

Endometriosis

A resource to help you understand endometriosis
and how to manage it



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For more information and resources, see ShowYourLoveToday.com/endometriosis

This booklet is designed to help you better understand endometriosis. Whether you have been diagnosed, think you may have endometriosis, or just want to learn more about this condition, this booklet is for you!

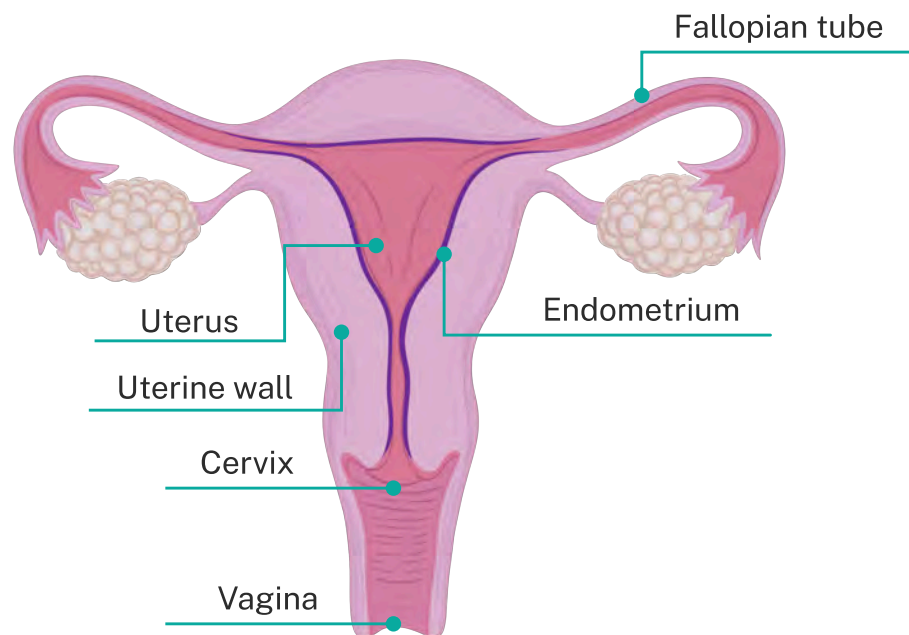


Throughout this resource you will follow a patient sharing their experience navigating endometriosis.

What is Endometriosis?

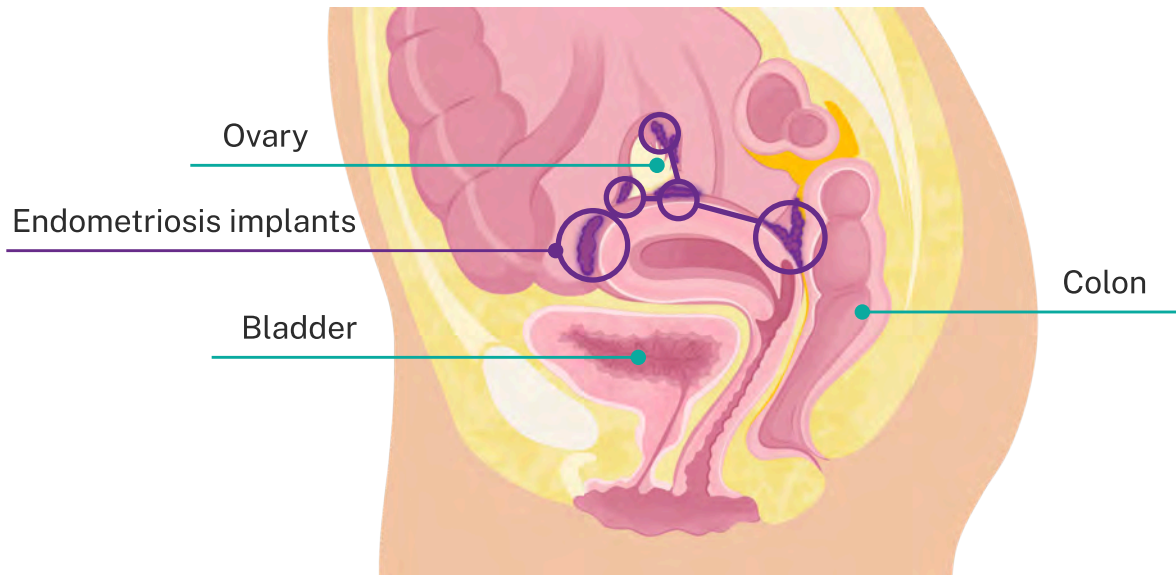
Endometriosis (pronounced en-doh-mee-tree-OH-sis) happens when tissue that looks and acts like the lining of your uterus (endometrium) grows in places that it should not.

