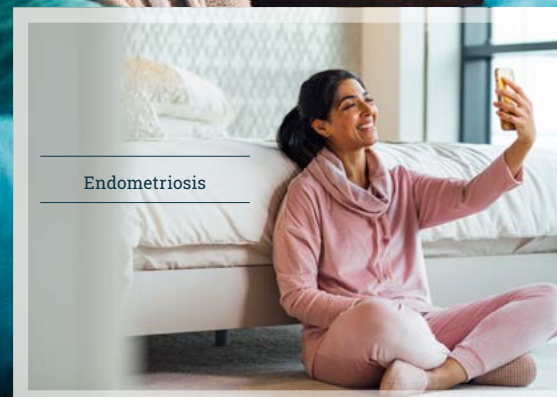


Women's Health Matters 2021

Join the critical conversation about 10 of the most common gynaecological health conditions in the UK

BMI Healthcare
- Part of Circle Health Group -



Women's
Health Matters:
endometriosis

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Foreword

Circle Health Group Chief Nursing Officer, Liz Adair



Millions of women in the UK suffer the often-distressing effects of a gynaecological condition.

Gynaecological conditions such as endometriosis, adenomyosis and interstitial cystitis often go undiagnosed or misdiagnosed for years. This can have life-changing consequences.

Infertility, debilitating chronic pain, the onset of associated conditions and severe depression are common effects of living with a gynaecological condition without access to the right care.

Yet despite this, education and awareness around women's health is lacking. Millions of women in the UK continue to suffer in silence, unsure of how best to manage their pain or seek help.

As yet the scientific community hasn't been able to identify exactly what causes many gynaecological conditions, or how to definitively diagnose them. More work needs to be done on raising awareness of these conditions, as well as how to place women at the centre of their health and care.

It is for this reason that BMI Healthcare (part of Circle Health Group) are joining this conversation with this report. And we are grateful to the 10,000+ people who took part in the survey on which it is based.

These often candid and honest responses on the impact and experience of living with often debilitating symptoms will not only help us improve the services we offer, but also help highlight the need for better education and understanding among healthcare professionals, employers, loved ones and society as a whole.

With the right support, women suffering from these often hidden illnesses can achieve a better quality of life and the burden these conditions place on them can be eased.

A handwritten signature in black ink, appearing to read "Liz Adair".

Liz Adair
Chief Nursing Officer at Circle Health Group

Foreword

Wellbeing of Women Chief Executive Officer, Janet Lindsay



We welcome BMI Healthcare's Women's Health Matters report that highlights the impact that women's health issues have on both a woman's physical and mental health.

In 2021, no woman should be held back by her reproductive or gynaecological health. However, the reality is that women are struggling to find the information they need to ask the right questions about their health and regularly meet barriers when they attempt to book routine appointments to access basic health needs.

Many women's health issues remain taboo and shrouded in secrecy leading to women feeling stigmatised. This stigma and taboo are helping to fuel the gender imbalance that exists in healthcare, and these taboos appear at all points on a woman's life course from puberty to menopause and beyond.

As a society we need to tackle these taboos and ultimately redress the imbalance.

Led by women's voices, Wellbeing of Women improves health and wellbeing through research, education and advocacy. Improving women's healthcare and empowering

women to make the best possible choices when it comes to their health is at the very heart of what we do. We are delighted to be supporting BMI Healthcare's report that shines a spotlight on women's health and highlights the impact on women's lives.

Janet Lindsay
Chief Executive at Wellbeing of Women

*Janet will be referred to as Lindsay for the duration of this report

Our gynaecological treatment options

We understand that gynaecological health conditions can be devastating to manage, both physically and emotionally. However, **it is important to acknowledge that these problems do not mean a lifetime of pain and suffering.**

There are many treatment options available to help ease the symptoms of gynaecological conditions, helping people manage their pain effectively and live normal, high-functioning lives.

We offer a variety of effective diagnostic tests and treatment options for gynaecological problems. These are just some that are available:

Diagnostic testing

A hysteroscopy is a procedure used to examine the inside of the womb (uterus). It can be used to investigate and diagnose several health issues, including heavy periods, uterine fibroids, vaginal bleeding and chronic pelvic pain.

Laparoscopy (keyhole surgery) allows a Consultant to access the inside of the abdomen (tummy) and pelvis. It can be used to investigate and diagnose several health issues, including endometriosis and certain types of cancers.

Treatment options

Pelvic health physiotherapists are trained to assess and treat a range of conditions that cause pelvic problems, such as incontinence of the bladder or bowel, or chronic pelvic pain.

We offer a range of treatment options for urinary incontinence, including medication, bladder injections and specialist forms of physiotherapy.

Endometrial ablation is a procedure to remove the lining (endometrium) of the womb (uterus). One common reason for having endometrial ablation is to experience relief from symptoms of endometriosis.

Laparoscopic myomectomy is keyhole surgery to remove uterine fibroids. During this surgery, fibroids are detached with instruments through small incisions in the abdomen.



Our gynaecological treatment options

A laparoscopic ovarian cystectomy is a form of keyhole surgery to remove ovarian cysts, which can sometimes cause chronic pelvic pain.

An oophorectomy is the surgical removal of the ovaries. It is often performed as part of a hysterectomy, but may be carried out alone.

Posterior repair for vaginal prolapse aims to tighten the support tissues between the vagina and bowel and remove any bulge in the vagina.

A hysterectomy is an operation to remove the womb (uterus) through the vagina. The common reasons for having a vaginal hysterectomy include uterine prolapse, heavy periods and uterine fibroids.

