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16th March 2021

Deputy Kelly,
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 10924/21: To ask the Minister for Health the current allocation for endometriosis diagnosis and treatment procedures; and if he will make a statement on the matter.

Dear Deputy Kelly,

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 symptomology. The key aim of treatment is a relief from the onset of 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, abdominal pains, 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 diagnosis of endometriosis and associated treatment procedures does not currently have a specific separate allocation within maternity and gynaecology services, rather service provision in this regard is encompassed within the general allocation of funding provided regarding gynaecology related services.

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, 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 was developed and submitted to the Department of Health with the aim to re-orient general gynaecology service to an ambulatory care model rather than the traditional care model of outpatient referral to day

case/inpatient procedure. In 2020 NWIHP supported the establishment of three ambulatory services around the country, with a further seven sites to be supported and developed in 2021.

I trust this clarifies the matter.

Yours sincerely,



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