**Suspect endometriosis** (including in young women aged 17 and under) with 1 or more of:
- chronic pelvic pain
- period-related pain (dysmenorrhoea) affecting daily activities and quality of life
- deep pain during or after sexual intercourse
- period-related or cyclical gastrointestinal symptoms, in particular, painful bowel movements
- period-related or cyclical urinary symptoms, in particular, blood in the urine or pain passing urine
- infertility in association with 1 or more of the above.

**Assess women's individual information and support needs**
Take into account their circumstances, symptoms, priorities, desire for fertility, aspects of daily living, work and study, cultural background, and their physical, psychosexual and emotional needs.

**Also:**
- discuss keeping a pain and symptom diary
- offer an abdominal and pelvic examination to identify abdominal masses and pelvic signs
- consider an ultrasound scan (see page 2).

Be aware that endometriosis can be a long-term condition and can have a significant physical, sexual, psychological and social impact. Women may have complex needs and may require long-term support.

**Offer initial management** with:
- a short trial (for example, 3 months) of paracetamol or a non-steroidal anti-inflammatory drug (NSAID) alone or in combination
- hormonal treatment (combined contraceptive pill or a progestogen)
- refer to the NICE guideline on neuropathic pain for treatment with neuromodulators.

**If fertility is a priority**, the management of endometriosis-related subfertility should have multidisciplinary team involvement with input from a fertility specialist. This should include recommended diagnostic fertility tests or preoperative tests and other recommended fertility treatments such as assisted reproduction. Also see **Fertility is a priority** on page 2.

**Consider referral to a gynaecology, paediatric & adolescent gynaecology, or specialist endometriosis service** (endometriosis centre) if:
- a trial of paracetamol or NSAID (alone or in combination) does not provide adequate pain relief
- initial hormonal treatment for endometriosis is not effective, not tolerated or is contraindicated.

**Consider referral to a gynaecology service:**
- for severe, persistent or recurrent symptoms of endometriosis
- for pelvic signs of endometriosis, or
- if initial management is not effective, not tolerated or is contraindicated.

**Refer women to a specialist endometriosis service** (endometriosis centre) if they have suspected or confirmed deep endometriosis involving the bowel, bladder or ureter.

**Consider referring young women** (aged 17 and under) to a **paediatric & adolescent gynaecology service**, **gynaecology service** or **specialist endometriosis service** (endometriosis centre), depending on local service provision.
Do not use pelvic MRI or CA-125 to diagnose endometriosis.

Consider transvaginal ultrasound:
- to investigate suspected endometriosis even if pelvic and/or abdominal examinations are normal
- for endometriomas and deep endometriosis involving the bowel, bladder or ureter.

Consider a transabdominal ultrasound scan of the pelvis if a transvaginal scan is not appropriate.

Do not exclude the possibility of endometriosis if the abdominal and/or pelvic examinations or ultrasound or MRI are normal.

Consider referral for assessment & investigation if clinical suspicion remains or symptoms persist.

Consider laparoscopy to diagnose endometriosis, even if the ultrasound was normal.

Discuss surgical management options with women with suspected/confirmed endometriosis:
- what laparoscopy involves, and that it may include surgical treatment (with prior patient consent)
- how laparoscopic surgery could affect endometriosis symptoms
- the possible benefits and risks of laparoscopic surgery
- the possible need for further surgery, including the possible need for further planned surgery for deep endometriosis involving the bowel, bladder or ureter.

During diagnostic laparoscopy, a gynaecologist with training and skills in laparoscopic surgery for endometriosis should perform a systematic inspection of the pelvis.

If a full systematic laparoscopy is performed and is normal, explain to the woman that she does not have endometriosis and offer alternative management.