Total laparoscopic hysterectomy is a keyhole hysterectomy, also performed to remove the womb (uterus) through small incisions in the tummy with modern instruments to minimise tissue damage.

A person's treatment pathway depends entirely on the condition they suffer from, combined with other important factors, such as their most prevalent symptoms.

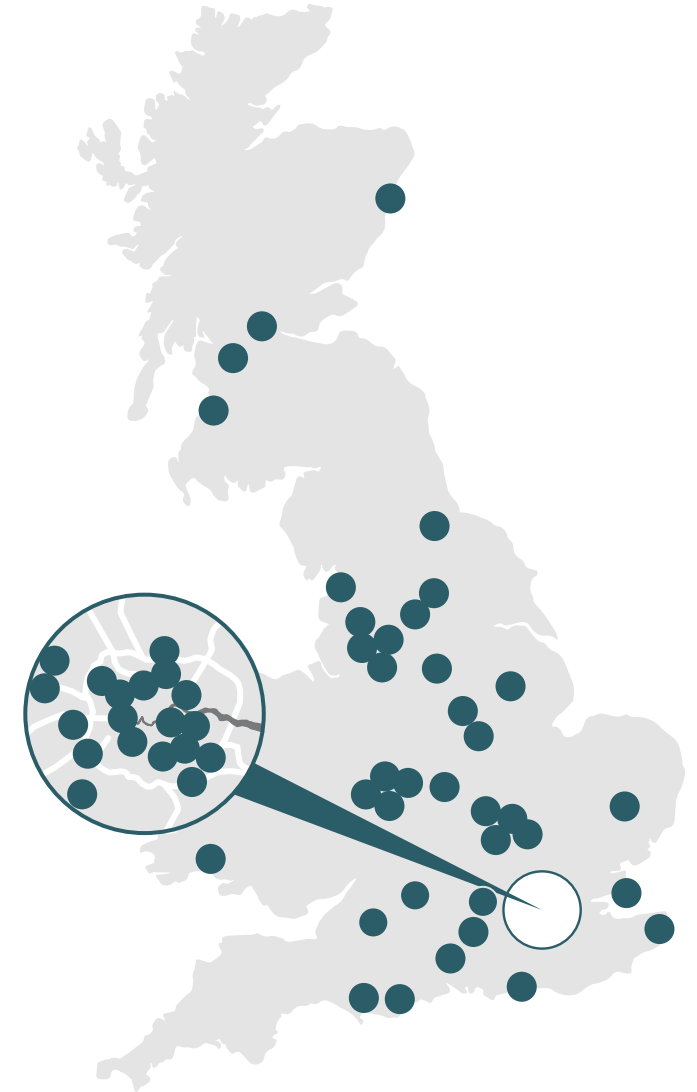
Having a private consultation with a specialist can help an individual reach a diagnosis and access appropriate care.

We have a large network of [Consultant Gynaecologists](#) dedicated to helping people manage their gynaecological health. They work in collaboration with our clinical specialists, such as physiotherapists to provide the best treatment options on a personalised basis. To find out more about our network of Consultants and other gynaecological services we offer, you can:

