The Ultimate Starter Guide for Women with Endometriosis Symptoms

FREE DIGITAL

Discover the 3 fundamental steps you need to take so you take control of your endometriosis diagnosis without waiting the 7-10 years it usually takes.





Discover the biggest mistakes I see women make when trying to get an Endo diagnosis that result in overwhelm and frustration. But know it doesn't have to be this way. Learn the step by step approach I've used to help hundreds of clients fast track their diagnosis with endometriosis FOR FREE (valued at \$49).

Hello & welcome. I'm Alex. I'm an experienced natural medicine clinician with over **ten years experience** in helping women with endometriosis conquer their pain, fatigue and to optimise their fertility using the power of **naturopathic medicine**.

Thank you for downloading this guide.

If you're looking for the initial steps to get quickly **diagnosed with endometriosis**, you have come to the right place.

I've created this guide for women like you to save you the average 7-10 years it takes for most women to get diagnosed with endometriosis. I know from **personal experience** not knowing how to talk to doctors or what tests to ask for is exhausting and can leave you feeling very misunderstood. To save you all of that time and energy, I've created a **3 step strategy** to help you get an endometriosis diagnosis quickly so you can get symptoms relief faster from an array of treatment strategies that are available to women with endo.

QUALIFICATIONS

Advanced Diploma of Nutritional Medicine Bachelor of Arts (Communications)

GUIDE INTRO





RESEARCH DOCTORS BEFORE SEEING THEM

Research GPs online.

Unless you have a GP that is across endometriosis, it is best to find another GP that specialises in women's health as these GPs are often more skilled in identifying potential signs of Endo.

Find out who these practitioners are by reading their google reviews and website bios. You might also like to consider seeing a female GP as they tend to be more empathetic and you will feel more comfortable with them for pap smears & physical examinations. Once you have decided on who to see, make this appointment ASAP.

Research endometriosis excision specialists online.

It is best to know which specialist you would like to see (if required) before seeing the GP who will write the referral for you.

When researching online, look for an endometriosis specialist that has qualifications in both gynaecology and surgery. Why? Because to formally diagnose you with endo, a type of surgery called a laparoscopy is required (specialists will use the ultrasound report, your blood work results, symptoms and life stage to determine whether or not you are a candidate for this or not).



Reminder: Many gynaecologists do not have surgical training but perform investigative laparoscopies anyway. It is best to avoid these doctors and only see specialists with surgical training to ensure your best outcome post-surgery.



FIND A QUALIFIED SPECIALIST

When you are trying to find an endo specialist, specifically look for qualifications and words such as:

"Gynaecologist and advanced laparoscopic surgeon."

"Gynaecologist with a fellowship in advanced laparoscopic surgery".

MØNITOR & TRACK YOUR HISTORY

Keep a symptom diary a few months before making any appointment, using a notebook or period app on your phone (such as iPeriod). Make sure to have this on hand when talking to any doctor. Knowing what symptoms are affecting you and when they are affecting you will help your doctor diagnose you.

It's also a good idea to talk to all of your immediate, female family members before heading to any appointment. Endo tends to run in families, and good doctors will also ask about your family history, so it's good to know about it ahead of time.

Ask your female relatives if they have ever:

Had an endometriosis diagnosis

Experienced any endo symptoms (listed below)

Been diagnosed with any other oestrogen-driven conditions such as fibroids & reproductive cancers cancers (like uterine, ovarian or breast)

Had any sort of fertility issues or miscarriages.

Things to record include:

- The days of your period on Ζ the calendar; mark them day by day; in each day record how you are feeling and what your symptoms are.
- ΓWΟ What days your symptoms feel worse on. For e.g., your pain might be worse before ovulation and your period.
- THREE **Common endo symptoms**
 - include to track include:

- Excessive menstrual bleeding, including:
- "Flooding", where the blood bypasses your tampon, pad or period pants and floods out everywhere.
- Long periods (e.g. 7 days of bleeding)
- Regular expulsion of blood clots and thickened menstrual blood

- Miscarriages and/or fertility issues - even in the absence of all the symptoms listed above.
- Pain and/or bleeding with bowel motions & urination
- Non-cyclical pelvic pain you can't explain; sometimes this pain radiates to other areas such as lower back. legs, upper abdomen and chest.

- Chronic fatigue
- Depression & anxiety
- Pain during sex or an internal pelvic examination.
- Severe pelvic pain
- IBS & bloating that is not helped by dietary changes

NATUROPATHIC NUTRITIONIST

MAKE AN APPOINTMENT TO SEE YOUR GP

Once you arrive at your appointment, discuss the following with your doctor:

Describe your symptoms to them - their severity, their timing and how long they have been around. You may like to refer to your symptom diary for this.