These spots of tissue (called lesions or implants) can form anywhere in your body, but they most commonly form on the ovaries, fallopian tubes, and other organs in your pelvis.



Endometriosis is real.
You deserve care that helps you feel better.

COMMON SITES FOR ENDOMETRIAL GROWTHS



The lesions react to monthly hormones, like estrogen and progesterone, just like the endometrium does inside your uterus. It can swell and bleed, causing blood to pool up inside your pelvis. All of this can cause inflammation and pain.

I Phase One - Menstrual:

During this phase, endometriosis lesions can also bleed, leading to inflammation and pain.

Day 1-7

2 Phase Two - Follicular:

During this phase, estrogen is released and the lining of the endometrium begins to grow and thicken. Lesions can also thicken during this time, causing pain.

Day 7-14

3 Phase Three - Ovulation:

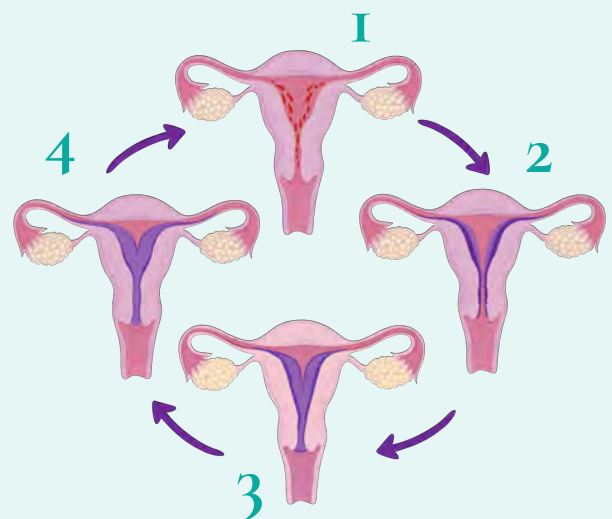
Just before and during ovulation (when your ovaries release an egg), increased estrogen can cause a flare of endometriosis, including pain and digestive discomfort.

Around day 14

4 Phase Four - Luteal:

The hormone progesterone rises, telling the ovaries to stop releasing eggs and telling the uterus to prepare for pregnancy. Unless an egg was fertilized, progesterone will drop, which can cause premenstrual pain and severe fatigue.

Day 15-end of cycle



What Causes Endometriosis?

Scientists are still trying to figure out what causes endometriosis. It often runs in families, so it is likely caused in part by genetics. Scientists are learning more every day, so there is hope that there will be better treatments in the future.

What Are the Symptoms of Endometriosis?

Endometriosis can feel different for everyone. Some people have severe pain. Others have mild symptoms, or none at all. Symptoms can also change over time.

 PAIN • Pain during your periods • Pain in your lower belly or back • Pain during or after sex • Pain when peeing or having a bowel movement	 BLEEDING • Heavy periods (bleeding through a tampon or pad every hour for several hours) • Bleeding in between your periods • Frequent periods (more than every 28 days)	 DIGESTIVE ISSUES • Bloating • Constipation • Diarrhea • Nausea
OTHER • Trouble getting pregnant • Fatigue • Pain in other parts of your body from lesions that have spread outside the pelvis		

You can have other health conditions at the same time you have endometriosis. Some symptoms could be caused by another condition.

Try keeping a symptom diary. Write down when symptoms happen and how strong they feel.

Sharing this information with your health care provider can help them understand what is going on.

How is Endometriosis Diagnosed?

Endometriosis can be hard to diagnose because its symptoms overlap with other conditions. Surgery used to be the only way you could get an official diagnosis. In 2026, the American College of Gynecologists/Obstetricians (ACOG) began recommending that health care providers diagnose endometriosis based on a patient's symptoms, without requiring surgery.

The chart below describes steps that your health care provider may take to diagnose endometriosis.