Call us to find out more: 0808 274 5396

Book a consultation online:
www.bmihealthcare.co.uk/find-an-appointment

Our hospital coverage across the UK



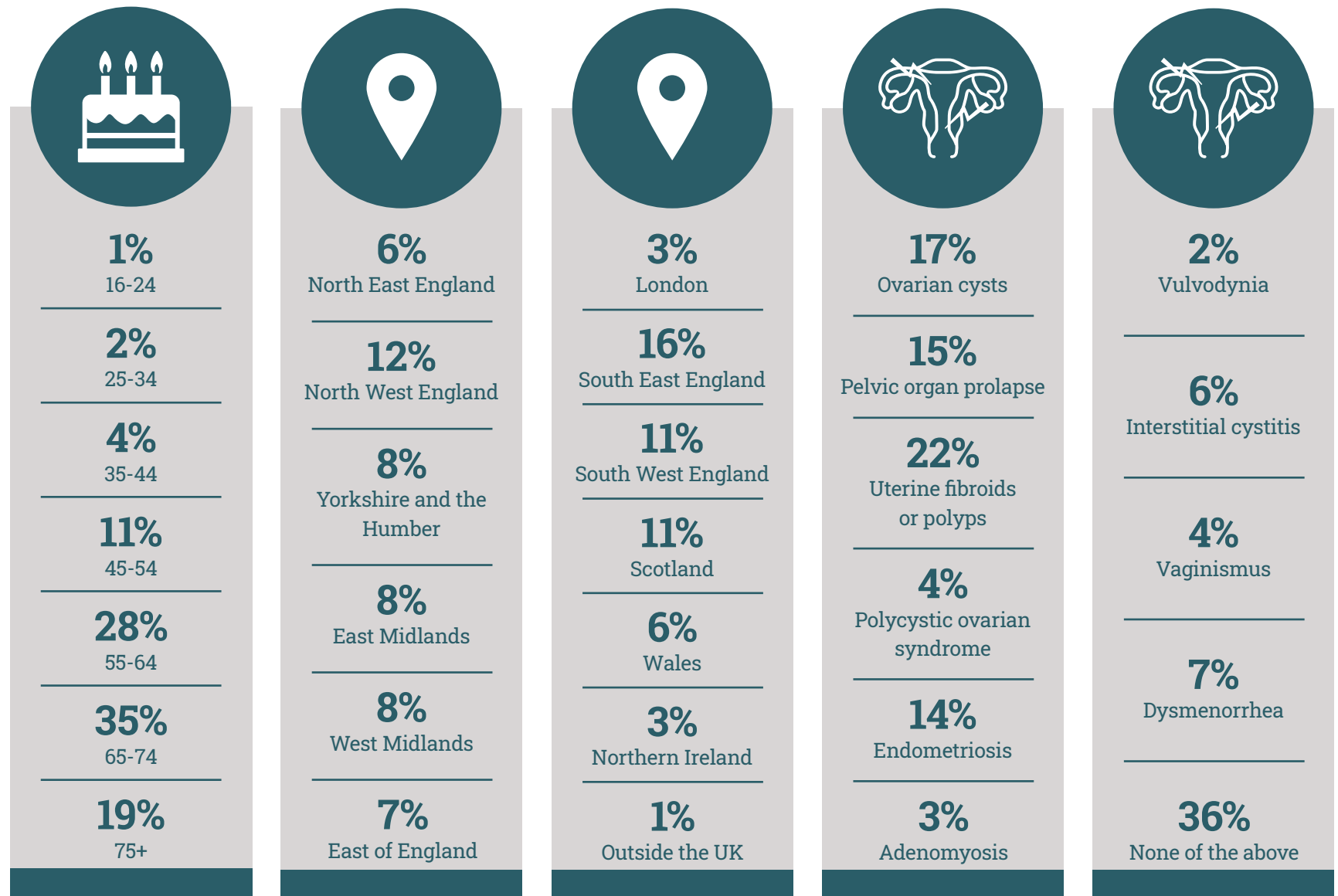
Executive summary

Who are our respondents? We talk a bit more about them, where they live and the conditions they suffer with.

Method

We asked 10,360 women from the ages of 16-75+ many questions through an anonymous online survey, 'Women's Health Matters', published on www.bmihealthcare.co.uk. The survey featured a combination of closed and open-ended questions in order to gather a combination of statistics and more qualitative data.

The largest segment of respondents were aged 65-74 and the most common condition reported is uterine fibroids.





Women's health: an overview

Understanding women's health: an overview

Gynaecological health conditions can go undiagnosed for years, often causing chronic, debilitating pain and understandably deeply rooted psychological problems. Janet Lindsay, Chief Executive from Wellbeing of Women says: "Pelvic pain and gynaecological conditions can impact all aspects of a woman's everyday life. If you are in a constant state of pain and discomfort, it can weigh you down emotionally and physically. One in 10 women have experienced severe reproductive health symptoms in the past 12 months. This is a huge number of women at any one time experiencing debilitating symptoms."

Endometriosis

Endometriosis affects one in 10 women in the UK. One of the condition's biggest issues is that it is very difficult to diagnose, taking an average of seven and a half years. Endometriosis causes severe pelvic pain, pain during sex and, often, infertility, as well as many other symptoms.

Adenomyosis

Adenomyosis affects one in 10 women in the UK. According to the NHS, adenomyosis can also take years to diagnose. Symptoms of adenomyosis include, but aren't limited to, heavy, painful or irregular periods and severe pelvic pain.

Interstitial cystitis

According to The Urology Foundation, interstitial cystitis (IC) affects approximately 400,000 people in the UK, 90% of whom are female. IC is often diagnosed through process of elimination, which can take a long time, causing feelings of hopelessness and exhaustion. IC has many symptoms, including severe pelvic pain, as well as frequent urination and urgency.

Vulvodynia

It is not clear exactly how many women suffer from vulvodynia in the UK. The condition causes many symptoms, including a constant painful burning sensation in your vagina, as well as pain during sex.

Vaginismus

One study by The British Journal of Obstetrics and Gynaecology (BJOG) suggests that one in 10 women find sex painful. Vaginismus can take a long time to diagnose because it is often overlooked as being natural nerves experienced before sex. Vaginismus causes your vagina to tighten before penetration due to intense fear of pain, making sex unusually challenging and painful.

Polycystic ovarian syndrome (PCOS)

Studies show that around one in 10 women suffer from PCOS. There is no definitive diagnostic test for PCOS, so it can take time to diagnose through a process of elimination. PCOS can lead to disrupted menstrual cycles and difficulty getting pregnant. It also causes excessive hair growth and weight gain, which can take an upsetting toll on self-confidence and body image.

Ovarian cysts

According to The Royal College of Obstetricians and Gynaecologists, most women will be unaware that they have an ovarian cyst(s), because they are often asymptomatic. However, up to one in 10 women may need surgery for an ovarian cyst at some point in their lives. If you do have symptoms, you will likely experience pelvic pain, pain during sex and unusually heavy periods.

Uterine fibroids


According to The National Center for Biotechnology Information, most women will develop one or more uterine fibroids during their reproductive lifespan. Uterine fibroids can lead to heaviness and pressure across your pelvic area. If left untreated, uterine fibroids will continue to grow.

Dysmenorrhea

The symptoms of dysmenorrhea may look like those of other conditions. This can make it difficult to diagnose. If you suffer from dysmenorrhea, you will likely experience excruciating period pain during your period and painful stomach cramps before, during and after your period.

Pelvic organ prolapse

According to NICE, in primary care in the UK, 8.4% of women reported a vaginal bulge or lump, and on examination prolapse is present in up to 50% of women. If you're experiencing pelvic organ prolapse, you will likely feel pressure and heaviness across your pelvic area.



Gynaecological
diagnosis delay
damages mental health

Gynaecological diagnosis delay damages mental health

"I just want to be believed and not treated like a hypochondriac. Or be told it's something women have to put up with."

