PROCEDURE

Hormone therapy for endometriosis

Hormone therapy uses medication or a hormonal device to reduce endometriosis-related pain.

PURPOSE
Reduce endometriosis pain and suppress hormonal stimulation

PROCEDURE TYPE
Therapeutic, using tablets, injections, implants, patches, rings, or devices

WHERE IT IS DONE
Usually at home; some options placed in an outpatient clinic

ANAESTHESIA
None; local anaesthesia sometimes used for implants or devices

HOW LONG IT TAKES
Daily to every few months, often continued long term

PREPARATION
Medication review; usually no fasting or bowel preparation

RECOVERY
Immediate; driving usually allowed unless insertion sedation is used

MAIN RISKS
Bleeding changes, mood effects, blood clots, or bone loss

RESULTS
Symptom response assessed after several weeks to months

Overview

Hormone therapy is a group of treatments used to manage pain linked to endometriosis. It changes or suppresses the hormones that stimulate endometriosis tissue.

Options include combined hormonal contraception, such as the pill, patch, or vaginal ring. Other choices include progestogen tablets, injections, an implant, or a hormonal intrauterine device placed inside the uterus. Gonadotropin-releasing hormone, or GnRH, medicines may be offered when other treatments have not provided enough relief.

Hormone therapy does not diagnose endometriosis or remove endometriosis tissue. Symptoms can return after treatment stops. Treatment choice depends on your symptoms, health history, need for contraception, pregnancy plans, side-effect priorities, and previous treatments.

Why the procedure is performed

Hormone therapy may be offered to reduce pelvic pain, painful periods, or pain during or after sex. It may also reduce bleeding where heavy or painful periods are part of the problem.

Treatment can sometimes begin when endometriosis is suspected, without waiting for keyhole surgery to confirm it. It may also be used after surgery to help control recurring symptoms when pregnancy is not being attempted.

Hormone therapy is not a fertility treatment. Most options prevent or reduce ovulation while you use them, so they are generally not suitable while you are trying to become pregnant.

Who should and should not have it

Hormone therapy may be suitable if endometriosis-related pain affects daily life and you are not currently trying to conceive. It can be considered whether or not you also need contraception.

No single option is right for everyone. Treatment may be avoided or delayed during pregnancy, while trying to conceive, or when an unexplained symptom needs assessment first.

Estrogen-containing treatments may not be appropriate if you have certain blood-clotting conditions, a previous blood clot, migraine with aura, uncontrolled high blood pressure, some liver conditions, or certain hormone-sensitive cancers. Smoking and age can also affect whether these treatments are safe.

Some progestogen treatments may not be suitable with certain cancers, liver conditions, or unexplained vaginal bleeding. Particular injections can affect bone strength and may delay the return of fertility after stopping.

GnRH medicines can reduce bone density and cause menopause-like effects. Their use may be limited by the specific product and your health history. "Add-back" treatment-small amounts of hormones given alongside a GnRH medicine-may reduce hot flushes and bone loss.

Tell your healthcare team about all medicines and supplements you take. Each product has its own precautions, interactions, and pregnancy advice.

How to prepare

Hormone tablets, patches, and rings usually need no physical preparation. Before starting, your healthcare team may check your blood pressure, pregnancy possibility, migraine history,

clotting risks, medicines, and relevant medical conditions.

Ask when to start treatment, what to do after a missed dose, and whether you need additional contraception. Do not assume every endometriosis treatment reliably prevents pregnancy.

If you are having an implant, injection, or hormonal intrauterine device, ask what the appointment involves. You may be advised to take a usual pain reliever before device placement, but only use one that is safe for you.

The treating facility's own instructions take priority over general information. Follow its advice about eating, medicines, pregnancy testing, transport, and pain relief.

What happens during the procedure

For tablets, patches, or a vaginal ring, you start the prescribed treatment at home. Some treatments are used continuously to reduce or stop periods. Others follow a scheduled cycle.

An injection is given under the skin or into a muscle at set intervals. A contraceptive implant is placed beneath the skin of the upper arm through a small cut after local anaesthetic numbs the area.

A hormonal intrauterine device is passed through the cervix-the opening of the uterus-and placed inside the uterus. Placement usually takes only a few minutes. Cramping and light bleeding can occur during or shortly afterward.

GnRH medicines may be tablets, injections, or a nasal preparation, depending on the product. Your clinician may prescribe add-back treatment at the same time.

Treatment is usually reviewed after you have had enough time to judge pain relief and side effects. A different hormone or delivery method can be considered if the first option is not acceptable.

Recovery and what to expect afterward

Hormone therapy itself does not usually require a recovery period. Pain may improve gradually rather than immediately. Implant or intrauterine device placement can cause temporary soreness, cramping, or spotting.

You can usually eat and drink normally. There are generally no food restrictions unless your medication information says otherwise.

