The clinico-pathological entity endometriosis is defined by the presence of endometrial-like glands and stroma without the endometrium and myometrium [1,2]. It is an estrogen-dependent condition and therefore commonly occur within the reproductive age group, thereby presenting in affected women from menarche to menopause [3][4][5][6][7][8]. Endometriosis could occur almost anywhere, however the pelvis is commonly affected [1]. Anatomical distribution of this ectopic deposit has evolved three distinct clinical forms of the disorder [15].

Endometriosis is the etiology in almost one-third of all gynecological admissions in the United States. [1] It takes close to 12 years from first symptoms to confirmatory diagnosis. Early surgical intervention will promote earlier diagnosis. This chapter describes surgical management. The reader is referred to other sources for in-depth discussion of medical management. Email your librarian or administrator to recommend adding this book to your organization's collection. Gynecologic Care. Edited by Lisa Keder, Martin E. Olsen. Endometriosis, a disorder in which tissue resembling endometrium develops outside the uterine cavity, is a common cause of pelvic pain and infertility, affecting Keyhan S, Hughes C, Price T, Muasher S. An update on surgical versus expectant management of ovarian endometriomas in infertile women. Biomed Res Int. 2015;2015:204792. Management options for endometriosis include pharmacological, non-pharmacological and surgical treatments. Endometriosis is an estrogen-dependent condition. Most drug treatments for endometriosis work by suppressing ovarian function, and are contraceptive. This guideline makes recommendations for the diagnosis and management of endometriosis in community services, gynaecology services and specialist endometriosis services (endometriosis centres). The guideline also covers the care of women with confirmed or suspected endometriosis, including recurrent endometriosis.