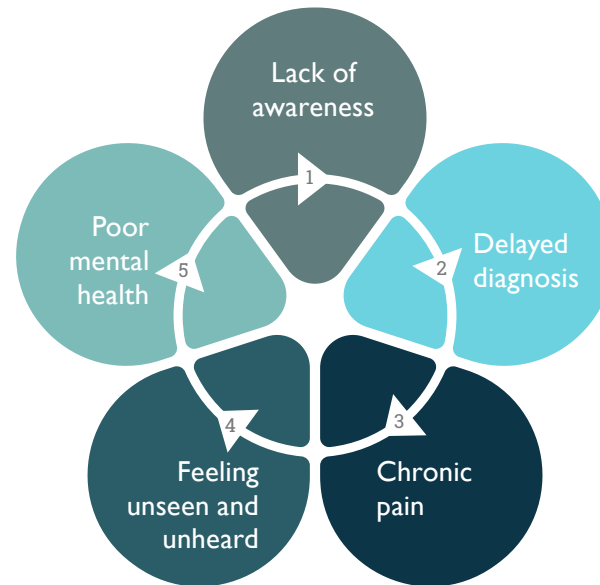
The voice of one respondent to our survey resonates widely with the endemic problem faced by millions of women – the need for better understanding and diagnosis of gynaecological conditions.

While diagnosis times vary by condition, our survey shows that women can wait years for a correct diagnosis and treatment. In the case of endometriosis, 27% of respondents waited 10 years or more to get diagnosed.

Not only that, across all conditions, between 10% and 20% of respondents haven't been diagnosed, despite being sure of what condition they have.

All the conditions covered by our survey can cause pain. Other symptoms of the conditions covered in the survey include infertility, heavy bleeding, weight gain and facial hair growth. All of which can affect mental health.

As one respondent says: "Pain can just wear a person down on a daily basis. It's hard when people don't understand what type of pain you can be in. One day I can walk and the next I can't. It doesn't make sense to me, let alone my family. It's a daily struggle."



1. Lack of awareness: limited education and understanding around women's health as a result of long-lasting taboos

2. Delayed diagnosis: a lack of research and funding, which poorly affects the quality of women's healthcare and diagnosis times

3. Chronic pain: a lack of access to suitable treatment or pain management to match an individual's needs

4. Feeling unseen and unheard: living in chronic pain without knowing where to access the right emotional and medical support

5. Poor mental health: the distressing impact of poor physical health

Wellbeing of Women invests in research into women's health and has partnered with BMI Healthcare (part of Circle Health Group) on our Women's Health Matters report. Janet Lindsay, CEO of Wellbeing of Women says: "Some gynaecological conditions are harder to diagnose than others. Symptoms can be vague, generic, or misleading. These generic symptoms can make it harder to know exactly what the cause is."

Our survey data also shows a link between time taken for diagnosis and the impact on mental health. Combining data across all conditions about diagnosis times with questions about the impact on mental health, the survey shows a steady rise in impact from a rating by respondents of 3 out of 5 at a diagnosis time of less than a year to 4 rating out of 5 at ten years or more.

Lindsay says: "There's been little research into the connection between a person's gynaecological health and their mental health, but it is unsurprising that a link exists. It is reported that up to half of endometriosis sufferers have had suicidal thoughts, a statistic which further supports the connection. When women are left feeling dismissed or in pain, it can affect all areas of their lives including their mental health."

While this data isn't fully comprehensive, the trend is there and is also reflected in the comments one respondent said: "Had I known of what was really wrong with me, I may have been able to handle my condition better and managed the bad spells with rest and support from my GP. Instead, I self-medicated and thought I was just anxiety prone. Now, as a woman in my 30s, I am mentally able to cope with the ups

Gynaecological diagnosis delay damages mental health

and downs of my condition. I know when I am having a flare up and how to manage this. However, more support would be great for women with this condition.”

One area of focus for Wellbeing of Women is on better education, both among women to empower them to discuss their gynaecological health, but also among healthcare professionals.

Lindsay says: “We need to improve and normalise the conversation around reproductive and gynaecological health throughout the life course. We know our own bodies better than anyone else, and if women and girls have a better understanding of their gynaecological health, they are more likely to be able to spot symptoms, understand when something isn't normal and be more confident in communicating with healthcare professionals.”

The need for better understanding among GPs in particular is again reflected in respondents' comments. “I feel that I am battling with my GP surgery rather than being supported by them,” says one respondent. “This has caused a disproportionate amount of damage to my physical and mental health. I just want to be believed, listened to and have an intelligent discussion about my illness.”

Another explains: “It helps when a professional actually listens to all of your issues (mental as well as physical) and takes them seriously.”

Dr Lucky Saraswat, a Consultant Gynaecologist at BMI Albyn Hospital in Aberdeen, agrees. She says: “I feel this is due to

a lack of awareness and information about these conditions. It's about educating GPs and other healthcare professionals about these conditions. If they know what to look out for, it can be diagnosed.”

On a more positive note, awareness of these conditions among healthcare professionals has increased significantly in recent years, helping GPs identify symptoms early.

Elias Kovoov, Consultant Gynaecologist for BMI Chelsfield Park Hospital, Orpington, comments: “Over the last five years, there has been a massive increase in endometriosis

awareness, education and training for everyone, including primary care doctors and non-specialists in gynaecology. These healthcare professionals all know about it and whether someone with endometriosis potentially needs to be referred to a specialist clinic.”

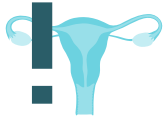
This increased awareness among healthcare professionals will benefit thousands of women each year, helping them access treatment as quickly as possible. Continuous research by charities such as Wellbeing of Women will also drive increased awareness around menstrual health more generally, resulting in more education in primary care.



