



Endometriosis in Teenagers

September 2025

About this leaflet

This leaflet is intended for girls/young women and those assigned female gender at birth who have been or suspected to have endometriosis.

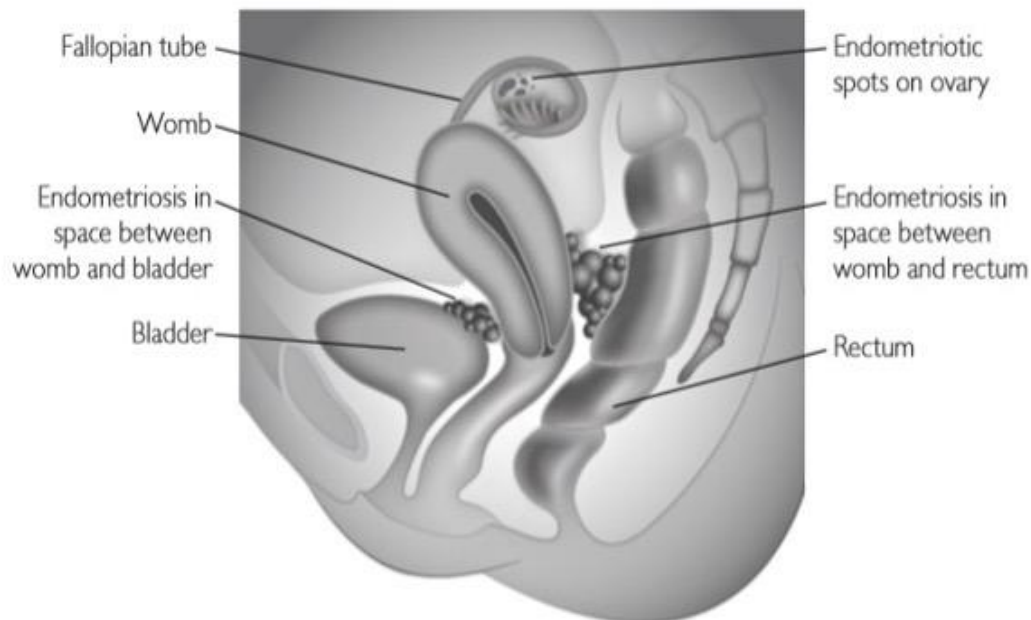
Key points:

- Endometriosis occurs when tissue similar to the lining of the womb (endometrium) is found elsewhere, usually in the pelvis around the womb, ovaries, fallopian tubes and occasionally on bladder or bowel.
- Common symptoms are pelvic pain and period problems such as painful, irregular, or heavy periods, pain associated with passing urine or bowel motion or sometimes pain during sexual intercourse.
- Treatment options include doing nothing, pain killers, hormonal treatment and/or operation.

What is endometriosis?

It is an inflammatory condition that occurs when tissue similar to the inside lining of the uterus is found outside of its normal location. The implants similar to the lining of the womb can be found on the ovaries, fallopian tubes, and ligaments that support the uterus, and they can even implant on top of the bladder and rectum. It is a very common condition, affecting around 1 in 10 of those assigned female gender at birth.

This tissue responds to the hormones as if it was in the womb and grows and then breaks down. But unlike a normal period the blood remains in the abdomen for longer. These events when repeated, lead to pain from inflammation and subsequent scarring. Rarely it can be found in lungs or other organs.



What are the symptoms?

Common symptoms are:

- 1) Pelvic pain
- 2) Painful and sometimes heavy periods with or without nausea
- 3) Pain during or after penetrative sex
- 4) Pain when opening bowels or when passing urine

What causes endometriosis?

Although there are multiple theories and plausible mechanisms, the exact cause of endometriosis is unclear. Even though there is no cure, there are ways to manage endometriosis for a better quality of life.

How is it diagnosed?

Endometriosis can sometimes be difficult to diagnose. This is because the symptoms of endometriosis vary so much from person to person and the symptoms are common and can be like pain caused by other conditions such as irritable bowel syndrome (IBS) or pelvic inflammatory disease (PID).

Based on your symptoms, it can be suspected and your doctor may start you on some medication. These are established medical treatments that control periods or aim to stop them temporarily.

