

Endometriosis

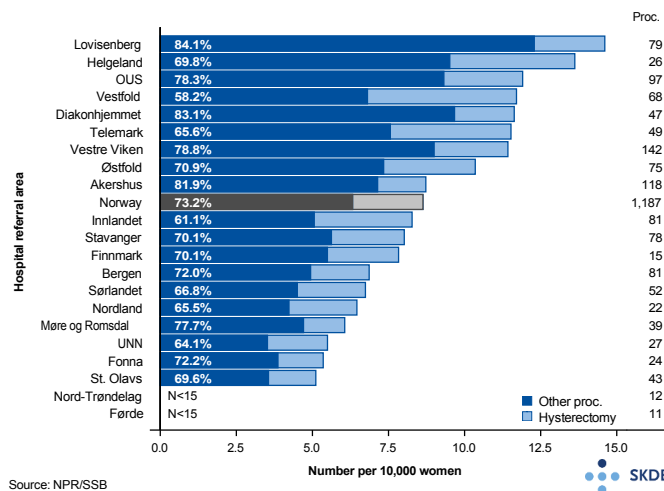
Endometriosis is a condition where tissue similar to the lining of the womb (endometrium) grows in places other than the uterine cavity and causes an inflammatory condition. Endometriosis usually involves endometrial tissue located in the pelvic organs; on the peritoneum near the uterus, the fallopian tubes or ovaries, but also on the bowel or bladder.

Background

The female sex hormones oestrogen and progesterone cause cyclical changes of the lining of the womb. The mucous membrane thickens to be ready to receive a fertilised egg. Towards the end of the cycle, hormone levels drop and the womb lining is shed and leaves the body during menstruation. The same thing happens to endometrial tissue outside the uterus. The blood from this tissue does not leave the body, but is ‘trapped’ in little nodules or flows freely inside the abdominal cavity.

As endometriosis develops, it leads to low-grade (mild) inflammation in the abdominal cavity, which can in time cause adhesions of the internal genitals. The acute and the chronic inflammation both cause abdominal pain. The size of the endometriosis lesions and the degree of pain are not necessarily related. The chronic inflammation and adhesions can cause infertility. Serious complications, such as narrowing of the bowel or urinary tract, are rare.

Treatment for this chronic condition is individual and depends on the woman’s age and whether she wants to be able to conceive and have children, among other things. Hormone treatment to stop the woman menstruating is the preferred option for relieving pain. If such treatment does not provide sufficient pain relief, laparoscopic surgical treatment could be an option. Open surgery should be avoided, as it significantly increases the risk of adhesions. In some cases, surgical treatment can also improve the woman’s chances of becoming pregnant.



Source: NPR/SSB

Number of procedures for endometriosis per 10,000 women, adjusted for age, average per year 2015–2017 broken down by hospital referral area and by hysterectomies versus other procedures. Average number of procedures on the right. The sample is limited to women in the age group 16–55 years.

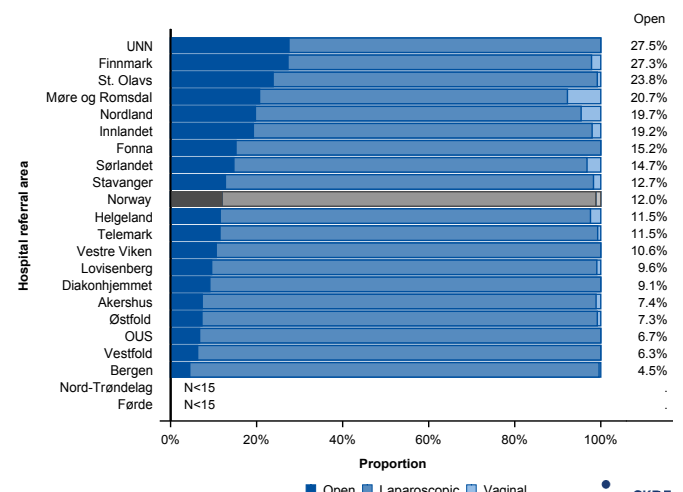
Results

During the period 2015–2017, an average of about 1,200 operations for endometriosis per year were performed in Norway. The typical patient undergoing surgery for endometriosis is a woman between 30 and 50 years of age, and the average age of patients during the period 2015–2017 was 36.5 years.

Nearly three times as many procedures for endometriosis were performed per 10,000 women living in Lovisenberg hospital referral area as in the St. Olavs area per year during the period 2015–2017.

For Norway as a whole, 27% of these women had a hysterectomy, and the proportion of hysterectomies varied from 16% for women living in Lovisenberg hospital referral area to 42% for women in the Vestfold area.

Surgical procedures for endometriosis can be carried out as open, laparoscopic and vaginal procedures. The proportion of open surgery varied from 27.5% for women living in UNN hospital referral area to 4.5% for women in the Bergen area.



Source: NPR/SSB

Proportion of procedures for endometriosis performed as open, laparoscopic and vaginal procedures, respectively.

Comments

There is no known geographical variation in the prevalence of endometriosis, but it is difficult to determine whether differences in patient preferences, the use of pharmacological treatment and elements of random variation can be sufficient to explain the observed variation. However, the variation is high enough to give reason to question whether it could be unwarranted.

It is recommended that open surgery be avoided for endometriosis patients. In some hospital referral areas, open surgery was nevertheless used in over 25% of cases. There are considerable differences between hospital referral areas in terms of the proportion of patients treated with open surgery.