Endometriosis



Women's Health Matters: endometriosis



Endometriosis is a condition that occurs when tissue similar to the lining of your womb starts to grow in other places, such as your ovaries and fallopian tubes.



One in 10 women in the UK have endometriosis



14% of respondents have been diagnosed with or suspect they have endometriosis



56% of respondents with suspected or diagnosed endometriosis said it had prevented them from sleeping



76% of respondents with suspected or diagnosed endometriosis have been diagnosed with depression



70% of respondents with suspected or diagnosed endometriosis said it affects their ability to function

Endometriosis affects 1.5 million women in the UK, often causing debilitatingly painful and heavy periods among other distressing symptoms.

This section looks at the responses of 958 people who took part in our survey, who have or suspect they have endometriosis. We examine the impact endometriosis has had on their lives, their healthcare experience and how they cope with the condition.

Endometriosis can affect all women and girls of a childbearing age, regardless of race, ethnicity, or a person's gender at birth. In endometriosis, cells similar to the ones in the lining of the womb grow in others areas of the body. These cells bleed in reaction to the menstrual cycle each month. However, this blood cannot leave the body through the vagina, as a period usually does each month. This bleeding causes inflammation, extreme pain and the formation of scar tissue.

Endometriosis is a chronic, long-term condition that can go undiagnosed or misdiagnosed for years. Our survey results suggests that this could be partly due to a lack of societal awareness and education around women's health.

Charity Endometriosis UK cites that it takes an average of 7.5 years for endometriosis to be diagnosed. However, our survey suggests that it could be longer, with 50% of respondents waiting five years or more. Within this, 27% waited 10 years or more to have a diagnosis confirmed.

Another startling statistic is that, of respondents still waiting, a third have waited more than 10 years to be diagnosed.

It is unsurprising that this causes deeply rooted emotional effects, as shown by comments made by several survey respondents with suspected or diagnosed endometriosis. 76% of respondents have been diagnosed with depression and 69% with anxiety.

One respondent explained: "I feel trapped waiting for a diagnosis. I want to change jobs, as I don't have a sympathetic boss, but I know that my body can't handle the stress."

Another said: "My GP, though very helpful and supportive, had never heard of endometriosis. More needs to be done to make diagnosis quicker and easier."

As mentioned previously, awareness of endometriosis has increased significantly in the last five years, which has led to increased training and education for GPs to identify its symptoms early. This continues to help thousands of women battling endometriosis receive treatment early.

“

I have lost career progression opportunities as I was seen as 'flakey' due to the cyclical nature, needing time off for appointments, operations and when really ill with the pain.

”

Women's Health Matters: endometriosis

Despite years of medical research, the exact cause of endometriosis is unknown. Theories suggest it could be caused by:

- Genetics – the condition often runs in families and affects people of certain ethnic groups more than others
- Retrograde menstruation – when some of the womb lining flows up through the fallopian tubes and embeds itself on the organs of the pelvis, rather than leaving the body as a period
- A problem with the immune system, our body's natural defence against illness and infection

But none of these theories fully explain why endometriosis happens.

The life impact of endometriosis

More severe cases of endometriosis cause chronic pain, fatigue, disturbed sleep, depression, issues in sexual relationships, infertility and difficulty in engaging with or fulfilling work and social commitments. 68% of respondents with suspected or diagnosed endometriosis said it impacted their self-esteem, 70% their ability to function and 67% their ability to plan ahead.

Many women spoke about feeling like a burden to their loved ones, anxious about losing their jobs due to calling in sick too many times and helpless about the state of their future with chronic pain. 62% of respondents said that their condition affected their romantic relationships. 81% said they had missed work as a result of their condition. 56% of respondents said that endometriosis regularly stopped them from sleeping. These statistics show the impact of endometriosis on everyday life.



Endometriosis, a condition where tissue similar to the lining of the womb starts to grow in other places, can be a cause of chronic pain, heavy bleeding and infertility.

It is estimated to affect one in 10 women and girls and can take an average of eight years to diagnose. The severity of symptoms, coupled with long diagnosis times, can have a significant impact on a person's life and mental wellbeing.

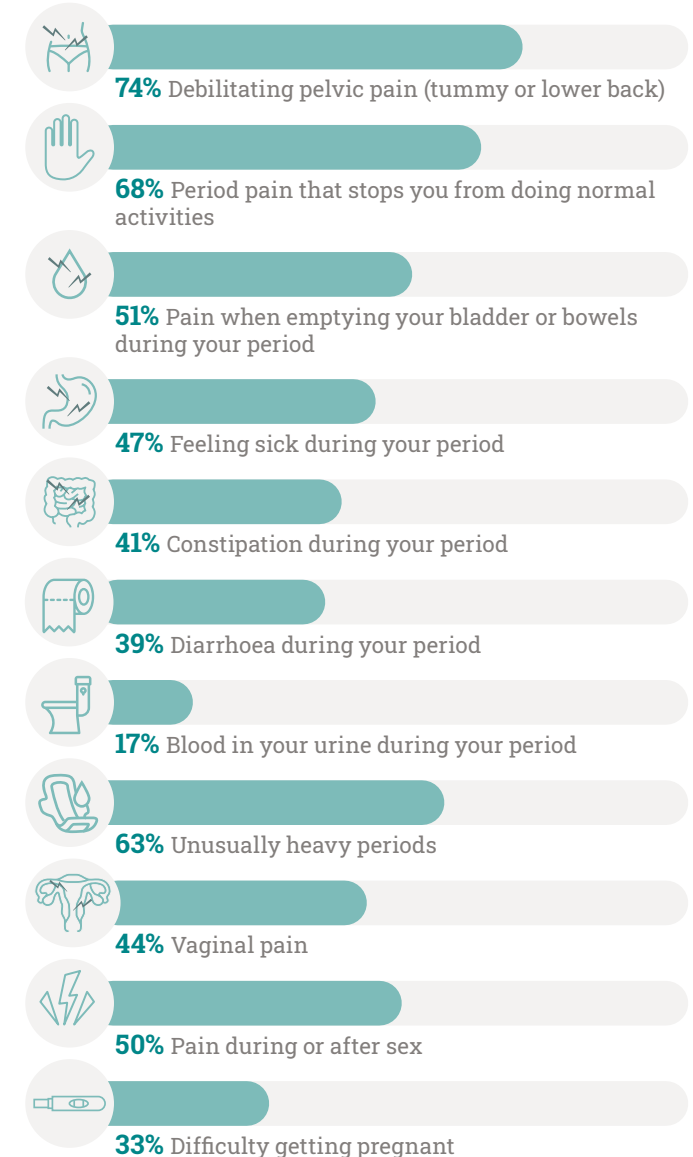
While there is no cure, there are treatment options available for endometriosis and the condition has finally started to receive the attention it deserves in recent years. Raising awareness of endometriosis and its symptoms is crucial to helping people seek medical advice and access to treatment at the earliest opportunity.

