Psychological aspects of living with Endometriosis

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Dr. Loimer: "Dr. Kentenich, thank you for the interview. What is, in your opinion, the psychological aspect of endometriosis ?

"I think the psychological questions are involved in every patient with endometriosis who has discomfort. If you feel pain every day from endometriosis, then you have a lot of discomfort, and in this situation I think far more therapeutic treatment is not necessary. I think the main focus should be laid on the normal treatment with your medical doctor, and if you have a very confident patient-doctor relationship - it is possible to talk about everything. It is possible to talk about the daily harm of the pain that you feel, it is possible to talk about the treatment of different kinds of treatment. So to make a long story short, I think the normal gynecological doctor or general practitioner who has a good doctor-patient relationship can do treatment in a psychological way, and it's then possible to talk about all these issues."

"Do you think that endometriosis occurs very often in the infertility patient?"

"If you have a patient with mild endometriosis, I think there is no connection between the endometriosis and the infertility. You have to look very carefully at the other reasons of infertility if it turns out to be a more harmful profile and to the status of the fallopian tubes. I think that is the main focus we should rely on. Another question is when you have Grade III or Grade IV endometriosis - in this situation, there is very often damage in the ovarian tissue or especially in the fallopian tubes; in those cases - there is a connection between the endometriosis and the infertility. And finally, the infertility treatment is dependent on the main problem. If you have a sperm problem or a urological problem and additional endometriosis, you should treat the patient depending on the anatomical problem. But if you have severe endometriosis - you should treat firstly the severe endometriosis."

"What do you think is the optimal treatment for a very young patient with Grade IV endometriosis? Do you think that a laparoscopic operation would be better than a laparotomy operation, or do you think you should first work with GnRH analogues?"

"In a very young patient with endometriosis, I think you should start with a laparoscopy to see the condition of the fallopian tubes and how big the endometriomas are inside the ovary. Then you should start with a laparoscopy to resect the adhesions and to excise the endometriomas on the ovaries. In the second step, I think there is a place for GnRH analogue, and maybe in a sense, for a second laparoscopy. But in a young patient with very severe endometriosis, if we see it behind the neck of the uterus, behind the cervix - in this situation where it is not possible to reach this part laparoscopically, then an open laparotomy should be performed, again, in younger patients depending on the state and the discomfort from the endometriosis. We also know that in young patients with severe endometriosis - a lot of these patients do not have significant pain from the endometriosis, but those who have a great deal of discomfort from the endometriosis should be treated either laparoscopy or in an open laparotomy."
"Thank you very much."

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