3 Ask them if there is possibility of having a **pap smear and STD check** with them, as several gynaecological infections are linked to the development of endometriosis.

5 Ask if it is possible for the GP to write you a referral for a "**deep endometrial scan**", to be completed at any ultrasound clinic for women where there are sonographers who have expertise in spotting endometriosis. The best centres in Australia include:

- Sydney: Ultrasound Care (various locations)
- Brisbane: Queensland Ultrasoundcare for women
- Melbourne: Women's Ultrasound Melbourne (WUMe)
- Perth: Western Ultrasound for Women
- Adelaide: Adelaide Women's Imaging
- Hobart: Women's Imaging

In case you need to see one later, ask the GP if they are willing to write you a referral to see an endometriosis excision specialist that has qualifications in **both** gynaecology and surgery (as per above). If you have researched and already decided who to see, you can ask to be referred to a specific specialist. NB: Your GP may want to wait to do this until the scan results come back.

A good women's ultrasound centre will always:

Ask you to do some form of bowel prep first which ensures they can check for any endo that may be affecting it.

Have a specialist gynaecologist who writes the report after reviewing the scans (not a just a radiologist).



2 Tell them about **your medical & family history**, including any medications you're taking and if any family members have had similar symptoms.

Ask the doctor if s/he is open to writing you a **blood test request**. If s/he is, ask if s/he will consider checking the following biomarkers specific to endometriosis (as it will save an endometriosis excision specialist time later on, should you need to see one).

BLOOD TEST BIOMARKERS

- CA-125 [1,2]
- CRP [3]
- Conditions that occur often with Endometriosis (comorbidity) [4]:
- Autoimmune thyroid disorders: Full TFT (TSH, T4, T3); Thyroid antibodies [5, 6]
- Coeliac disease: coeliac serology and genotype
- Inflammatory bowel disease: FBC, UEC, CRP, ESR, liver function test, B12 & iron studies.

NB: Some medical professionals may not be aware or up to date on specific biomarkers that can be used to indicate potential endometriosis. If your doctor is hesitant to request any of these biomarker tests for you, and/or queries their validity, **I'd encourage you to share the referenced scientific studies listed on the back of this document with them.** This would assist them in making an informed decision and justify the request to Medicare.





YOUR NEXT STEPS

Are you looking for more support & symptom relief after getting an endometriosis diagnosis?

As someone who has had endometriosis herself for 20+ years, I can tell you that I have tried almost every treatment strategy available to women with endo.

The advantage of my experience is that I now know what does and does not work for most women with endo. Which is what led me to my career in naturopathic medicine.

Introducing the Conquer Endo Naturally Program.



A 6 step framework designed for women who are ready to gain more energy, and gain control over frustrating endo symptoms like pain, fatigue and infertility. This program offers five months of 1:1 active support that helps women with Endo truly achieve their health goals.

As women with Endo are already spending thousands of dollars every year on their health, **Conquer Endo Naturally** is offered as an affordable, subsidised package that gives you value for money and accountability.

If you are interested in finding out more about how this package can benefit you, please contact me for a complimentary 15 minute discovery call to assess your suitability, discuss your individual health goals and to address any other questions you may have.



BOOK YOUR CALL



REFERENCES

[1] CA-125 is a serum biomarker that has been more extensively studied in the diagnosis of endometriosis & reproductive inflammation:

https://journals.lww.com/md-journal/Fulltext/2018/12210/ Oncological_markers_CA_125,_CA_19_9_and.102.aspx

[2] CA-125 is also the serum biomarker that has been more extensively studied in the diagnosis of endometriosis:

https://www.researchgate.net/publication/317342546_How _to_Use_CA-

<u>125_More_Effectively_in_the_Diagnosis_of_Deep_</u> Endometriosis

[3] CRP (a marker of inflammation) measured by using a high sensitive CRP assay (hsCRP) could serve as a biomarker of endometriosis:

https://rbej.biomedcentral.com/articles/10.1186/1477-7827-9-113 [4] The studies quantified an association between endometriosis and several autoimmune diseases:

https://pubmed.ncbi.nlm.nih.gov/31260048/

[5] Dysfunctional thyroid hormone metabolism may influence endometriotic cells and endometriosis progression ...patients with Hashimoto thyroiditis present with a more severe form of endometriosis:

https://pubmed.ncbi.nlm.nih.gov/31260048/

[6] Thyroid peroxidase antibody is more highly expressed in patients with endometriosis than in patients without endometriosis:

https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC4998884/





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