Wellbeing of Women has funded several research projects to further our understanding of endometriosis and find better treatments. This has resulted in a clinical trial of the first non-hormonal, non-surgical treatment which, if successful, could significantly improve the future of women and girls with endometriosis.



Janet Lindsay
Chief Executive
Wellbeing of Women

Symptom overview



Endometriosis: numbers you should know

How often are you in pain?



17% all of the time



35% most of the time



19% rarely



29% sometimes

90%



has affected their
mental health

Most common symptom reported

74%



debilitating pelvic pain

22%



unable to speak to
friends and family



59%

affected their
romantic relationships

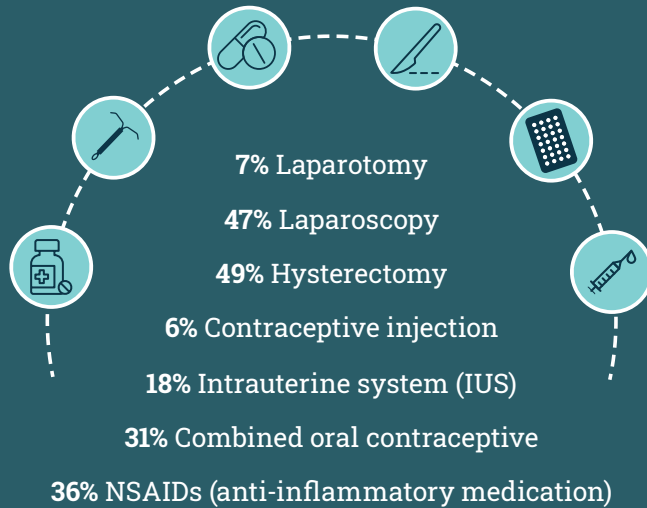
81%



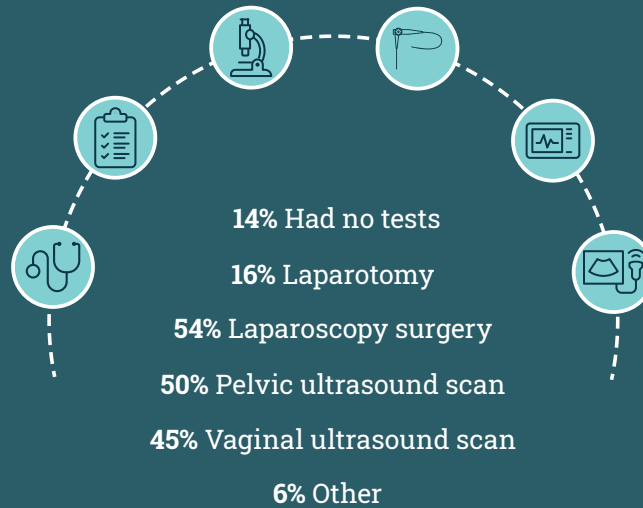
made them miss work

Endometriosis: diagnosis journey

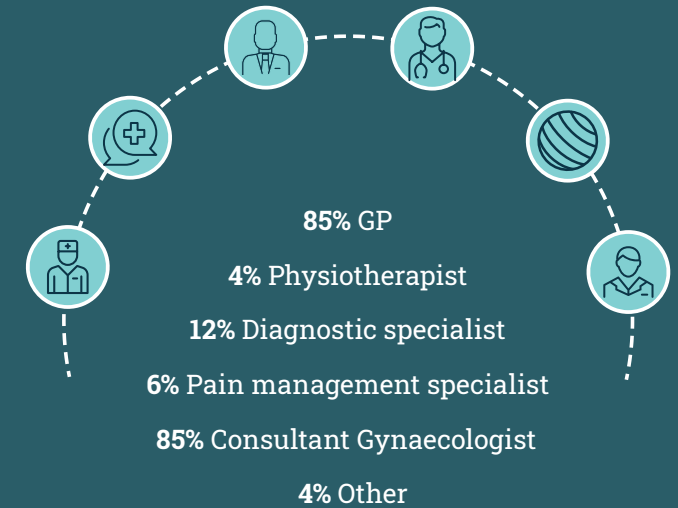
Treatment overview



Diagnostic testing overview



Healthcare professionals overview



73%

of people with suspected or diagnosed endometriosis feel dismissed throughout their diagnosis journey

How people rated their experience



Women's Health Matters: endometriosis

Diagnosis journey

Endometriosis can take years to diagnose because symptoms can be non-specific and overlap with those induced by other gynaecological conditions. Mr Kovoov, Consultant Gynaecologist at BMI Chelsfield Park, Orpington, explains: "The reason why endometriosis takes so long to diagnose is because the symptoms are non-specific. There are clear-cut guidelines on pain management and treatment pathways for people who present with chronic pelvic pain, but you have to ask the right kind of questions."