DIAGNOSTIC STEP	WHAT IS INVOLVED?	WHY IS IT DONE?
Ask About Your Symptoms	Your health care provider asks about pain, periods, bathroom symptoms, daily life and if you have a family member with endometriosis.	• Helps point to endometriosis • Having 1 or more of the symptoms listed on page 5 is enough to suspect endometriosis. The more symptoms you have, the more likely you have endometriosis • Symptoms and history can help tell endometriosis apart from other conditions, but cannot rule them out completely
Pelvic Exam	Your health care provider will press on your stomach while inserting a finger into your vagina.	• Helps find signs of endometriosis • Helps rule out infections or large masses, like cysts or fibroids • Doesn't rule out endometriosis because people with endometriosis can have normal pelvic exams
Transvaginal Ultrasound	A large wand is inserted into your vagina and moved around to take pictures of your uterus and ovaries.	• Looks for cysts, fibroids and endometrial lesions • Can only show advanced or deep lesions, so cannot rule out all endometriosis • Can help rule out fibroids and cysts

DIAGNOSTIC STEP	WHAT IS INVOLVED?	WHY IS IT DONE?
Abdominal Ultrasound	An ultrasound on the belly, like during pregnancy, to take pictures of your pelvis.	• Used when the transvaginal ultrasound isn't a good option • Not as good at taking pictures as a transvaginal ultrasound, but can help rule out big problems
MRI	You will lie on a platform that slides into a tunnel-like scanner for 30-60 minutes. The scanner will take detailed pictures of your pelvis. Can be very loud.	• Helps show deeper, more advanced lesions and endometriomas • Can be used to tell endometriosis apart from bowel problems, fibroids, or adenomyosis (a condition where endometrial-like tissue grows inside the muscular wall of the uterus)
Laparoscopy (Surgery)	A surgeon makes a few small cuts in your abdomen to insert a small camera and other tools to explore the inside of your pelvis and look for endometrial lesions and other causes of pain.	• Can confirm endometriosis and rule out other causes of pain • Now considered optional -you can be diagnosed with endometriosis without surgery • Laparoscopy is also used to treat endometriosis by removing lesions
The guidelines for diagnosing endometriosis changed in 2026. It can take time for health care providers to learn and use the new recommendations. Ask your health care provider if they have read the new 2026 ACOG guidelines.		



“ I was really uncomfortable with the idea of a pelvic exam or transvaginal ultrasound because of a traumatic experience in my past. I talked to my doctor about this and she said it was ok to skip those! I was so grateful. She was able to diagnose my endometriosis based on my symptoms and did an external ultrasound instead to look for any other problems. ”

How is Endometriosis Treated?

While there is currently no cure for endometriosis, there are effective treatments. Treatment is about helping you feel better, lowering pain, and supporting your goals. There isn't one treatment that works for everyone. Many people try more than one option, and different treatments can be used together. You and your health care provider should choose treatments together based on what matters most to you.

TREATMENT	WHAT IT IS	WHY IT'S USED	POSSIBLE RISKS
Pain Medications			
Over-The Counter Pain Relievers (Like NSAIDs)	Medicines that help with cramps and pelvic pain.	To lower pain and help with daily life.	• Upset stomach • Not enough relief for deep pain
Prescription Pain Relievers	Stronger medicines for short-term severe pain. You may need to see a pain specialist for long term and/or daily usage.	To help when pain is very severe or other medicines don't help enough.	• Sleepiness • Constipation • Nausea
Hormone Medications			
Birth Control Pills, Patch, Or Ring	Hormone medicines with estrogen and progestin.	To make periods lighter, or avoid periods, and lower pain.	• Nausea • Headaches • Mood changes
Progestin-Only Medicines	Pills, shots, IUDs, or implants.	To slow endometriosis and reduce bleeding.	• Spotting • Mood changes • Bloating
Other Medications That Affect Hormones	Medicines that lower certain hormone levels.	Used when other options don't help enough.	• Hot flashes • Bone changes • Mood changes

Some people need to try many different treatment options before finding what works.

If you are not finding relief, talk to your health care provider about different options or if other health conditions should be explored.

