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4th April 2023

Deputy Cairns
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 12797/23: To ask the Minister for Health the steps he is taking to provide timely treatment for persons diagnosed with adenomyosis.

PQ Ref 15250/23: To ask the Minister for Health the steps he is taking to address the waiting times for women to access public gynaecological services, with particular reference to women diagnosed with adenomyosis; and if he will make a statement on the matter.

Dear Deputy Cairns,

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.

In relation to your query on timely treatment for patients diagnosed with adenomyosis, it can be extremely difficult to diagnosis this condition in the first instance as it occurs when the tissue that normally lines the uterus (endometrial tissue) grows into the muscular wall of the uterus. The displaced tissue continues to act normally thickening, breaking down and bleeding during each menstrual cycle. An enlarged uterus and painful, heavy periods can result. A definitive clinically diagnosis can only be achieved further to the complete removal of the uterus i.e. hysterectomy, and the appropriate lab based diagnostics undertaken thereafter. Therefore in endeavouring to manage and treat women who may have this condition, often adenomyosis may be concluded upon by means of a process of eliminating other conditions that present with similar symptoms.

Although it remains clinically unclear what causes adenomyosis, the disease usually resolves after menopause. For women who have severe discomfort from adenomyosis, hormonal treatments can help. Removal of the uterus (hysterectomy) is the only definitive cure for adenomyosis and may be decided upon if a patient has prolonged, heavy bleeding or severe cramping during their periods that interferes with their regular activities, make an appointment to see a GP is advised.

In relation to increasing access to gynaecology services for women suffering adenomyosis

Historically under-investment in women's health in Ireland has resulted not only in demand in the area of gynaecology care outstripping supply within Ireland but has also resulted in all gynaecological conditions, with very few exceptions, traditionally being managed as one grouping of conditions and hence from the same pool of resources. At secondary care level, this historic under-investment has significantly impeded the ability of hospitals, their gynaecology teams and resources, to develop and implement streamlined and targeted treatment pathways for women presenting with specific gynaecological conditions.

Over recent years however, this is beginning to change. Led by the HSE's National Women and Infants Health Programme (NWIHP) and in collaboration with the Department of Health, the Women's Health Task Force and the six maternity network, a significant work programme in the area of gynaecology services has commenced. NWIHP in developing this national work programme, has focused on designing, investing and implementing specific, stratified gynaecology services so that individual and specialised gynaecology services are in the process of being established and resourced in their own right thereby enabling women to be managed by the most appropriate gynaecology service and team based on their individual presenting symptoms – right care, right place, right time.

Work undertaken in this area to date under the auspices of NWIHP include:

- Development of a National Model of Care for Ambulatory Gynaecology with 20 such clinics in the process of being established around the country;
- Establishment of six regional infertility hubs – one in each maternity network;
- Implementation of six specialist complex menopause clinics – one in each maternity network;
- Development of a National Framework for Endometriosis Care in Ireland, with five regional specialist endometriosis hub services under development supported by two supra-regional complex endometriosis services;
- Design and on-going implementation of an alternative front line service for women referred to uro-gynaecology services led by a new hospital based network of clinical specialist physiotherapists in women's health;
- Development of a suite of new and updated national clinical guidelines in the area of gynaecology in collaboration with the Institute of Obstetrics and Gynaecology; and
- Design and national implementation of a new standardised e-referral form for use by GPs accessing secondary care for their female patients in collaboration with the ICGP.

In 2023, NWIHP working with HSE Acute Operations and the Department of Health will seek to continue to focus on expanding access to gynaecology services at secondary and tertiary level with particular attention on waiting times and capacity for day cases and inpatients.

In tandem with the above, NWIHP will continue to drive the multi-disciplinary approach to gynaecology care it has promoted thus far seeking to invest further in advanced nurse practitioners/specialist nursing, specialist physiotherapists, sonographers, psychologists and occupational therapists.

I trust this clarifies the matter.

Yours sincerely,



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