



Endometriosis: what *actually* works

Online, you'll find hundreds of tips. We checked them against **100+ studies and the European (ESHRE 2022) guideline**. Here is what held up, what might help, and what you can safely skip.

HELPS

Backed by trials or guidelines



Hormonal treatment

The pill, progestogens or a hormonal coil: the most effective way to control pain. After surgery, 18–24 months cuts the chance of it coming back.



Anti-inflammatory painkillers

Such as ibuprofen, taken early in a flare. Ask a doctor or pharmacist if they're safe for you.



TENS machine

Drug-free pain relief you control, alongside your treatment.



Talking therapy or mindfulness

Better coping and quality of life, even when pain persists.



Low-FODMAP, short and supervised

For bloating and bowel symptoms: 4 weeks with a dietitian, then reintroduce.



A symptom diary + a specialist

Pain that stops your life is not normal. A diary gets you answers faster.

MAY HELP

Smaller or indirect studies



Mediterranean-style eating

Veg, fruit, citrus, oily fish, beans, olive oil. Less red and processed meat, fewer fried snacks.



Keep dairy and soy

Linked to slightly lower risk, not higher. Cut them only if they genuinely disagree with you.



Heat for flares

A heat pad or hot water bottle. Simple and cheap.



Move most days

Any movement you enjoy. Go gently on flare days.



Pelvic floor physiotherapy

Especially if sex hurts or your pelvis feels tight.



Protect your sleep

7 in 10 people with endometriosis sleep badly. Poor sleep turns pain up.



Trying for a baby?

Max 2 mugs of coffee a day, little or no alcohol.



Coeliac test before gluten-free

Going gluten-free first can hide coeliac disease on the blood test.

NOT PROVEN

Whatever you read online

Gluten-free or dairy-free for everyone: no controlled evidence.

Detoxes and "healing" teas: never tested in endometriosis.

CBD oil: its placebo-controlled trial was stopped early for futility.

Gut tests, probiotics, antibiotics: the human evidence is inconsistent.

"Toxic" seed oils: no human study links them to endometriosis.

Castor oil packs, seed cycling: no trials. The warmth may soothe.

Supplements to get pregnant: none has improved pregnancy rates in a trial.

Anything that "cures" or "reverses" it: nothing does. Ask to see the study.



BRING THIS TO YOUR APPOINTMENT

Getting the right *help, sooner*

On average it takes **over 9 years** to be diagnosed with endometriosis in the UK. These two lists can shorten that.

1 in 10

women of reproductive age have endometriosis

Scan first

Ultrasound or MRI now come before keyhole surgery (ESHRE 2022, NICE)

~50%

of the risk is inherited. It is not caused by anything you did

Tick what *applies to you*

- ☐ Period pain that stops you working, studying or sleeping
- ☐ Painkillers or the pill don't control it
- ☐ Pain during or after sex
- ☐ Painful bowel movements or peeing around your period
- ☐ Bloating, diarrhoea or constipation that get worse with your cycle
- ☐ Pelvic pain between periods
- ☐ Tiredness that doesn't lift
- ☐ Trying for a baby for 12 months (6 if you're 35+)
- ☐ A mother or sister with endometriosis

Questions *to ask*

- ☐ Could this be endometriosis?
- ☐ Can I have a specialist ultrasound or MRI?
- ☐ Which hormonal treatments suit me, and what are the side effects?
- ☐ What can I take for pain, and when?
- ☐ Could I see a pelvic floor physio or a dietitian?
- ☐ If I want a baby: which fertility tests should I have now?
- ☐ Would surgery or IVF be right for me, and in what order?
- ☐ Should I be referred to a specialist endometriosis centre?

*Pain that stops your life is not normal,
whatever you've been told.*

Want a plan made for you?

Dr Helena Cepparo is a consultant gynaecologist and fertility specialist with 20+ years' experience. Book a 1-to-1 video consultation to review your symptoms, scans and options.

Book a video consultation