TREATMENT	WHAT IT IS	WHY IT'S USED	POSSIBLE RISKS
Surgery			
Laparoscopy	A small-camera surgery to remove endometriosis.	To help with fertility or pain by removing lesions and scar tissue.	• Infection • Bleeding • Symptoms coming back
Excision	Lesions are cut out.		• Small scars on your abdomen (usually less than two inches long)
Ablation	Lesions are burned away during surgery.		• Ablation can cause considerably more scar tissue than excision
Supportive Care			
Pelvic Floor Physical Therapy	Exercises and techniques for pelvic muscles.	To relax tight muscles and lower pain.	• Temporary soreness
Counseling	Talking with a mental health professional.	To help with stress, coping, and emotions.	• Emotional discomfort during sessions
Nutrition	Food changes based on symptoms.	To help with bloating or stomach issues, and reduce inflammation.	• May take time to find what works
Mind-Body Therapies	Things like yoga or meditation.	To help with stress and pain coping.	• Very few risks
Acupuncture	Tiny needles are inserted into trigger points on your body.	To relax pelvic muscles, reduce inflammation, and regulate hormones.	• Soreness at insertion site • Mild bleeding and/or bruising
Fertility Care			
Fertility Medicines	Medicines that help with ovulation.	To support pregnancy goals.	• Various side effects, depending on medication • Emotional stress • Possible financial stress - some medications not commonly covered by insurance
Fertility Specialist Care	Help from doctors who focus on pregnancy.	To explore options like IVF.	• Stress • Cost • Procedure risks

Reproductive Life Planning and Endometriosis

Endometriosis can affect pregnancy for some people, but many can still get pregnant, either on their own or with help. Everyone's body and goals are different. You get to decide what you want for your future, and your health care provider can help you plan in a way that feels right for you.

Getting your endometriosis diagnosed and treated as early as possible will help increase your odds of being able to become pregnant when you decide you would like to. The longer endometriosis is left untreated, the more likely you are to have complications and scar tissue that can cause infertility.

PLAN BASED ON YOUR GOALS

I Want to Get Pregnant Soon

- Tell your healthcare provider about your pregnancy goals
- Hormonal suppression treatment can also prevent pregnancies. Ask your healthcare provider about treatments that do not prevent pregnancy but may also help your symptoms improve
- Ask about a referral to a Reproductive Endocrinologist and Infertility (REI) specialist. These doctors can help you understand your options if you are having difficulty becoming pregnant
- Ask about a consultation with a Minimally Invasive Gynecological Surgeon (MIGS) to find out if surgery may be needed to help you become pregnant

I Want to Get Pregnant Later or I'm Not Sure

- Start treatment for your endometriosis as soon as possible. The longer endometriosis is left untreated, the more likely you are to have trouble becoming pregnant in the future
- Think about seeing a Reproductive Endocrinologist and Infertility (REI) specialist to talk about what you can do now to protect your future fertility

I Don't Want to Get Pregnant

- If using hormonal suppression to treat your endometriosis, talk to your healthcare provider to make sure that the option you are using also prevents pregnancy
- Consider using other methods of birth control, such as condoms, to prevent pregnancy

Finding the Right Health Care Provider and Advocating for Yourself

Many people with endometriosis feel ignored or told their pain is “normal.” You deserve to be heard. Knowing how to speak up and how to spot a provider who understands endometriosis can help you get the care you need.

A GOOD PROVIDER WILL:

- Listen to you
- Take your pain seriously
- Ask how your symptoms affect your life
- Explain things clearly
- Include you in decisions
- Stay up-to-date on endometriosis care
- Ask how your symptoms affect your life
- Ask about and respect your goals

You should feel safe and supported!



“It took a few tries, but finding a provider who listened to me, validated my symptoms, and worked with me to find what treatments worked was the best thing I’ve done for my endometriosis.”

RED FLAGS:

These may mean the provider is not knowledgeable or not taking you seriously

- Saying your pain is “normal”
- Saying you’re “too young” to have endometriosis
- Saying you must have surgery to be diagnosed
- Ignoring how much pain affects your life
- Not letting you ask questions
- Blaming symptoms on stress
- Not offering treatment unless you want to get pregnant
- Making you feel rushed or dismissed

If any of these happen, or you are feeling dismissed, it is ok to switch providers or get a second opinion.

