

GYNAECOLOGY

Endometriosis and Pelvic Pain Guide

Symptoms, diagnosis, treatment choices and fertility

Original patient handbook | Evidence-aligned educational content

Prepared for patients of

Dr. Akrati Jain

Consultant Obstetrician & Gynaecologist

Appointment

+91 99679 66493

drakratijain.com

Important: This handbook provides general information. It cannot diagnose a condition, recommend individual treatment or replace emergency assessment.

How to use this handbook

Use this guide to prepare questions and recognise situations that need medical attention. Your clinician may advise differently based on your history, examination, test results and local clinical protocols.

Three principles

1. Keep scheduled follow-up.
2. Bring complete records.
3. Seek urgent care for warning symptoms.

Contents

1. Symptoms deserve assessment
2. How it is evaluated
3. Treatment options
4. Fertility and long-term planning
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1. Symptoms deserve assessment

- Severe period pain that disrupts daily life is not something a patient should simply endure.
- Endometriosis can cause pain during sex, bowel movements or urination, chronic pelvic pain and fertility difficulties.

Prepare for your consultation

Write down the symptom timeline, medicines and supplements, previous reports and the three questions most important to you.

2. How it is evaluated

- A detailed symptom history is central. Examination and ultrasound may identify some forms of disease, but normal imaging does not always exclude endometriosis.
- Surgery is not required for every patient and should be considered according to symptoms, goals and findings.

3. Treatment options

- Pain relief and hormonal treatment are commonly used when suitable.
- Surgery may be considered for persistent symptoms, endometriomas, deep disease, fertility-related indications or uncertainty.
- Pelvic-floor physiotherapy and multidisciplinary pain care may be helpful.

4. Fertility and long-term planning

- Fertility impact varies. Discuss pregnancy timing, ovarian reserve considerations and whether fertility-specialist input is appropriate.
- Symptoms can recur, so follow-up should focus on sustainable long-term management.

Urgent care

Do not rely on a website or PDF during an emergency. Severe or rapidly worsening symptoms require direct assessment.

Consultation checklist

Item	Ready
Pain and cycle diary	■
Bowel and bladder symptoms	■
Previous scans and treatments	■
Fertility goals	■
Impact on work, sleep and relationships	■
Questions about medical versus surgical care	■

Questions to ask

Frequently asked questions

Can a normal ultrasound rule it out?

No. Ultrasound is useful but may not show superficial disease.

Is hysterectomy always the answer?

No. Treatment is individualised, and hysterectomy does not address disease outside the uterus in every case.

Can endometriosis return?

Symptoms or lesions may recur after medical or surgical treatment.

Remember

Online information is most useful when it helps you communicate clearly with your own clinical team.

References and clinical framework

This handbook is original educational content informed by the following authoritative guidance. Recommendations may change and local protocols may differ.

ACOG - Endometriosis

<https://www.acog.org/womens-health/faqs/endometriosis>

ESHRE guideline: Endometriosis

<https://www.eshre.eu/Guideline/Endometriosis>



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<https://drakratijain.com>

Medical disclaimer: This document is for general patient education only. It is not a diagnosis, prescription or personalised care plan. Do not start, stop or change medicines based on this guide. Emergency symptoms require direct emergency assessment. The website is not monitored for emergencies.

Publishing note: Final medical review and approval by Dr. Akрати Jain is required before public distribution.