

Quality of Care of the Women with Endometriosis

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Women affected by endometriosis should be one of the priorities in current urogynecological research. Being a disease that affects women in a chronic way, it affects the quality of life of women and has a high impact on their reproductive, functional and even psychological functions. In addition to the cost for health systems (due to the constant and prolonged demand for attention to the problems derived from this disease).

The cause of the implantation and inflammation of the ectopic tissue characteristic of this disease is still unknown. Consequently, there is no causal treatment and the treatment is symptomatic. In addition, the treatment depends on the nature or severity of the symptoms (which can be enormously different between different patients), the will of pregnancy, the age, the previous treatments, the location and the extent and severity of the illness. All this makes it difficult to generalize, always requiring individualized attention in each case and the informed choice of women in particular.

The severity of the disease can be described quantitatively according to the number and size of the lesions, but the extent of the disease does not correlate with the intensity of the pain. Instead, the depth of infiltration or injury is related to the severity of the same (deep, penetrating, penetrating implants of endometriosis produce more painful symptoms). Thus, the classification of the most used endometriosis currently is that of the American Society for Reproductive Medicine (ASRM,) which evaluates the location of the lesions, their diameter, depth and the density of the adhesions determined by the laparoscopy, giving a series of points based on the parameters mentioned.

At the moment there is no treatment able to achieve the basic therapeutic objectives of suppression of symptoms (lumbo-pelvic pain) and restoration of fertility, elimination of visible endometriosis, and avoidance of progression. That is, the only thing that can be achieved by medical treatments (conservative and/or invasive) is to slow down the progression of the disease.

With a view to resolving this affectation, it is essential to reach consensual strategies for the approach of this disease, which is why it is a matter of interest for many countries and healthcare societies to develop guidelines, with consensual diagnostic and therapeutic criteria. Finally, and as usual in urogynecological alterations, the medical approach should be multidisciplinary: with the participation of different medical and nursing disciplines, physiotherapy, nutrition, psychology, sexology and all those health professionals that can provide an improvement in quality of life of the affected one.

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