CMScript
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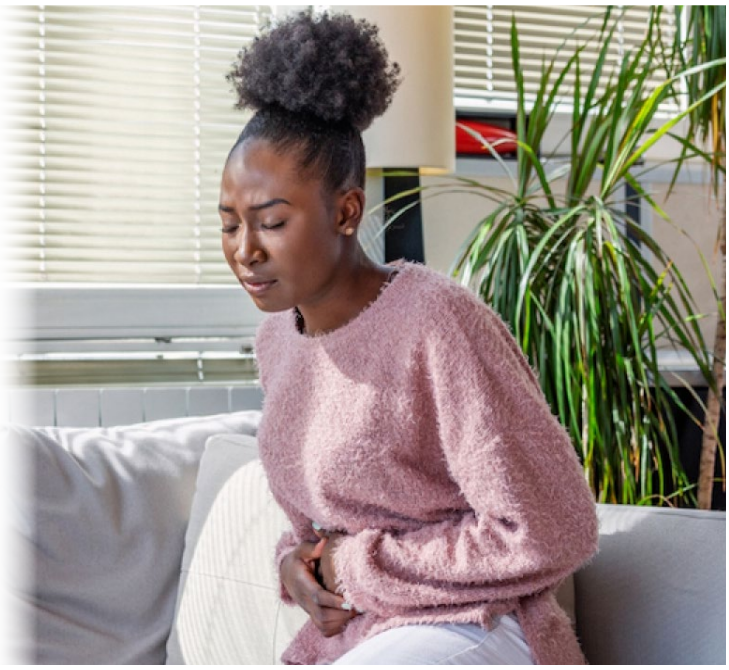
CMS Council for Medical Schemes
ENDOMETRIOSIS AWARENESS MONTH - MARCH 2024

Focus on Endometriosis

Endometriosis is a complex medical condition where tissue, similar to the lining of the uterus (womb), grows outside the uterus. This tissue known as endometrial tissue, can be found on the ovaries, fallopian tubes, outer surface of the uterus, and other organs within the pelvis.

In rare cases, this tissue can spread beyond the pelvic organs. During the menstrual cycle, endometrial tissue outside the uterus also responds to hormonal changes by thickening, breaking down, and bleeding. Unlike the uterus lining that is shed during menstruation, this blood and tissue cannot leave the body as menstrual blood does, leading to inflammation, severe pain, and scarring.



Endometriosis affects many women and can start from the first menstrual period and last until menopause. Globally, it is estimated that the condition affects around 10% of women in the reproductive age group, that is, 15 to 44 years of age. There is no specific data on the extent of the disease in South Africa.

What are the signs and symptoms?

The signs and symptoms of endometriosis vary among individuals. Some women may experience severe symptoms and others may have mild or no symptoms at all. Having severe pain or other symptoms is not necessarily a sign of severe endometriosis. Common signs and symptoms include:

- ***Pelvic pain*** - this is the most common symptom and is often described as a dull, aching pain in the pelvic region. The pain associated with endometriosis is recurring and worsens over time.
- ***Painful menstruation*** - pain can be severe and may radiate to the lower back and thighs.
- ***Heavy menstrual bleeding*** - some women may experience heavier than usual menstrual bleeding.
- ***Spotting or bleeding between periods*** - irregular bleeding or spotting between menstrual periods can occur.
- ***Pain during intercourse*** – deep and intense pain can be experienced during or after sexual intercourse.
- ***Infertility*** - endometriosis can lead to scarring and distortion of the pelvic structure, which may interfere with the woman's ability to fall pregnant.
- ***Painful bowel movements or urination*** – endometriosis may affect the bowel or bladder, causing pain during bowel movements or urination, especially during menstruation.
- ***Fatigue*** - chronic pain and other symptoms of endometriosis can lead to fatigue and overall decreased energy levels.

 The Communications Unit would like to thank the Clinical Unit for assisting with this edition of CMScript.

What are the causes and risk factors?

The exact cause of endometriosis is not known, but there are possible causes and risk factors which include the following:

- ***Genetic factors*** - endometriosis tends to run in families, suggesting a genetic predisposition to the condition.
- ***Immune system disorders*** – the immune system may make the body unable to recognise and destroy endometrial-like tissue growing outside the uterus.
- ***Hormonal factors*** – the exact role of hormones in the development of endometriosis is complex and not fully understood. Oestrogen, which is a hormone involved in the menstrual cycle, may promote the growth of endometriosis. However, the relationship between oestrogen and endometriosis is complex since the absence of oestrogen does not always mean the absence of endometriosis.
- ***Menstrual history*** - early onset of menstruation, that is, before age 11, shorter menstrual cycles of less than 27 days, and prolonged menstrual flow of more than 7 days may increase the risk of endometriosis.
- ***Reverse menstruation*** – during menstruation, menstrual blood containing endometrial cells may flow backward through the fallopian tubes into the pelvic cavity instead of exiting the body through the vagina. These endometrial cells then attach and grow on the pelvic organs, leading to endometriosis.
- ***Surgical scar implantation*** - endometrial cells may attach to the walls of the abdomen or other areas of the body after surgery such as a caesarean section or hysterectomy.

