

Endometriosis: The Hidden Pain

26 August 2025

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- **clear and concise, evidence-based medical advice**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**
- **what services are available to my patients**



HealthPathways – Endometriosis: The Hidden Pain



Melbourne

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8 August

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TGA alerts

TGA alerts:

- [Safety Alerts](#) (for health professionals)
- [Recall Actions](#) (for health professionals)
- [TGA Medicine Shortages](#) (for health professionals)

2 July

Victorian Government investigation of sexual assault allegations

The Victorian Government is [investigating sexual assault allegations involving a former childcare worker](#) linked to multiple centres across Melbourne. See [further information](#) including support for concerned families and a dedicated advice line.

24 April

Antibiotic Guidelines Update

Pathway Updates

Updated – 13 August

[Steroid Creams and Ointments for Eczema](#)

Updated – 8 August

[Food Allergy and Intolerance in Adults](#)

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HealthPathways – Endometriosis: The Hidden Pain

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Endometriosis

This pathway is about suspected endometriosis and endometriosis that has been histologically diagnosed at laparoscopy.

Background

[About endometriosis](#) ▾

Assessment

- Take a history. Ask about:
 - [risk factors](#) ▾.
 - [patient history and symptoms](#) ▾.
 - family history of endometriosis, dysmenorrhoea, uterine structural abnormalities, and gynaecological cancers.

Consider the use of the [Raising Awareness Tool for Endometriosis \(RATE\)](#) which is a quick, online electronic resource that assists patients and health professionals to identify and assess endometriosis.
- Look for [common clinical presentations](#) ▾.
- Perform [abdominal and pelvic examination](#) ▾:
 - Avoid pelvic exam in patients who have not had vaginal intercourse.
 - Discuss examination and obtain verbal consent before proceeding.
 - Offer a chaperone for pelvic examination.
- Arrange investigations:
 - Pregnancy test if indicated.
 - [Cervical screening](#) if due.
 - [Sexual health check](#) for STI screening.
 - [Transvaginal ultrasound](#) to assist with [diagnosis](#) ▾ of deep infiltrating endometriosis. Note diagnosis can only be confirmed by laparoscopy and biopsy, but arrange ultrasound early for all patients with suspected endometriosis.
 - Ideally a pelvic ultrasound is performed on day 5 to 11 of the menstrual cycle in patients who are menstruating regularly.
 - A transabdominal pelvic ultrasound can be performed for patients who have not become sexually active or have declined a transvaginal pelvic ultrasound.
 - If available, a [specialist gynaecology ultrasound service](#) is recommended.
- Consider [differential diagnosis](#) ▾.

- [patient history and symptoms](#) ▴.

Patient history and symptoms

- [Menstrual symptoms and reproduction](#) ▾
- [Pain symptoms](#) ▾
- [Physical symptoms](#) ▾
- [Past history](#) ▾
- [Impact of symptoms](#) ▾

Consider [menstrual diary](#) ([printable version](#) or [app](#)).

- Look for [common clinical presentations](#) ▴.

Common clinical presentations

Note that young patients with symptoms that started within 6 to 12 months of menarche are unlikely to have deep infiltrating endometriosis. Superficial endometriosis is more common in this cohort.

- Dysmenorrhoea – often starts several days before menses
- Heavy menstrual bleeding
- Deep dyspareunia – may progress to superficial dyspareunia and vaginismus over time
- Dyschezia (pain on defecation), tenesmus, bloating
- Chronic pelvic pain
- Subfertility
- Dysuria, haematuria
- Lower back or leg pain

- Perform [abdominal and pelvic examination](#) ▴.

Abdominal and pelvic examination

Abdominal palpation usually demonstrates non-specific tenderness without guarding or rebound. Be mindful that patients are often in pain and unnecessary palpation may result in a pain flare.

Consider performing:

- bimanual pelvic examination – assess:
 - size and mobility of uterus, any cervical or adnexal tenderness, pelvic masses.
 - lateral vaginal walls, for levator ani spasm and tenderness.
 - utero-sacral ligaments (posterior to cervix), for tenderness and nodular endometriosis if experienced to do so
 - urethra and bladder (examine anterior vaginal wall), for tenderness.
- speculum examination looking for vaginal endometriosis (rare).

The Endometriosis pathway will soon reflect the May 2025 [Australian Living Evidence Guideline: Endometriosis](#), with updates currently in progress.



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Management

1. Refer to [emergency department](#) or for [acute gynaecology assessment](#) if:
 - new onset, severe, uncontrolled pelvic pain.
 - known endometriosis with hydronephrosis or bowel obstruction.
2. Refer for [non-acute gynaecology assessment](#) if:
 - significant deep dyspareunia.
 - dyschezia (pain on defecation).
 - suspected endometrioma.
 - persistent pain flares despite a consistent management strategy.
3. For patients with suspected or confirmed endometriosis, encourage active participation in self-care and management:
 - Provide support and education, including written resources early in the process.
 - Review patient regularly, and work with patient on shared decision-making, formulating goals and a management plan, and ongoing education.
4. If suspected mild endometriosis, consider:
 - [non-pharmacological management](#) ✓.
 - medical management using [analgesia](#) ✓ and/or [hormonal therapies](#) ✓. Consider a trial of each treatment option for ≥ 3 months.
5. Offer all patients with chronic endometriosis or suspected endometriosis referral for multidisciplinary care including:
 - [psychological therapy and counselling](#).
 - [pelvic floor physiotherapy](#) for help with pain education, pelvic floor relaxation exercises, management of vaginismus, dyspareunia, and pelvic floor hypertonicity. ⁵
 - [Endometriosis and Pelvic Pain Clinic for multidisciplinary support](#).
6. If symptoms fail to respond to adequate medical management, refer for [non-acute gynaecology assessment](#) for laparoscopy and consideration of surgical management.
7. If appropriate, discuss pregnancy planning. Presence of endometriosis is a risk factor for infertility – advise the patient to take this into account when making decisions around family planning, as fertility also decreases with age. See also [Preconception Assessment](#).
8. If a patient with known endometriosis presents with [reproductive issues](#), refer for [non-acute gynaecology assessment](#).
9. If the patient has difficulty managing persistent pain, despite maximal medical and gynaecological interventions:
 - aim for multidisciplinary management and create a [GP Chronic Condition Management Plan \(GPCCMP\)](#) and/or a [GP Mental Health Treatment Plan](#).
 - follow the [Persistent Pelvic Pain](#) pathway.




