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12th May 2020

Deputy Róisín Shorthall
Dáil Éireann
Leinster House
Dublin 2

PQ Ref 3220/20 To ask the Minister for Health the steps being taken to improve the diagnosis, management and treatment of endometriosis (details supplied); and if he will make a statement on the matter.**

Dear Deputy Shorthall,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Endometriosis is a difficult condition to diagnose and treat because of the variation of presentations, impacting the physical and mental wellbeing of patients at varying levels. Diagnosing endometriosis is made even more challenging because the condition does not only arise in the pelvic area but also in other parts of the body. The time to diagnose endometriosis varies by patient due to its varying and ambiguous symptomology. The key aim of treatment is to relieve symptoms so that the condition does not interfere with day-to-day life for patients. Classic symptoms include premenstrual pain, painful menstruation, painful intercourse, infertility, pain in the abdomen, lower back, pelvis, and pain when passing stool. However, others who have endometriosis may experience few or no symptoms. Treatment may include pain medications, hormone treatment and surgical interventions.

The different types of surgery for endometriosis span from the most minor laparoscopic procedure that will be carried out on a day-case basis to both diagnose and treat endometriosis that is early in development, to an extensive multi-disciplinary team-based approach for severe endometriosis. The most complex of cases may require involvement of other specialties like general surgery and urology.

For this reason, the best way to help the majority of patients with endometriosis is to improve access to general gynaecology services. During the course of 2019/2020, the HSE's National Women and Infants Health Programme developed a plan to increase the capacity in the area of general gynaecology, with the objective of reducing waiting times for women, which is inclusive of patients with endometriosis. The plan developed and submitted to the Department of Health aims to re-orient general gynaecology service to an ambulatory (see and treat) care model rather than the traditional care model of outpatient

referral to day case/inpatient procedure. It is anticipated that funding available to the Programme in 2020 will support the establishment of three ambulatory services around the country, with future sites being planned thereafter. Discussions with potential sites are on-going as to how best to implement and deploy this model of care and whether it is possible to establish any of these ambulatory services in a primary care setting.

I am hopeful that with improved access to gynecology care, patients' experiences will improve.

Yours faithfully,



Mary-Jo Biggs,
General Manager, National Women and Infants Health Programme