Tips for Appointments

Knowing what information to share and what to ask during an appointment can feel overwhelming. Here are some tips to use before and during appointments to make the most of your time with your provider.

Planning Ahead

Your symptoms may change from day to day and over time. It can help to:

- Write down your symptoms and questions you have ahead of time. Bring this to your appointment
- Plan to bring a friend, family member or other support person if possible to help you feel more comfortable

During Your Appointment

It can be hard to know what to share or ask during an appointment. Try to use clear statements and questions like:

- This pain is not normal for me
- My pain causes me to miss work/school/ things that are important to me
- I want to talk about endometriosis
- Ask about treatment options "Can we go over all my options for treatment?"
- Ask for explanations if something is confusing
- Ask your provider questions about how they treat endometriosis
- How do you diagnose endometriosis?
- Do you treat endometriosis often?
- Are you aware of the newest guidelines?
- What treatments do you usually offer for endometriosis?
- How do you include patients in decisions?
- Do you work with pelvic floor physical therapists and other specialists?
- How do you stay updated on endometriosis care?

If you're feeling dismissed, try saying:

- This pain is affecting my daily life
- I really need help managing this
- Can you explain why you think this is not endometriosis?
- What are my next options?
- I'd like to get a second opinion. Are there any other providers or specialists you'd recommend I see?

It's okay to speak up! You are not being difficult.

Finding the Right Specialist or Getting a Second Opinion

Not all providers have the same training in endometriosis. Some providers focus more on this condition than others.

You may want to look for:

- A gynecologist with endometriosis experience
 - Obstetrics/gynecologists often focus either on obstetrics (pregnancy and birth) or gynecology. Ask the office to schedule you with the provider who focuses on gynecology and who has experience with endometriosis.
- A pelvic pain specialist
- Minimally Invasive Gynecologic Surgeon (MIGS)
 - MIGS are highly trained to perform surgeries to remove lesions and scar tissue from endometriosis. They make small incisions and use a tiny camera and other tools to help them perform surgery without making large cuts in your body.

Tips for finding a specialist:

- Ask your primary care provider for a referral
- Check reviews or ask others in patient support groups
- Ask if the doctor has experience with advanced surgery for endometriosis



Note: It can be harder to find providers who are experienced with endometriosis in rural areas. It may be helpful to travel to a nearby city to find a more experienced provider.

Ask your insurance company if they provide financial assistance when travel is required for specialty care. When making your appointment, ask if there is a social worker or care coordinator you can speak to about making travel more affordable and what treatment options are covered by your insurance.

GETTING A SECOND OPINION

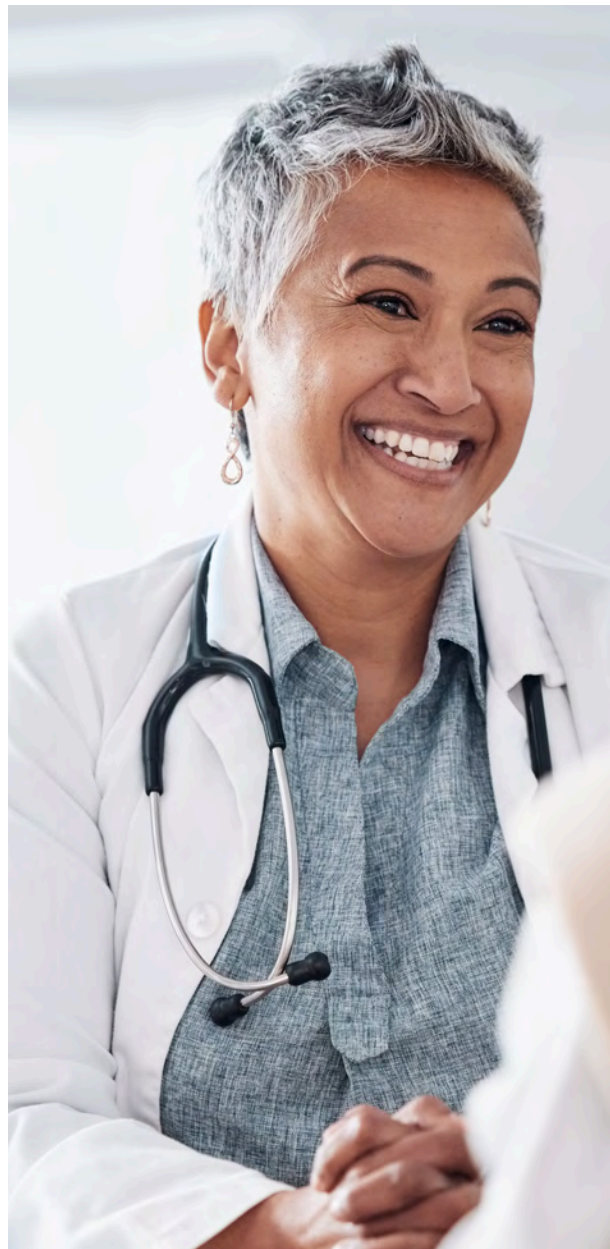
It can feel overwhelming to “start over” with a new provider, but there are times when it is important to think about getting a second opinion.