How do you prevent endometriosis?

There is currently no recognised method for stopping endometriosis. Increased awareness, along with prompt diagnosis and treatment, may prevent or delay the disease's natural course and lessen the long-term burden of the symptoms.

How is endometriosis diagnosed?

Diagnosing endometriosis can be challenging because of the symptoms that can mimic other conditions, resulting in diagnostic delay. The commonly used tools to diagnose endometriosis are:

- ***History taking*** – a healthcare provider will ask questions about the symptoms, including the nature, severity, and timing of any pelvic pain, as well as other symptoms related to endometriosis.
- ***Physical examination*** - a pelvic examination is performed to check for any abnormalities, masses, and pain symptoms on examination. However, endometriosis cannot be definitively diagnosed using only a pelvic exam.
- ***Imaging tests*** - while imaging tests such as ultrasound or Magnetic Resonance Imaging (MRI) may be used to detect endometriosis-related cysts or masses, these tests are not always conclusive in making a diagnosis of endometriosis.
- ***Blood tests*** – although a CA-125 marker may be elevated in some women with endometriosis, this test is not specific and not recommended to screen or confirm a diagnosis of endometriosis.
- ***Diagnostic laparoscopy*** – is a fundamental tool in making a diagnosis of endometriosis. In this procedure, the doctor makes a small cut in the abdomen and inserts a thin tube with a light and a camera to visualise the pelvic organs and identify any endometrial implants, adhesions, or other abnormalities.
- ***Biopsy*** - if the doctor finds a suspicious tissue, a specimen will be taken for laboratory examination to make a definitive diagnosis of endometriosis.

How is the condition treated?

There is currently no cure for endometriosis. Approach to treatment depends on factors such as the severity of symptoms, extent of the disease, and whether the woman plans to fall pregnant. Treatment for the condition is aimed to manage symptoms, reduce pain, and improve quality of life. Treatment options for endometriosis include:

- ***Pain medication*** - pain relievers known as nonsteroidal anti-inflammatory drugs (NSAIDs) help alleviate menstrual cramps and pelvic pain associated with endometriosis. NSAIDs can be obtained over the counter while others need a doctor's prescription.
- ***Hormonal contraceptives*** – these are widely used as a treatment for pain in women with endometriosis, which could be due to some practical advantages, including preventing pregnancy and regulating the menstrual cycle.
- ***Surgical treatment options:***
  - *Laparoscopic surgery* - during the procedure, endometrial implants and scar tissue can be removed, and adhesions released to alleviate pain and improve fertility.
  - *Hysterectomy* – which is the removal of a uterus with or without ovaries may be recommended in severe cases that do not respond to other treatment options where fertility is not a concern
- ***Fertility treatment*** - assisted reproductive technologies (ART) such as in vitro fertilisation (IVF) may be recommended to help with conception in women who are experiencing infertility.
- ***Alternative therapies*** - complementary therapies such as dietary changes, physical therapy, or relaxation techniques may help manage pain and improve overall well-being.

What is covered as PMB level of care?

ICD10 codes N80.0 - *Endometriosis of uterus*, N80.1 - *Endometriosis of ovary*, N80.2 - *Endometriosis of fallopian tube* are included in the PMBs under Diagnosis and Treatment Pair (DTP) code 434M. This DTP code refers to *non-inflammatory disorders and benign neoplasms of ovary, fallopian tubes and uterus*.

The treatment component for DTP code 434M includes *salpingectomy (surgical removal of one or both fallopian tubes); oophorectomy (surgical removal of one or both ovaries); hysterectomy (surgical removal of the uterus); medical and surgical management*.

The diagnosis, treatment, and care costs of endometriosis included under DTP code 434M must be paid in line with the PMB Regulations irrespective of the member's plan benefits. The medical schemes must therefore pay for in and out-of-hospital consultations, tests, and treatment in line with the PMB Regulations. Funding of PMB claims from the Medical Savings Account (MSA) contravenes Regulation 10(6) of the Medical Schemes Act. The healthcare practitioners must assist the members in completing the forms to register for PMB benefits which must be funded by the medical schemes from the risk benefit. It is important to note that the medical schemes are expected to apply protocols (specific rules) to make PMB funding decisions in line with the PMB Regulations.

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