

ENDOMETRIOSIS & EXERCISE

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WHAT IS ENDOMETRIOSIS?

Endometriosis is a gynaecological condition where 'endometrial-like tissue' grows outside the uterine cavity, usually in the lower pelvic cavity. It is known as 'endometrial-like tissue', as it is not identical to the cells found within the uterus, however it does share a number of similarities (1). It is estimated that 1 in 10 Australian women, girls and other individuals are living with endometriosis (2).

While endometriosis is fuelled by one of our hormones - oestrogen, there is currently no known cause for why this tissue growth forms outside of the uterus. Unfortunately, with every menstrual cycle, scar tissue and adhesions can form through the associated hormone release. You may experience a wide range of symptoms such as abdominal and pelvic pain, painful periods, inflammation, bloating and cramping. These symptoms can be effectively managed following diagnosis, but some people may experience long-term persistent pain, symptom recurrence and compromised fertility. This condition is highly correlated with bladder, bowel, and sexual dysfunction. Laparoscopic surgery is currently the "gold-standard" of diagnosis and surgical management of endometriosis, however, there is currently no known cure (2).

HOW DOES EXERCISE HELP WITH ENDOMETRIOSIS?

Exercise can have many important benefits for individuals with endometriosis including:

- Reducing inflammation in the body
- Reducing oestrogen levels
- Emotional wellbeing
- Weight management
- Energy levels, motivation & self-confidence
- Reducing guarding postures around lower back and abdomen
- Calming the nervous system
- Fitness, muscle endurance and strength
- Improved sleep quality and habits



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WHAT TYPE OF EXERCISE IS BEST?

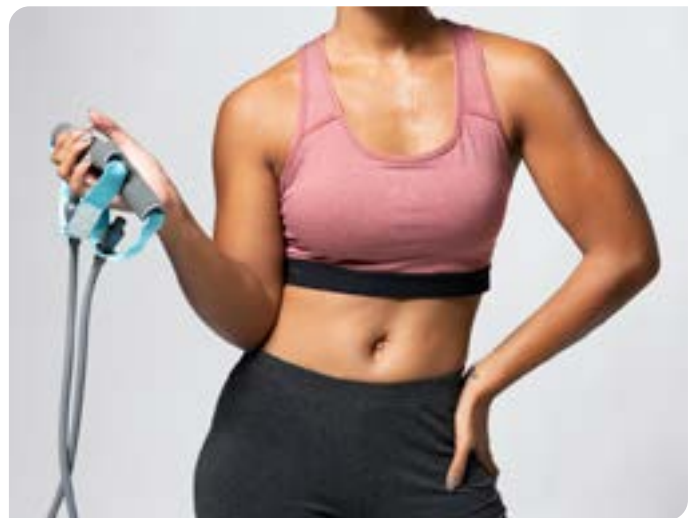
Gentle aerobic exercise such as walking or swimming can be a great place to start as there is likely a lower chance of pain flare-up. Yoga is a great low-impact option, as it includes diaphragmatic breathing combined with gentle movement and stretches to help relax muscles and calm the nervous system. There is also benefit from incorporating a graded and well-paced strengthening program focusing on the lower back and pelvis as deconditioning and fatigue are common. If you have had surgery, you can usually start resistance training approximately six weeks after surgery once you have been medically cleared to return to activity.

To maintain health, individuals with endometriosis should aim for:

- 150 minutes per week of moderate intensity activity or 75 minutes of vigorous activity OR a combination
- Include resistance training 2 times per week on non-consecutive days.
- Most importantly, pick an activity you enjoy!

It is best for you to avoid exercises that involve bracing or 'bearing down' on the abdominal wall, and higher impact exercises such as jumping or running, particularly when first commencing exercise. If you find exercise is causing you pain or an increase in symptoms, seek advice from a suitably trained women's health physiotherapist or accredited exercise physiologist. It may be necessary to assess your pelvic floor muscles and learn strategies to relax them, as overactivity in these muscles can contribute to pelvic pain.

Prepared by Brittany Anderson



RELATED INFORMATION AND REFERENCES

Exercise is Medicine Australia www.exerciseismedicine.org.au
Exercise Right www.exerciseright.com.au
Find a Physiotherapist www.choose.physio
Find an Accredited Exercise Physiologist www.essa.org.au
Endometriosis Australia <https://www.endometriosisaustralia.org/>

If you have any concerns about the safety of your patient in commencing an exercise program, please consider referral to a Sport and Exercise Physician.

Find a Sport and Exercise Physician www.acsep.org.au/

1. Australian Government Department of Health. National Action Plan for Endometriosis 2018 [Available from: <https://www.health.gov.au/sites/default/files/national-action-plan-for-endometriosis.pdf>.
2. Maddern, J., Grundy, L., Castro, J., & Brierley, S. M. (2020). Pain in endometriosis. *Frontiers in Cellular Neuroscience*, 14.

3. Johnson NP, Hummelshoj L, World Endometriosis Society Montpellier C. Consensus on current management of endometriosis. *Hum Reprod*. 2013;28(6):1552-68.