An ultrasound of the pelvis can be suggestive of endometriosis, particularly in deep disease, if performed by someone with expertise in this area. You may be offered an MRI scan if needed.

At times, you may be offered an operation called a laparoscopy especially when the medicines are not working and the pelvic scan is normal. In this operation a camera is inserted through your belly button under general anaesthesia and look inside for areas of endometriosis, scarring or cysts. The surgical treatment may be carried out at the same time if simple enough. A laparoscopy may not be necessary if your symptoms respond to treatments, even if endometriosis may be suspected.

There is research being carried out into value of non-invasive tests such as Endotest / Endosure and is not expected to be available within NHS anytime soon.

What will happen when I see a healthcare professional?

The doctor will take history and may offer abdominal examination. This helps to localise the pelvic pain and the doctor can feel for any lumps or tender areas. If appropriate, you may be offered internal exam in presence of a chaperone. You may be offered further tests such as ultrasound scan and standard hormonal treatment. If your symptoms do not improve with the treatment offered or if you are unable to tolerate the treatment, you may be offered an MRI scan or laparoscopy and surgical treatment of endometriosis. You will be able to discuss any concerns and you will have an opportunity to ask questions.

What are my treatment options?

Your options for treatment are:

- 1) Painkillers to help relieve your pain- These can be simple over the counter painkillers like Paracetamol or Ibuprofen to those prescribed from your healthcare professional. In more severe situations, you may be referred to a specialist pain clinic.
- 2) Hormone treatments – Contraceptive hormones are often tried as first line if endometriosis is suspected or present as they usually suppress it and prevent it progressing; hormone treatment is usually also recommended to prevent recurrence even if laparoscopic treatment is carried out. The hormones offered can be:
 - Combined hormonal contraceptive pill, vaginal ring or patch (back-to-back for 9 to 12 weeks) that usually stop ovulation and temporarily either stop your periods or make your periods get lighter and less painful.
 - Progesterone only pill (desogestrel 75 mcg once daily) continuously and sometimes double dose (2 pills daily for 2-3 months) for first 2-3 months to reduce the pain and bleeding or
 - Progestogens in the form of injection, hormone coil or the contraceptive implant.

- Injections called GnRH analogues for 3-6 months to cause temporary chemical menopause
- Gonadotrophin antagonists like Elagolix and other newer medications may be available in future although not yet licensed in young people.

3) Laparoscopic (keyhole) surgery – under the guidance of a telescope in the abdomen, areas of endometriosis are either burnt away or removed to reduce symptoms; this is done after putting you to sleep (general anaesthesia).

4) Other options: Some girls may find the following measures helpful:
 Exercise may help to improve some symptoms of endometriosis like period cramps.
 Psychological therapies and counselling if you have difficulty in adjusting to the diagnosis.
 Tranexamic acid oral tablets if periods are heavy.

5) Complementary therapies such as reflexology, transcutaneous electrical nerve stimulation (TENS), acupuncture, vitamin B1, magnesium supplements, traditional Chinese medicine, herbal treatments, homeopathy. There is limited evidence for their effectiveness however some girls may find these therapies helpful to reduce pain and improve their quality of life.

Further information and support:

- National Institute for Health and Care Excellence (NICE) – Endometriosis: Diagnosis and Management: www.nice.org.uk/guidance/ng73
- NHS Choices: www.nhs.uk/conditions/Endometriosis/Pages/Introduction.aspx
- Endometriosis UK: www.endometriosis-uk.org
- [Info for Teens | The Endo Foundation \(theendometriosisfoundation.org\)](http://theendo.org.uk)
- Fertility Network UK: <http://fertilitynetworkuk.org/>
- [ESHRE ENDOMETRIOSIS patient Guideline 21032022.pdf](https://www.eshre.eu/PDF-FILES/PDF-FILES/ESHRE-ENDOMETRIOSIS-patient-Guideline-21032022.pdf)

Sources and acknowledgements

This information has been produced by the BritSPAG Executive Committee.

The information is evidence-based (at the time of production) and a full reference list is held by the BritSPAG Executive Committee.