Think about seeing another provider if:

- You feel dismissed or not heard
- Your pain is not improving
- You are unsure about your diagnosis
- You are thinking about surgery

When looking for a second opinion:

- Ask for copies of your medical records that you can share with the new provider
- Write down your symptoms and questions
- Bring test results if you have them
- Tell the new provider what treatments you have already tried, and how they worked or didn't work for you



**Remember! You know your body best.
If something feels wrong, keep asking for help.**

You have a right to:

- Ask questions
- Take your time with decisions
- Change providers
- Speak up about your needs
- Say no to treatment options



Living with Endometriosis

Endometriosis can affect many parts of life, not just your body. It can change how you feel at school, work, and home. It can affect your energy level, mood, and relationships.

You deserve support, understanding, and care!



Learn your patterns

Your symptoms may change from day to day and over time. It can help to keep track of your:

- Pain types and levels
- Bleeding
- Digestive symptoms, like constipation, diarrhea and bloating
- Fatigue and energy levels
- What helps you feel better and what makes things worse

Only track what feels useful to you. Bringing this information to your appointments might help you talk with your health care provider.



Getting through daily life

Some days are harder than others. Some things you can do when your symptoms are getting in the way are:

- Break tasks into smaller steps
- Rest when you need to
- Use a heating pad to help relieve pain
- Try gentle movement like yoga or stretching
- Use your patterns to plan around your symptoms
- Ask for help from friends/family when you need it

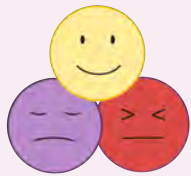


Talk about it

Many people do not understand endometriosis. This can be hard in relationships, where friends or partners may not know what you are going through. It can help to explain:

- What your pain feels like
- What support you need
- How endometriosis affects your day

People who care about you will want to understand your experience and support you.



Take care of your feelings

Endometriosis can bring up big emotions. You may feel frustrated, sad, or alone at times. It can be hard to control emotions when you are tired, overwhelmed, or in pain. Try:

- Working with a counselor or therapist to understand your emotions and learn how to manage them
- Talking with trusted friends or family members
- Joining endometriosis support groups to connect to others with similar experiences
- Using what you know about your patterns to plan around your symptoms
- Relaxation or breathing exercises
- Asking for help from friends and family members when you need it



Ask for accommodations at school or work

You may be able to get support at school or work to help you do your best even when your endometriosis is its worst. Ask about:

- Flexible schedules
- Extra time for assignments
- Breaks for rest
- Working from home



Be kind to yourself.

Remember:

- It is okay to rest.
- It is okay to ask for help
- It is okay to say no
- It is okay to take things one day at a time.

What About Other Health Problems?

Some health conditions happen more often in people with endometriosis. This does not mean your symptoms aren't real — it means your body is dealing with more than one thing at the same time. Knowing about these conditions can help you understand your symptoms and talk with your health care provider.

