

Bladder endometriosis

This factsheet is for those who have suspected bladder endometriosis and those who have been recently diagnosed. It explains the symptoms of bladder endometriosis and how it is diagnosed and treated.

What is bladder endometriosis?

Endometriosis (en- doh – mee – tree – oh – sis) is a condition where cells like the ones in the lining of the womb (uterus) are found elsewhere in the body. Each month these cells react in the same way to those in the womb, building up and then breaking down and bleeding. Unlike the cells in the womb that leave the body as a period, this blood has no way to escape.

Bladder endometriosis is uncommon. It can be superficial, meaning just on the outer surface of the bladder; or it can be deep, inside the bladder wall. Rarely, endometriosis can also affect the ureter. These are the tubes that carry pee from your kidney to the bladder.

Unfortunately, the cause of bladder endometriosis is currently unknown.

What are the symptoms?

Symptoms of endometriosis vary with the menstrual cycle. They can be worst in the days before a period and during menstruation.

The most common symptoms of bladder endometriosis are:

- Needing to pee more often
- Pain when peeing
- Having an urgent need to pee
- Having trouble emptying your bladder when peeing
- Blood in your urine
- In rare cases you may have kidney pain

How is bladder endometriosis diagnosed?

Clinical investigation

Your doctor will ask you questions about your symptoms and examine you. This may involve a vaginal examination.

Scans and tests

Urine sample - testing your pee to look for infection

Cystoscopy - uses a small camera called a cystoscope to look inside your bladder

Laparoscopy - uses a small camera called a laparoscope to look inside your abdomen (tummy).

Ultrasound scan - uses high frequency sound waves to make images of inside the body. You may have an ultrasound to look at your urinary tract.

Renogram – a scan that uses a radioactive dye and a special camera to better see how your kidneys and bladder are working.

Magnetic resonance imaging scan (MRI) uses magnetic fields and radio waves to make images of the inside of the body. An MRI Scan can be helpful to look for deep endometriosis affecting the bladder or ureters.

How is bladder endometriosis treated?

Surgery can confirm a bladder endometriosis diagnosis and treat it. Sometimes, endometriosis cannot be treated at the same time as your diagnosis. This will depend on where exactly the endometriosis is and how it affects you; your surgeon will talk to you about your surgery and discuss your options.

Surgery

The type of surgery you have will depend on your individual circumstances. You may be offered radiofrequency ablation, diathermy or excision.

Ablation

In this procedure the surgeon uses a laser to vaporise the endometriosis.

Diathermy

In this procedure the surgeon uses heat to destroy the endometriosis.

Excision

In this procedure the surgeon will cut out the endometriosis. The surgeon may also cut out the affected part of the bladder.

After excision surgery you may need a urinary catheter. A thin tube will be put into your urethra or through a hole in the abdomen. The catheter goes through to your bladder and allows urine to flow into a drainage bag. You may have a catheter for 1 to 2 weeks after your operation.

What happens during surgery?

Ureteral stents

Ureteric stents are narrow silicone tubes, which are placed into the ureters during surgery. They make it easier to remove endometriosis by turning the ureter from a soft tube into a semi-hard tube. They may be removed before you wake up or remain for a few weeks after your operation.

Ureteric stents can cause side effects including:

- Blood-stained urine
- Mild kidney pain, this can be treated with simple painkillers
- Having an urgent need to pee or to pee more often
- Urinary infections, these can be treated with antibiotics or in some cases with removal of the stents

The stents are removed through your urethra. This procedure does not usually require a general anaesthetic and although it can feel uncomfortable is usually not painful.

Ureterolysis

This type of surgery is used to remove scar tissue and adhesions from around the ureter. It may be used during your surgery to reduce the risk of injury by giving the surgeon a clear view. It also frees

the ureters from external pressure.

What happens after surgery?

When you go home you will be able to get up and about and gradually return to normal activities.

Symptoms Management

Everyone's case is different, and you may not need or want surgery to treat your bladder endometriosis. Your doctor will explain the treatment options available to you and the final decision to have surgery is yours.

Symptoms can be controlled by hormone treatments including contraceptive medication and medication that mimics the menopause. Find out more about [Hormone treatments for endometriosis](#) on our website.

The main symptom of endometriosis is pelvic pain and there are various pain relief and pain management options available. Find out more about [pain relief for endometriosis](#) on our website.

How we can help

Being diagnosed and living with endometriosis can be a daunting experience. If you're finding things difficult, we're here to help. Our trained volunteers, all with personal experience of endometriosis, can offer you the help you need to understand your condition and take control. We offer: [a Web Chat Service](#), a telephone [Helpline](#) and [UK-wide Support Groups](#).

Tell us what you think

You can give us feedback on all our publications by contacting us via information@endometriosis-uk.org

Many thanks to the health professionals and volunteers who gave their time and shared their expertise and experience to help us produce this factsheet.

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