Normal activity can usually continue. After an implant or device placement, follow the clinic's instructions about exercise, bathing, wound care, and sex.

You can normally drive while taking hormone therapy. Do not drive if you feel dizzy, unwell, or affected by a medication. If sedation was used for device placement, arrange transport and follow the facility's driving restriction.

Most people can continue working. You may prefer a lighter schedule on the day of an injection, implant, or intrauterine device placement if you tend to experience cramping.

Risks and possible complications

Side effects differ between treatments. Possible effects include:

Estrogen-containing treatment can increase the risk of a blood clot. Your individual risk and other health conditions should be assessed before it is prescribed.

Implant insertion can cause bruising, infection, scarring, or difficulty removing the implant. An intrauterine device can move or come out. Less commonly, it can pass through the wall of the uterus during placement or be linked to infection around the time of insertion.

Some symptoms may not respond to hormone therapy. Side effects or returning symptoms can also lead to a change in treatment.

- Irregular bleeding, spotting, or absent periods
- Headache, nausea, breast tenderness, acne, or bloating
- Mood changes or changes in sexual interest
- Hot flushes, sleep disturbance, or vaginal dryness with GnRH medicines
- Reduced bone density with some treatments
- Skin irritation from patches or soreness after injections

Results and follow up

Improvement is judged mainly by changes in pain, bleeding, sleep, activity, sex, work, and use of pain medicine. There is usually no immediate test result.

Keep a brief record of symptoms and side effects if this helps you describe what has changed. Routine follow-up may include a blood pressure check, discussion of bleeding and mood, or monitoring related to a specific medicine.

Do not stop treatment suddenly without checking the instructions for your product. At follow-up, you can discuss continuing, changing, or stopping it. Symptoms may return after hormone suppression ends, although the timing is unpredictable.

Hormone therapy does not improve the chance of natural pregnancy while it is suppressing ovulation. If pregnancy becomes a goal, ask about stopping treatment and whether fertility assessment is appropriate.

Alternatives

Alternatives involve different tradeoffs:

For selected people who do not want future pregnancy, more extensive surgery may be discussed. Hysterectomy removes the uterus but does not guarantee that all endometriosis-related pain will stop. Removing the ovaries causes surgical menopause and has important long-term effects.

- Pain-relieving medicines: Anti-inflammatory medicines may help period or pelvic pain without suppressing ovulation. They do not treat all types of pain and can cause stomach, kidney, or bleeding problems in some people.
- Surgery: Laparoscopy uses keyhole surgery to diagnose and remove or destroy visible endometriosis. It may provide relief and can support fertility planning, but it requires anaesthesia and recovery, and symptoms can return.
- Fertility treatment: If pregnancy is the priority, fertility assessment, surgery, or assisted reproduction may be more appropriate than hormone suppression.
- Pelvic health treatment: Pelvic floor physiotherapy and pain-management support may help when muscles, nerves, sleep, or long-term pain sensitisation contribute to symptoms. They do not remove endometriosis.
- Monitoring without hormone treatment: This avoids hormonal side effects, but pain or bleeding may continue. It may suit people with mild symptoms or those who prefer not to use hormones.

When to call your healthcare team

Contact your healthcare team routinely if bleeding, headaches, mood changes, hot flushes, or other side effects are difficult to manage. Also call if pain is worsening, you may be pregnant, you cannot feel expected device threads, or you want to change or stop treatment.

After an implant or intrauterine device placement, seek prompt advice for increasing pain, fever, unusual discharge, heavy bleeding, or redness and swelling at an insertion site.

Get emergency help for sudden chest pain, difficulty breathing, coughing blood, one-sided leg

swelling, sudden weakness, trouble speaking, a severe allergic reaction, or loss of consciousness. Seek immediate help if you feel at risk of harming yourself.

Common questions

Will I be asleep?

No. Tablets, patches, rings, and injections do not require anaesthesia. Local anaesthetic may be used for an implant. Intrauterine device placement is usually performed while you are awake, although pain-control options differ between facilities.

Can I drive home?

Usually, yes. Do not drive if you feel faint, dizzy, or affected by pain or medication. You will need another way home if sedation was used.

How painful is it?

Taking medication is not painful. Injections may briefly sting. Implant placement can cause pressure and later tenderness. An intrauterine device can cause cramping during and after placement, ranging from mild to strong.

When will I know if it is working?

Pain and bleeding often need several weeks or months to assess. Your healthcare team may suggest a review after an appropriate trial for the specific treatment.

Will it stop my periods?

It may make periods lighter, less frequent, or absent. Irregular bleeding is common with some options, especially after starting. The pattern depends on the treatment and your response.

Can I get pregnant while using it?

Some options are contraceptives, but not every hormone used for endometriosis provides reliable contraception. Ask what pregnancy prevention is needed for your specific medicine.

Sources

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