CONDITION	WHAT IS IT?	WHY IS IT MORE COMMON WITH ENDOMETRIOSIS?
Pelvic Floor Problems	Tight and sore muscles in your pelvis.	Pain from endometriosis causes your muscles to clench in response to the pain. When these muscles get too tight, it can cause issues during sex, when using the bathroom, and more pain overall.
Irritable Bowel Syndrome	Uncomfortable or painful digestive issues, including constipation, bloating or diarrhea.	Your gut and pelvis share nerves. When one area is inflamed or irritated, the other can react, too.
Migraines	Painful headaches that may come with nausea and light sensitivity.	Migraines can be triggered by hormones like estrogen, which also affects endometriosis. Migraines are also linked to inflammation, which is higher in people with endometriosis. Also, when you have chronic pain, your nerves can become more sensitive to pain, making all pain, including migraines, feel worse.
Autoimmune Conditions	Conditions like Rheumatoid Arthritis or Mast Cell Activation Syndrome, where your immune cells overreact or attack your own body.	Scientists don't know for sure, but an overactive immune system may be involved with endometriosis. Inflammation caused by endometriosis can make autoimmune conditions worse.
Bladder Pain Syndrome	Pain or pressure in your bladder	The bladder is nearby where lesions usually grow. Inflammation in one area can cause inflammation and irritation in another.
Adenomyosis	Tissue like the endometrium spreads into the muscular wall of the uterus	Adenomyosis is affected by the same hormones as endometriosis and creates similar inflammation.
Anxiety and/or Depression	Feeling out of control or down and hopeless	Living with pain and not knowing when your symptoms will flare can make it hard to manage emotions and feelings.



Lifestyle Recommendations

Food and daily habits can't cure endometriosis, but they can help some people feel better. Everyone's body is different, so it's okay to try things and see what works for you.

FOOD

Some people with endometriosis notice that their symptoms increase or decrease after eating certain foods.

Try writing down what you eat and drink in your symptom tracker or journal to see what helps or bothers you.

EXERCISE AND MOVEMENT

Exercise and movement can help endometriosis symptoms in many different ways. Regular physical activity can help regulate your hormones, relieve pain by producing endorphins and reduce inflammation. Movement can also help stretch and strengthen your pelvic floor muscles, helping to reduce tightness and painful spasms.

You can try different types of movement to see what helps you most:

- Low-impact aerobic exercise, like walking, swimming or cycling help get your heart rate up without jostling your sensitive areas
- Stretching and Yoga
- Gentle motion, such as Tai Chi and Qi Gong

Listen to your body. If something hurts or doesn't feel right, take a break. Avoid pushing yourself through hard workouts when your endometriosis is flaring because high intensity exercise can make your pain worse.

MANAGING STRESS AND CALMING YOUR BODY

Stress can increase inflammation and make endometriosis pain feel worse. Try to find ways to help calm yourself and your body when you are feeling stressed or overwhelmed:

- Take a few deep breaths
- Try mindfulness or meditation
- Rest or take a nap
- Listen to music
- Spend time outside

SLEEP AND REST

Getting good sleep can help reduce inflammation and help your body handle pain better. You can improve your sleep by:

- Going to bed at the same time each night
- Avoiding screens for an hour before bed
- Making your sleep space cool, quiet and dark

USE COMFORT TOOLS FOR YOUR PAIN

When you are in pain, making yourself as comfortable as possible can help. Try:

- Using a heating pad on painful areas
- Taking a warm, soothing bath or shower
- Changing into soft clothes
- Surrounding yourself by soft pillows and blankets

Remember!

It is okay to take breaks.

It is okay to change plans.

It is okay to rest when you need to.

Your body deserves care and kindness.



“

I didn't really understand what mindfulness was at first. But someone told me that it is just about being in the present moment instead of thinking about the past or future. One mindfulness exercise I use when I feel stressed or overwhelmed is to take a few deep breaths, then I look around and name one thing I can see for each color in the rainbow. ”

A Lifelong Journey with Endometriosis

Symptoms, goals, and care needs can change over time. **You are not alone. Your pain is real. You deserve care.**

Inflammation from endometriosis can increase your risk for cardiovascular disease. Make sure you are having regular check ups with your healthcare provider. to monitor for these conditions.

