

Guideline scope

Endometriosis: diagnosis and management

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What the guideline currently covers

Populations

- People who have or have had female reproductive organs (including women, trans men and non-binary people) with confirmed or suspected endometriosis.
 - People who have or have had female reproductive organs (including women, trans men and non-binary people) with recurrent symptoms of endometriosis.
 - People who have or have had female reproductive organs (including women, trans men and non-binary people) with asymptomatic endometriosis discovered incidentally.

Specific consideration was given to the following subgroup:

- People aged 17 and under.

Exclusions

- People who have or have had female reproductive organs (including women, trans men and non-binary people) with endometriosis occurring outside the pelvis.
- People who have or have had female reproductive organs (including women, trans men and non-binary people) who are postmenopausal.

Equality considerations

NICE has carried out [equality impact assessments for endometriosis](#). The assessments:

- list equality issues identified, and how they have been addressed
- explain why any populations are excluded from the scope.

Settings

All settings in which NHS care is received or commissioned.

Activities, services or aspects of care

We looked at evidence in the areas below when developing recommendations:

- Organisation of care.
- Endometriosis information and support.
- Endometriosis symptoms and signs.
- Referral for people who have or have had female reproductive organs (including women, trans men and non-binary people) with suspected or confirmed endometriosis.
- Diagnosing endometriosis.
- Staging systems.
- Monitoring for people who have or have had female reproductive organs (including women, trans men and non-binary people) with confirmed endometriosis.
- Pharmacological pain management.
- Non-pharmacological management.
- Surgical management.
- Surgical management if fertility is a priority.

We normally recommend medicines within their licensed indications in guidelines. However, we may recommend licensed medicines outside of the terms of their marketing authorisation (off-label use) if it is in the best clinical interests of patients. For example, off-label use may be recommended if the clinical need cannot be met by a licensed product and there is sufficient evidence or experience of using the medicine off-label to support its safety and effectiveness.

Review protocols

For detailed review protocols, see [the full guideline, which covers the evidence behind the recommendations](#).

Economic aspects

We have taken economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we have reviewed the economic evidence and, where appropriate, carried out economic modelling and analyses, using an NHS and personal social services perspective.

Updates in progress

Diagnosing endometriosis: publication planned December 2023

New information suggests that recommendations on diagnosis endometriosis may need updating or adding to. Topic experts advised NICE on this. Full details are set out in the [November 2022 surveillance review decision](#).

Approach to updating

We will take a proportionate approach for updating these recommendations in line with [appendix N of the guidelines manual](#).

Populations this update covers

The [groups covered by the current recommendations](#) will remain unchanged.

Equality considerations

We will publish an equality impact assessment with the consultation of the updated recommendations.

Settings this update covers

The [settings covered by the current recommendations](#) will remain unchanged.

Activities, services or aspects of care this update covers

We will look at the evidence and, if needed, make new recommendations or updating existing recommendations on diagnosing endometriosis (recommendations in section 1.5 in the current guideline).

Draft review questions

We have drafted the following review question:

- 1 What is the accuracy of the following tests in diagnosing endometriosis:
 - imaging
 - biomarkers
 - surgical diagnosis (open surgery or laparoscopic surgery)?

Economic aspects

We will take economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we will review the economic evidence and, where appropriate, carry out economic modelling and analyses, using an NHS and personal social services perspective.

Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- Diagnostic accuracy

NICE guidance and quality standards that may be affected by this update

[Endometriosis. NICE quality standard QS172.](#)

This is the final scope for this update. You can follow [progress of the update](#).

Our website has information about [how NICE guidelines are developed](#).

Management if fertility is a priority: publication planned December 2023

New information suggests that recommendations on management if fertility is a priority may need updating or adding to. Topic experts advised NICE on

this. Full details are set out in the [November 2022 surveillance review decision](#).

Approach to updating

We will take a proportionate approach for updating these recommendations in line with [appendix N of the guidelines manual](#).

Populations this update covers

The [groups covered by the current recommendations](#) will remain unchanged.

Equality considerations

We will publish an equality impact assessment with the consultation of the updated recommendations.

Settings this update covers

The [settings covered by the current recommendations](#) will remain unchanged.

Activities, services or aspects of care this update covers

We will look at the evidence and, if needed, make new recommendations or updating existing recommendations on management if fertility is a priority (recommendations in section 1.11 in the current guideline).

Draft review questions

We have drafted the following review question:

- 1 What is the effectiveness of the following hormonal medical treatments, surgery, combination treatments (hormonal medical treatment and surgery) and non-pharmacological treatments for improving pregnancy rates in endometriosis, including recurrent and asymptomatic endometriosis:
 - Hormonal medical treatment
 - Surgery
 - Non-pharmacological therapies
 - Combination treatment (hormonal and surgery)

Economic aspects

We will take economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we will review the economic evidence and, where appropriate, carry out economic modelling and analyses, using an NHS and personal social services perspective.

Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- Live birth
- Clinical pregnancy (spontaneous or medically assisted reproduction)
- Miscarriage
- Ectopic pregnancy.

NICE guidance and quality standards that may be affected by this update

[Endometriosis. NICE quality standard QS172.](#)

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Methods

The original guideline was developed using the methods and processes in [developing NICE guidelines: the manual](#). All updates are developed using the methods and processes in [developing NICE guidelines: the manual](#) and the [interim principles for methods and processes for supporting digital living guideline recommendations](#).

NICE has produced guidance on the experience of people using the NHS and best practice in health and social care. This guideline does not include additional recommendations on these topics unless there are specific issues not covered by this guidance.

For all other areas not included in the updates:

- There will be no evidence review as part of this update.
- We will retain the existing recommendations but may revise them to update language, to reflect current practice or to ensure consistency.

Where this guidance applies

NICE guideline recommendations cover health and care in England.

Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

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