Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S HEALTH

Endometriosis

period pain that is not normal

Endometriosis is tissue similar to the womb lining growing elsewhere in the pelvis, where it bleeds and inflames each cycle. It affects around one in ten women, and it takes an average of eight years to diagnose — largely because severe period pain gets normalised, by patients and clinicians alike.

Seek urgent assessment if you have

- **sudden severe pelvic pain**, particularly one-sided, with faintness or vomiting
- severe pain with a **positive pregnancy test** — ectopic pregnancy must be excluded
- **heavy bleeding with dizziness or breathlessness**
- **inability to pass urine**, or severe pain opening your bowels with bleeding
- pain with **fever** and abnormal discharge

Sudden severe one-sided pelvic pain may be an ovarian cyst that has twisted or ruptured, or an ectopic pregnancy. Both need same-day assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What is not normal period pain

- pain that **stops you doing normal activities**, or requires time off work or school
- pain **not relieved** by over-the-counter painkillers
- pain that starts **days before** the period and continues after it
- **deep pain during or after sex**
- **painful bowel movements or urination**, particularly around your period
- **cyclical bloating**, fatigue, or bleeding from the bowel or bladder with periods
- difficulty conceiving alongside any of the above

A normal scan does not rule it out

Ultrasound reliably detects endometriomas — cysts on the ovaries — and can suggest deep disease in experienced hands. It frequently does **not** show superficial peritoneal endometriosis, which is the commonest form. A great many women are told their scan is clear and conclude nothing is wrong. If your symptoms fit, a normal scan should not end the conversation. Diagnosis may need specialist imaging or laparoscopy, and treatment can reasonably be started on symptoms alone.

Treatment

There are two aims, and they are separate: controlling pain, and preserving or achieving fertility. Which matters most to you should shape the plan.

- **Pain relief** — anti-inflammatories such as naproxen or mefenamic acid, taken regularly from just before the period rather than once pain is established.
- **Hormonal treatment** to suppress the cycle: the combined pill taken continuously without a break, the progestogen-only pill, the implant, the injection or the hormonal coil. Suppressing periods suppresses the disease activity.
- **GnRH treatments** induce a temporary menopausal state and are used in specialist care, usually with add-back HRT.
- **Laparoscopic surgery** to excise or ablate deposits can significantly improve pain, and is also how a definitive diagnosis is made.
- **Pelvic physiotherapy** for the secondary muscle spasm that develops with chronic pelvic pain, and pain management input for long-standing pain.

Fertility

Many women with endometriosis conceive without difficulty. Some do not, and the relationship between severity and fertility is not straightforward. If you are trying to conceive, hormonal suppression is not an option and treatment planning is different — so tell us early rather than after months of treatment aimed at the wrong goal. Surgery improves conception rates in some circumstances, and assisted conception is effective.

Being believed

Many women with endometriosis have been told repeatedly that their pain is normal, stress-related or exaggerated. If that has been your experience, it is worth saying so at the outset. Pain that is affecting your life is a legitimate reason to be investigated and treated, regardless of what any previous scan showed.

Book an appointment if period pain is affecting your life, sex is painful, or you have been told a scan was normal but still have symptoms. We offer unhurried women's health consultations, specialist pelvic ultrasound, and referral to gynaecology for laparoscopy where it is needed.

Specialist pelvic ultrasound and gynaecology

Unhurried women's health appointments seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Women's health** · **Ultrasound** · **Physiotherapy** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG73 guidance on endometriosis diagnosis and management. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.