People with endometriosis are often initially treated for chronic pelvic pain, which can help eliminate its other potential causes. Endometriosis can only be definitively diagnosed through laparoscopy surgery. The procedure involves inserting a small telescope into your abdomen to look directly at your internal tissue.

“

"Endometriosis surgery is complex, but has a positive outcome for many patients. It takes a lot of resources. Mostly, surgery involves laparoscopy and examination, which further involves the removal of endometriosis."

Elias Kovoov, Consultant Gynaecologist
at BMI Chelsfield Park, Orpington

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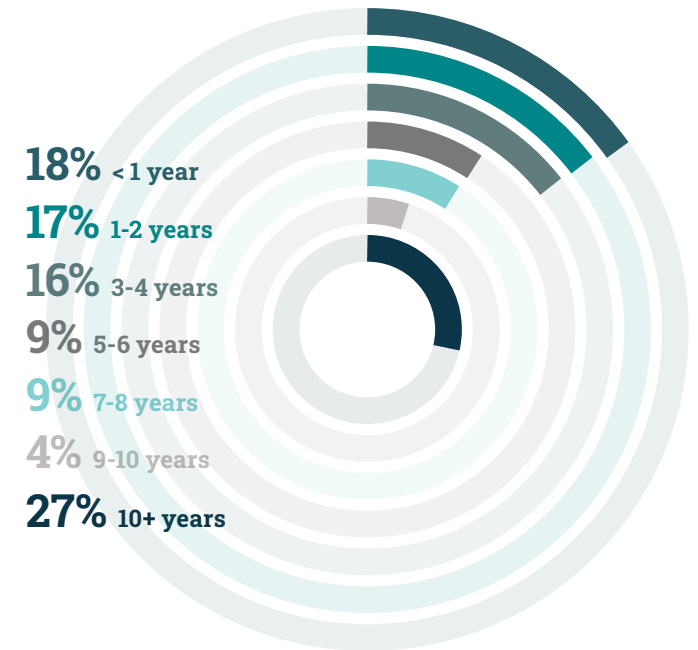
While waiting for a diagnosis, people with endometriosis feel understandably distressed and, in some cases, dismissed by their doctor or relevant healthcare professional. 73% of respondents said they felt dismissed throughout their diagnosis or treatment journey, 54% felt ignored, 56% felt not believed and 50% felt patronised. One respondent remarks: "I work for myself now, but I found it difficult previously and pressured to attend work when I could barely stand up straight."

As noted previously, endometriosis can take years to diagnose because symptoms can be non-specific and overlap with those caused by other gynaecological conditions. This timeframe can make women dismissed and isolated, while waiting for a diagnosis. Mr Kovoov shares more information about the stringent guidelines often in place in GP practices and hospitals to prevent this. He says:

"Dismissiveness in primary care can happen, which is why there are specific, stringent guidelines in place. People with pelvic pain do not have to be referred to secondary care right away. They can be treated empirically with contraceptive pills and other recommended treatment options. If these are not effective, we can refer people to secondary care. You need to have specific guidelines and a timeframe. Guidance on patients with chronic pain and how we manage these patients is common and vital."

This encouraging statement by Mr Kovoov shows an understanding by healthcare professionals of the physical and emotional difficulties faced by people with gynaecological health concerns, many of whom are waiting for a diagnosis. It also demonstrates a considered process commonly in place to offer effective treatment as efficiently as possible.

Diagnosis times for respondents



The average wait for a diagnosis
for survey respondents is

3-4 years

Endometriosis: alternative therapies

We asked survey respondents whether they have tried alternative therapies and lifestyle changes to alleviate their symptoms. Certain types of exercise, particularly stretching, has shown to help improve chronic pelvic pain. Hot and cold therapy, which involves the use of heat pads and ice packs to relax muscles or numb pain, is also recommended by the NHS for some forms of chronic pain and is used by 31% of respondents.

We asked respondents to rate how effective they found alternative therapies and lifestyle changes in alleviating symptoms on a scale of 1-5.

