

Clár Sláinte Náisiúnta do Mhná & do Naíonáin

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17th February 2023

Deputy Naughten Dáil Éireann, Leinster House Dublin 2

PQ Ref 5449/23: To ask the Minister for Health the steps being taken by the HSE to highlight the condition of endometriosis and its impact on teenage girls; if he will outline the available treatment pathways for teenage girls; and if he will make a statement on the matter.

Dear Deputy Naughten,

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 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.

While Endometriosis is one of the most common gynaecological conditions affecting women, endometriosis in adolescence is quite rare. The average age of the onset of symptoms is 20 years for those women whose main complaint is pelvic pain but can be older if the primary presentation is fertility related. Endometriosis is a disease of the reproductive years and is widely accepted as a hormone-mediated condition. As such, associated symptoms, which in themselves can be varied, tend to be cyclical, in line with menstruation and consequently, very rare prior to the first period.

A draft Framework for a National Endometriosis Service has been developed by NWIHP and is currently undergoing key stakeholder review. The proposed Framework is envisaged to roll out in a phased manner, with initial phase one investment seeing the establishment of two supra-regional endometriosis services; TUH and Cork University Maternity Hospital. These services will be designed to offer specialised care to severe and complex cases of endometriosis. Services in the supra-regional services will be multidisciplinary in nature, with a focus on a holistic approach to care and with access to specialised surgery as and when clinically indicated.

In order to support the development of both supra-regional services, the Framework proposes that there be a named 'hub' within each hospital group, located in Limerick, Galway, the Coombe, the Rotunda and the National Maternity Hospital. Each 'hub' will be positioned, through the allocation of additional resources, to provide interdisciplinary care to women experiencing endometriosis at a mild to moderate stage i.e. the cohort whose symptoms cannot be managed appropriately in primary care but who do not require the expanse of highly specialist services within the supra-regional services.

I trust this clarifies the matter.

Yours sincerely,

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