These hormonal treatments may only mask the symptoms of Endometriosis, all the while still developing new lesions. They may also come with severe side effects.

Hormonal Treatments

Hormonal treatments, such as birth control and GnRH agonists, are effective treatment options for Endometriosis, slowing the progression of the disease.

MYTH



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Endometriosis does not come from the uterus. Removing the uterus will not treat the disease.

Hysterectomy

Hysterectomy is an effective treatment for Endometriosis.

MYTH



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Many people experience symptoms of Endometriosis with their first period.

Teens and Endo

Teens are too young to have Endometriosis.

MYTH







Endometriosis is somewhat similar to the lining of the uterus, but distinctly different. Research has found more dissimilarities than similarities.

This distinction has a significant impact on treatment.

Endometriosis Definition

Endometriosis occurs when the lining of the uterus is found elsewhere in the body.

MYTH





Adenomyosis, scar tissue, pelvic floor dysfunction, and interstitial cystitis commonly occur along side endometriosis. It's important when treating endo to consider and address other pain generators.

Pain Generators

Endometriosis is the only cause of pelvic pain.

MYTH





There is no cure for Endometriosis.

Drugs on the market are not a cure.

Pregnancy is not a cure.

Hysterectomy is not a cure.

Menopause is not a cure.

The most effective treatment option is surgery with a skilled endometriosis excision specialist.

Cure for Endo Endometriosis can be cured.

MYTH



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Most OBGYNs only burn the surface of lesions (ablation). Endo must be completely cut out, or excised--like digging a weed by its roots. .

All surgery is equal A surgery with a doctor will treat my Endo.

MYTH





FACT Trade son aurithesis its sum setues.

Endo can synthesize its own estrogen supply. There is no reason to remove healthy ovaries.

Removing your ovaries can stop endometriosis.

MYTH



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Laparoscopically confirmed endo is found in 70% of adolescent girls who experience painful periods. Early intervention is crucial to minimizing the damage of endo.

Teens don't need to worry about endometriosis.

MYTH



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Endometriosis can take on more than a dozen appearances. Most OBGYN's only recognize the classic powder burn lesion, which is one of the least painful types.

Endometriosis Appearance Endometriosis is easy to identify during surgery.

MYTH



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FACT Periods that interfere with daily function are NOT normal. **Painful Periods** Pain before, during or after your menstrual cycle is normal. MYTH **@EFHou @EFHou** @ef_hou

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Endometriosis affects 176 million people worldwide. If all endo sufferers made up their own country, it would be the 8th largest country in the world!

Endometriosis is rare.

MYTH



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Staging relates to impact on fertility.
There is no correlation between stage and severity of pain.

Staging
Stage I Endo presents with minimal pain.

MYTH



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Endo was "discovered" microscopically in 1860, but records describing symptoms of endo date back thousands of years.

Endometriosis is a new disease.

MYTH



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Endometriosis is not an STD.
It is not caused by PID or any other complication of a sexually transmitted disease.

Endometriosis is an STD.

MYTH



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Endometriosis has similar prevalence rates to asthma and diabetes.

Endometriosis is rare.

MYTH



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Endo does not discriminate, but people do. Historically, women of color have been misdiagnosed with pelvic inflammatory disease instead of endo.

Endometriosis is a white woman's disease.

MYTH



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63% of general practitioners feel uncomfortable diagnosing and treating patients with endometriosis. Endo requires expert care.

My doctor can treat me.

MYTH







Pregnancy does not cure endo.
Worse, 40% of "unexplained infertility" is due to endo. Expert excision surgery may help improve fertility by restoring anatomy and decreasing inflammation.

Having a baby can cure endometriosis.

MYTH







Kegels can make a tight pelvic floor worse. A physical therapist can help determine which exercises are best to help relax and strengthen your pelvic floor.

I don't need pelvic floor physical therapy. I already do kegels.

MYTH







Excision surgery is far superior to ablation. While complete excision removes the disease, ablation only burns the surface, which can leave underlying disease behind. Patients undergoing excision have much better outcomes.

There is no difference between excision and ablation of endometriosis.

MYTH



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Most of the time, endo
persists because it was
never completely removed.
True recurrence rates are
very low after skilled
excision surgery.

There is no point in having surgery for endometriosis. It always comes back.

MYTH



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Learning the skills to recognize and fully excise endometriosis takes years of dedicated training and practice. Seek out doctors who spend almost all of their time treating endo.

Any OBGYN can do excision surgery.

MYTH



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Endometriosis has been found on every single organ in the body except the spleen.

Endometriosis is only found in the pelvis.

MYTH



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There is nothing normal about endometriosis. Endo is not misplaced endometrium. Endometriotic tissue is abnormal tissue that is distinctly different from the lining of the uterus.

Endometriosis is normal tissue in the wrong place.

MYTH







Endometriosis is society's problem. Endometriosis places an economic burden of \$119 Billion dollars annually in lost wages, productivity, and medical costs. We cannot afford to keep giving people bad care.

Endometriosis is a woman's problem.

MYTH



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FACT It is not necessary to remove the

It is not necessary to remove the ovaries to treat adenomyosis since the condition affects only the uterus.

Removing your ovaries can stop adenomyosis.

MYTH



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Pain and other symptoms caused by endometriosis are real. You are not imagining it, making it up, or overreacting.

It's all in your head.

MYTH





Black women are more likely to be misdiagnosed with pelvic inflammatory disease instead of endo--a racist assertion that blames black women for their pain.

Endometriosis rarely affects black women.

MYTH



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