10 Common Questions Answered

Endometriosis
1 What is Endometriosis?

Endometriosis describes a condition in which the tissue that usually lines the uterus is found in other places in the female body. Physicians are not sure how endometrial tissue arrives or travels to other parts of the body. However, this tissue, frequently found in the pelvis and abdomen, has been found in locations as distant as the shoulder, and even in the eye. Wherever endometriosis is found, it is often associated with adhesion formation.

When endometrial tissues land on the surface of an organ, tiny cross-links (the building blocks of adhesions or scar tissue) can form between the endometrial tissue and the underlying structure.

At each menstrual cycle, endometrial tissue swells. This swelling can pull on these adhesive cross-links, causing pain. In addition, this irritation caused from the swelling can create more cross-links to form. These glue-like adhesions are frequently cited as the cause of pain and infertility in women. We believe the same process causes pain and infertility among women with endometriosis.
2. So, What are Adhesions?

These are tiny but powerful collagen fibers that form naturally as the first step in healing. In fact, they can form anywhere in the body that healing occurs.

**Definition of Adhesions:** Adhesions are scar tissue resulting from infection, inflammation, trauma, or prior surgery occurring anywhere in the body.
3 Who is affected by Endometriosis?

Endometriosis is a common and often painful disorder that is estimated to affect one in ten women of child bearing age in America. Endometriosis can lead to debilitating pelvic pain, bowel conditions, bladder pain, painful sex, and numerous other pains or dysfunctions.
4 What are the different stages of Endometriosis?

**Stage One** - few endometrial implants, most often in the cul-de-sac the space between the uterus and the rectum).

**Stage Two** - mild to moderate levels of endometrial implants (usually with a few small areas of scar tissue or adhesions).

**Stage Three** - moderate levels of superficial and deep endometriosis implants in several reproductive areas (often with several areas of scar tissue or adhesions).

**Stage Four** - widespread superficial and deep endometriosis implants often throughout the pelvic area (usually with large adhesions).
5 How do I know if I have Endometriosis?

Many physicians feel that the only way to make a definitive diagnosis of endometriosis is by directly visualizing it through a surgical procedure, either a laparoscopy or a laparotomy (open surgery). In laparoscopic surgery, a tiny incision is made near the navel, where the physician fills the interstitial spaces (the areas between organs) using compressed carbon dioxide (which is considered non-toxic) to separate the organs from each other. Once that is accomplished, s/he inserts a slender viewing instrument (laparoscope). By moving the laparoscope around between the structures (which have been visually separated by the CO2 gas) the surgeon can view and film the condition of the pelvic and abdominal organs.
6 How do I get treated for this condition?

Because so many doctors feel that endometriosis can only be definitively diagnosed through surgical procedures (laparoscopy or laparotomy), physicians also use these procedures to remove the endometriosis. The surgical procedure is generally accompanied by a laser or scalpel to lyse (burn or cut) adhesions and endometrial tissue.

Whatever tool is chosen, the surgeon will take special note of any endometrial implants and adhesions that attach to areas that would be difficult to access without risking damage to the patient. For example, the bowels (intestines) are delicate structures that can be nicked by a scalpel or laser.

If this happens, the contents of the bowel can spill into the pelvis and/or abdomen, causing severe internal infection called peritonitis.

Surgeons are generally cautious in attempting to remove endometriosis or adhesions that are closely attached to the bowels, bladder, ovaries, or fallopian tubes. The fallopian tubes and ovaries are extremely delicate structures. While cutting them is not usually considered dangerous or life threatening, addressing endometriosis adhesions on these delicate reproductive organs can either enhance or impair fertility depending upon the condition the physician finds, the location of the traumatized tissue, and the skills of the surgeon. While physicians can normally address adhesions and endometriosis on the muscular walls of the bladder, most surgeons are extremely cautious in addressing adhesions which are closely attached there.
7 Is there a Pharmaceutical Treatment?

Patients with endometriosis are often placed on birth control pills after surgery to limit stimulation to the endometrium, in hopes of decreasing bleeding and pain. A drug called Lupron puts the patient into temporary menopause to decrease endometriosis pain. Lupron normally is administered for a maximum of six months in hopes of retarding the growth of the endometriosis. Obviously, drugs which stop menstruation are contraindicated for any woman who is trying to conceive.
Women who have already undergone surgery to remove endometriosis are often dismayed when they are still unable to become pregnant. Frequently, doctors recommend they try IUI or IVF to increase their chances. Although these procedures work for some women, for others, the endometriosis and adhesions continue to create a mechanical barrier to fertility.
9 What about an Effective Alternative Method?

Our manual physical therapy, completed by therapists who are trained to decrease adhesions that bind organs, can be very effective at addressing the mechanical problems associated with endometriosis. Women with endometriosis frequently have the concurrent problem of adhesion formation. The body responds to the endometrial implants by laying down adhesions. Our focus is to detach, decrease, and dissolve the bonds that create these adhesions, strand by strand. This slow, meticulous manual therapy is apparently much less invasive than surgical techniques, which carry some risk of tissue damage and more adhesion formation, as well as the usual risks of surgery.
...and How Does this Work?

As we, slowly stretch, deform, and peel apart many of the endometrial adhesions, we believe that the tiny attachments between collagen fibers begin to dissolve, and adhesions detach. Thus, while we cannot break the entire rope all at once, we can slowly peel it apart, fiber by fiber. In doing so, we apparently release the powerful grip of these microscopic bonds between neighboring collagen fibers. Hour after hour, session after session, it feels to us like we are pulling out the run in a three-dimensional sweater of adhered tissues. As the adhesions detach, the endometrial implants likely remain, but their mechanical attachments to the delicate reproductive structures upon which they have landed no longer bind the structures tightly together. Thus freed from their glue-like bonds, the reproductive structures can begin to move more freely and function as they did before the adhesions bound them in their vise-like grip.
10 Is there proof for the Wurm Technique?

After hearing stories of dramatically decreased pain in many of our endometriosis patients, we conducted the first study of its kind called “Treating endometriosis pain with a manual pelvic physical therapy.” In it, we examined pain from endometriosis at several times during the cycle. Results showed significant improvement at all times during the menstrual cycle, with the greatest improvements at the (typically) most painful times.

Scientific and statistical results are as follows:

- Intercourse pain 69%
- Menstrual pain 61%
- Ovulation pain 50%
- Pre-menstrual pain 39%
Clear Passage
Physical Therapy

Hands on Care with Proven Results

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Ready to Take the Next Steps?