

Questions To Ask During Your Endometriosis Surgical Consult

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If endometriosis is found, what will they do to make sure there is minimal endometriosis tissue left behind to cause problems after surgery? How will they remove the tissue?

What will be your course of action if endometriosis is found on these locations? (muscular tissue, bladder, fallopian tube, ovaries, colon, pouch-of-douglas (culdesac), diaphragm, liver, stomach, etc)

Do you only perform excision surgery?

If not, under what circumstances do you consider using ablation surgery?

Do you have experience removing extrapelvic endometriosis (bowel, bladder, diaphragm, etc) ?

Do you work with a multidisciplinary team of surgeons for areas like the bowel, bladder, or diaphragm?

How do you address and treat endometriomas?

If you have a history of ectopic pregnancy, what is the risk of leaving

your ovaries intact?

Which organs and structures does the surgeon plan to remove?

Will the surgery they are recommending cause menopause?

Without surgery, will your condition continue to get worse, or will it be more likely to continue as it currently is?

RECOVERY & FOLLOW UP

How long should you expect to be in surgery and in the hospital afterward?

What are the chances your symptoms could reoccur after surgery?

If needed, does your healthcare provider recommend hormone replacement therapy once the surgery is complete?

When will it be safe to have sex after surgery?

When will you be able to take a bath or swim after surgery?

How much down time should I plan for?