in the future.

For example, the main reason that some women with endometriosis have surgery is to help them get **pregnant**.

But if pregnancy is not an issue for you - for example, if you have already had a family - your doctor might suggest a **hysterectomy**, which is an operation to remove the womb completely.

For most women, including those who still want to become pregnant, the operation removes only the patches of endometriosis. This is often done using keyhole surgery. This is quicker than open surgery.

The surgeon may use laser treatment or heat treatment to get rid of patches of endometriosis. The surgeon also cleans up any scars and, where possible separates organs that are stuck together.

Any operation has risks. Some side effects are more serious, but much less common. These include damage to your bowel or your bladder, bleeding inside your body, infections, or adhesions (tissue that sticks to organs and stops them working properly).

Some women have hormone treatments after surgery to remove endometriosis. This may make the benefits of the operation last longer. But even so, many women find that their pain returns a few years after they have surgery. If this happens to you, you may be able to have a second operation.

Other women have hormone treatments before surgery to remove endometriosis, to make the operation easier for the surgeon to carry out.

For more background information on endometriosis see our leaflet *Endometriosis: what is it?*

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2025. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.

