

STUDENT NAME **Mohamad Rifai**DISORDER/DISEASE PROCESS **Endometriosis**

REVIEW MODULE CHAPTER _____

Alterations in Health (Diagnosis)

The tissue outside of the uterus still sheds in response to changing estrogen levels but is unable to leave the body. As a result, it could cause inflammation, infertility, scar tissue, bowel problems and pain.

Pathophysiology Related to Client Problem

Endometrial cells are transported from the uterine cavity during menstruation and subsequently become implanted at ectopic sites.

Health Promotion and Disease Prevention

Endometriosis can not be prevented, there is no cure, and it can be difficult to treat. Hormonal therapy with hormonal contraceptives, heating pads, electrosurgery or laproscopic surgery, cauterization and ablation may help if it is severe.

ASSESSMENT**Risk Factors**

Never giving birth, starting menstruation at an early age, short menstrual cycles, heavy menstrual periods that last longer than seven days, having higher estrogen, low body mass index, family history, and disorders of the reproductive tract.

Expected Findings

Painful periods, pelvic pain, lower back and abdominal pain, pelvic pain may begin before and extend several days into a menstrual period.

Laboratory Tests

CA-125 is a blood test that can detect up to 90% of case of endometriosis. Once diagnoses of ovarian tumors, pelvic inflammation, and/or pregnancy is ruled out will be shown to have endometriosis on further diagnostic testing.

Diagnostic Procedures

Pelvic exams, ultrasounds, MRI, Laparoscopy.

SAFETY CONSIDERATIONS

Exercise regularly for more than 4 hours per week, avoid large amounts of alcohol and caffeine, and talk to your doctor about hormonal birth control methods, such as pills, patches or rings with lower doses of estrogen.

PATIENT-CENTERED CARE**Nursing Care**

Provide analgesics and recommended/prescribed intervals. To promote pain relief and patient comfort without the risk of overdose.

Medications

Hormone therapy/ contraceptives as well as ibuprofen and naproxen for NSAIDs for pain relief.

Client Education

Educate the client of pain management as well as the importance of continuing their medical therapy to help manage their symptoms.

Therapeutic Procedures

Progestin therapy, Aromatase inhibitors, Gonadotropin-releasing hormone (Gn-RH) agonists and antagonists, and hormonal contraceptives: birth control pills, patches, and vaginal rings help control the hormones responsible for the buildup of endometrial tissue each month.

Interprofessional Care

Encourage client to seek support, regular exercise, eat antiinflammatory foods, get plenty of rest.

Complications

Infertility, chronic pelvic pain, anatomic disruption of involved organ systems (eg, adhesions, ruptured cysts).

Endometriosis Concept Map

JG Myers



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