Referral

- Refer to [emergency department](#) or for [acute gynaecology assessment](#) if:
 - severe uncontrolled pelvic pain.
 - known endometriosis with hydronephrosis or bowel obstruction.
- Refer for [non-acute gynaecology assessment](#) if:
 - significant deep dyspareunia.
 - dyschezia (pain on defecation).
 - suspected endometrioma.
 - known endometriosis with associated reproductive issues.
 - suspected endometriosis that has not responded to adequate medical management.
- Offer all patients with chronic endometriosis or suspected endometriosis referral for multidisciplinary care including:
 - [psychological therapy and counselling](#).
 - [pelvic floor physiotherapy](#) for help with pain education, pelvic floor relaxation exercises, management of vaginismus, dyspareunia, and pelvic floor hypertonicity. ⁵
 - [Endometriosis and Pelvic Pain Clinic for multidisciplinary support](#).

Information

 For health professionals ^

Further information

- Jean Hailes for Women's Health – [Endometriosis: A Discussion About Diagnosis and Treatment](#) 
- National Institute for Health and Care Excellence (NICE) – [Endometriosis: Diagnosis and Management](#) 
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) – [Endometriosis Clinical Practice Guideline](#) 

 For patients v



HealthPathways- Relevant and Related pathways

Relevant Pathways

[Endometriosis](#)

[Persistent Pelvic Pain](#)

[Pelvic Inflammatory Disease \(PID\)](#)

[Dysmenorrhoea](#)

[Heavy Menstrual Bleeding](#)

[Premenstrual Syndrome \(PMS\)](#)

[Polycystic Ovarian Syndrome \(PCOS\)](#)

[Vulvodynia](#)

[Pelvic Floor Dysfunction and Prolapse](#)

[Menopause](#)

[Menopause Hormone Therapy \(MHT\)](#)

[Intermenstrual Bleeding](#)

Referral Pathways

[Acute Gynaecology Referral \(Same-day\)](#)

[Non-acute Gynaecology Referral \(> 24 hours\)](#)

[Colposcopy Referral](#)

[Fertility Specialised Referral](#)

Related Pathways

[Cervical Cancer](#)

[Cervical Polyps](#)

[Cervical Screening](#)

[Ovarian Cancer - Established](#)

[Ovarian Cancer Follow-up](#)

[Ovarian Cyst \(Pelvic Mass\)](#)

[Sub-fertility](#)

[Termination of Pregnancy \(TOP\)](#)

[Vaginal Pessaries](#)

[Progestogen-only Pills \(POPs\)](#)

[Combined Hormonal Contraceptives \(CHCs\)](#)

[Termination of Pregnancy Follow-up](#)

[Medical Termination of Pregnancy \(MTOP\) in](#)



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CPD Hours for HealthPathways Use

About Continuing Professional Development (CPD)

The aim of the continuing professional development (CPD) requirements of the [Medical Board of Australia](#) is to support quality, lifelong learning for doctors that is relevant, effective, and evidence-based.


The 3 core elements of CPD are:


1. [CPD homes](#) ▾ – for quality assurance
2. [Professional development plans](#) ▾ – for purpose
3. [Different types of CPD](#) ▾ – for value


Using HealthPathways for CPD

HealthPathways is a source of contemporary and practical clinical information, localised to the geographical region of the medical practitioner. Application of knowledge contained within pathways to the individual patient provides an opportunity for reflection upon current understanding of the patient's clinical condition, and how it may be improved. This reflective learning can be self-reported as a CPD activity.


- Clinicians with an [individual HealthPathways account](#) ▾ can access a [CPD Reporting](#) ▾ tool to help log their HealthPathways CPD activity.
- Clinicians without an individual HealthPathways account can still self-report time spent in HealthPathways as a reflective activity. To help reporting, reflective learning templates have been developed for both colleges:
 - [ACRRM](#) ▾
 - [RACGP](#) ▾


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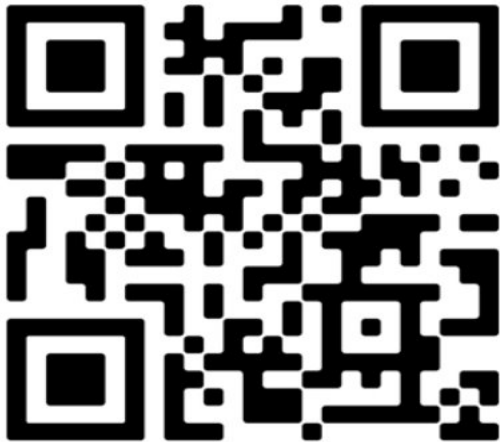
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info@healthpathwaysmelbourne.org.au



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