 EARLY TEENS (First Periods)	What may happen: • Painful periods that feel stronger than expected • Missing school due to cramps • Nausea, fatigue, or back pain during periods	Special Considerations: • Pain that stops daily life is not “just normal cramps” • Early diagnosis can help prevent long-term problems • Talking openly about periods is important	Helpful Steps • Track symptoms (pain, bleeding, missed activities) • Use heat, rest, and doctor-approved pain relief • Ask to see a gynecologist if pain is severe
 LATE TEENS & YOUNG ADULTS (Teens-20s)	What may happen: • Ongoing or worsening pelvic pain • Pain with exercise, sex, or bowel movements • Feeling dismissed or told pain is “normal”	Special Considerations: • This is a common time for delayed diagnosis • Mental health matters — pain can affect mood and school/work • Learning to advocate for yourself is key	Helpful Steps • Seek care from a provider familiar with endometriosis • Consider hormone treatments if offered • Bring notes and/or a support person to appointments
 REPRODUCTIVE YEARS (20s-30s)	What may happen: • Chronic pelvic pain • Trouble getting pregnant (for some people) • Flare-ups during periods or stressful times	Special Considerations: • Care may depend on your goals (pain relief, fertility, or both) • Some people may need surgery • Work and life balance can be affected	Helpful Steps • Discuss fertility early if you have concerns • Ask about all treatment options (medical and surgical) • Build a care team (gynecologist, pain specialist, etc.)

 PREGNANCY & POSTPARTUM (If Applicable)	What may happen: • Some people feel less pain during pregnancy • Symptoms may return after birth • Postpartum fatigue and recovery can be harder with chronic pain	Special Considerations: • Care plans may need to change during this time • Postpartum support is very important	Helpful Steps • Talk with your provider about pain management • Ask your support with recovery and mental health • Monitor symptoms after pregnancy
 30s-40s (Midlife Years)	What may happen: • Symptoms may stay the same, improve or worsen • Ongoing pain can affect work, relationships, and energy • Possible repeat treatments or surgeries	Special Considerations: • Long-term pain management is important • Emotional health and burnout are common concerns • You may reevaluate treatment goals	Helpful Steps • Ask about full range of options (including specialists) • Focus on whole-body care (sleep, movement, stress) • Seek support groups or counseling if needed
 PERIMENOPAUSE (Years Before Menopause)	What may happen: • Hormone changes may affect pain • Periods may become irregular • Symptoms can shift or flare	Special Considerations: • Endometriosis does not always go away right away • Care may need adjustment as hormones change	Helpful Steps • Track new or changing symptoms • Discuss hormone changes with your provider • Continue regular care and check-ins
 AFTER MENOPAUSE	What may happen: • Symptoms often improve, but not always • Some people still have pain • Rarely, endometriosis can remain active	Special Considerations: • New or ongoing pelvic pain should still be checked • Hormone therapy may need careful planning	Helpful Steps • Report any new pain to your provider • Ask about safe treatment options • Stay informed and involved in your care

Remember: You know your body best. If something feels wrong, keep asking for help. You deserve to be heard, supported and cared for — at every stage of life.

Tips for Talking to Partners and Providers about Intimacy

Many people with endometriosis experience pain during or after sex. This can be a hard thing to talk about and work through with partners. Here are some tips for having these conversations and options that can help you deal with this symptom. Remember, sex should not be painful!



It's important to have a lot of communication with your partner before, during and after sex. Let them know what is painful for you.



Remember, if you are in pain and want to stop sex, **you can speak up!** If your partner does not stop when you say to, this is a **big red flag!** Your partner should always respect you and your wishes during intimacy. If you feel like you're not being respected during intimacy, see RAINN.org or call 800-656-HOPE for support.



This situation can be really hard for partners, too. Good partners do not want you to be in pain during sex or any other time! Your partner might feel helpless because they want you to feel better, but don't know how to help.



Think about seeing a couples' therapist if you have trouble talking about these issues on your own. They can help you navigate these tough conversations.



Consider seeing a pelvic floor physical therapist. Make sure they understand endometriosis and know that you are coming to them specifically for endometriosis pain. Ask them what approaches they take for endometriosis, such as working on your muscles internally, externally or both.



Painful sex was a really difficult symptom for me and my partner. He did not want to hurt me, but we both feel that sex is an important part of our relationship. We talked about my pain before we ever had sex, and I explained to him that there would be times that the pain might be too much and we would need to stop in the middle.

We agreed that if I said it was time to stop, we would stop immediately. We talked about other ways we could be intimate that were not painful for me. Eventually I saw a pelvic floor PT – this helped me relax my muscles more over time and sex became less painful. It's still something we have to talk about regularly, but I am so happy that my partner listens to me and respects me. ”