Overall average effectiveness of alternative therapies, as rated by respondents



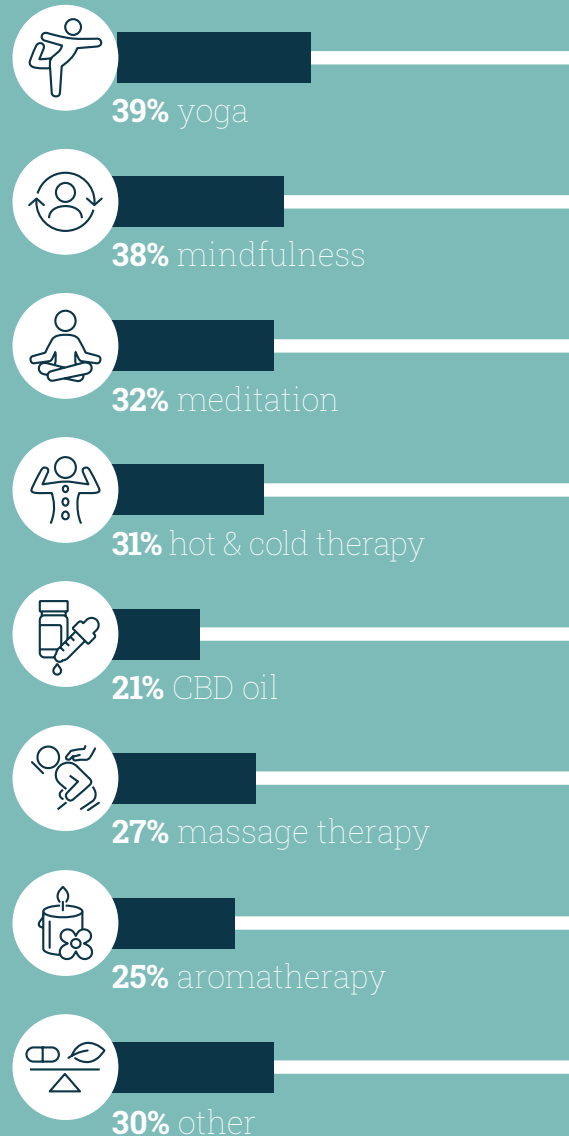
Overall average effectiveness of lifestyle changes, as rated by respondents



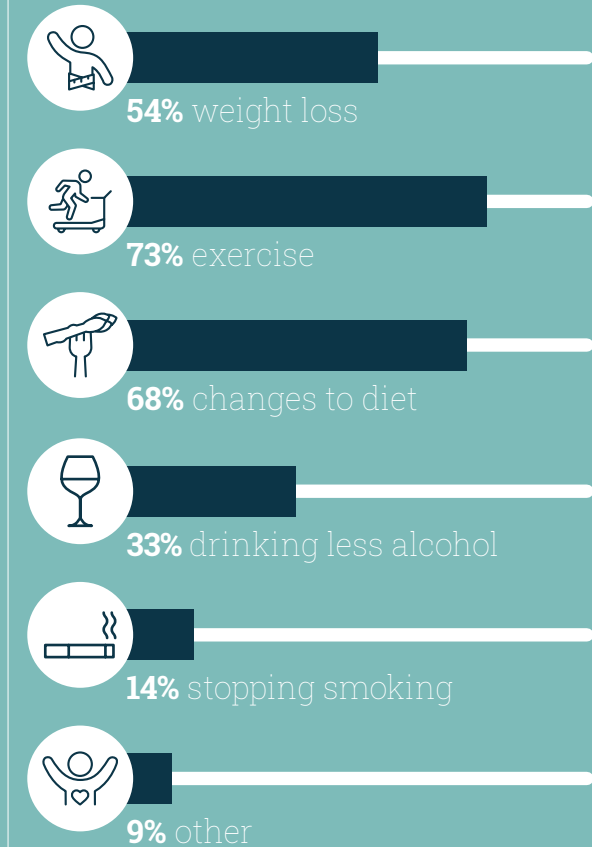
Overall average experience of the diagnosis journey, as rated by respondents



Alternative therapies



Lifestyle changes



Endometriosis: My endometriosis story

Lauraine, 60 from Wales



I first experienced ill health in my 20s and actually had a stoma when I was 28 for bowel disease. They were never really sure of the diagnosis, but two years later I had further surgery, which revealed severe endometriosis. I am 60 now and endometriosis blighted my life considerably. It affected my personal life as I was frequently unwell, in pain and exhausted. I kept developing cysts around my ovaries, which were repeatedly aspirated. This happened in excess of 30 times over a 20-year period, each time requiring a general anaesthetic and hospital stay. Luckily, my employers were very supportive and I somehow managed to stay in work throughout that period.

I was given various medications, which sadly had little effect. The side effects were pretty miserable and I developed acne. I continued to develop cysts from the medication, so I stopped taking it after a few years. The repeated surgeries were keeping the worst of my pain at bay, but I didn't realise the damage this was causing inside.

My endometriosis journey ended when aged 55 I had a hysterectomy. My insides were literally fused together and my bowel perforated, leaving me with a fistula. I now have three stoma bags and a very compromised life.

As a woman, I feel totally mutilated and if I'm honest completely invisible. Endometriosis is thought to be painful periods, but as so many women demonstrate, it's so much more.

A sometimes invisible, destructive disease that causes deep infiltrating damage and scarring.

I think we have to keep speaking about our experiences in the hope we are taken seriously. I know my story is rare, but when it happens to you, it is life-changing. Women's problems are real and sometimes the physical and psychological consequences of badly managed conditions are catastrophic.

“

It affected my personal life as I was frequently unwell, in pain and exhausted.

”

Women's Health Matters: COVID-19

Survey respondents said the COVID-19 pandemic has affected their health for several reasons, including:

- Worsened mental health, resulting in exacerbated physical symptoms;
- Limited access to healthcare;
- Having to miss healthcare appointments, and
- A lack of physical activity also resulting in exacerbated physical symptoms.

31% of respondents said their symptoms have worsened during the pandemic. Comments about worsened physical health due to limited access to exercise and worsened emotional health due to not being able to visit loved ones and attend support networks weave through the thread of responses. One respondent said: "I cannot book any appointments as they are now always fully booked. The waiting adds more stress to your problems."

However, not all respondents felt the pandemic had negatively impacted their health, with 58% saying it had not. Some respondents said they were able to access usual appointments and sustain exercises and fitness levels at home, helping their physical symptoms in turn. One said: "My access to healthcare has remained in place (thankfully) and appointments have run on schedule."

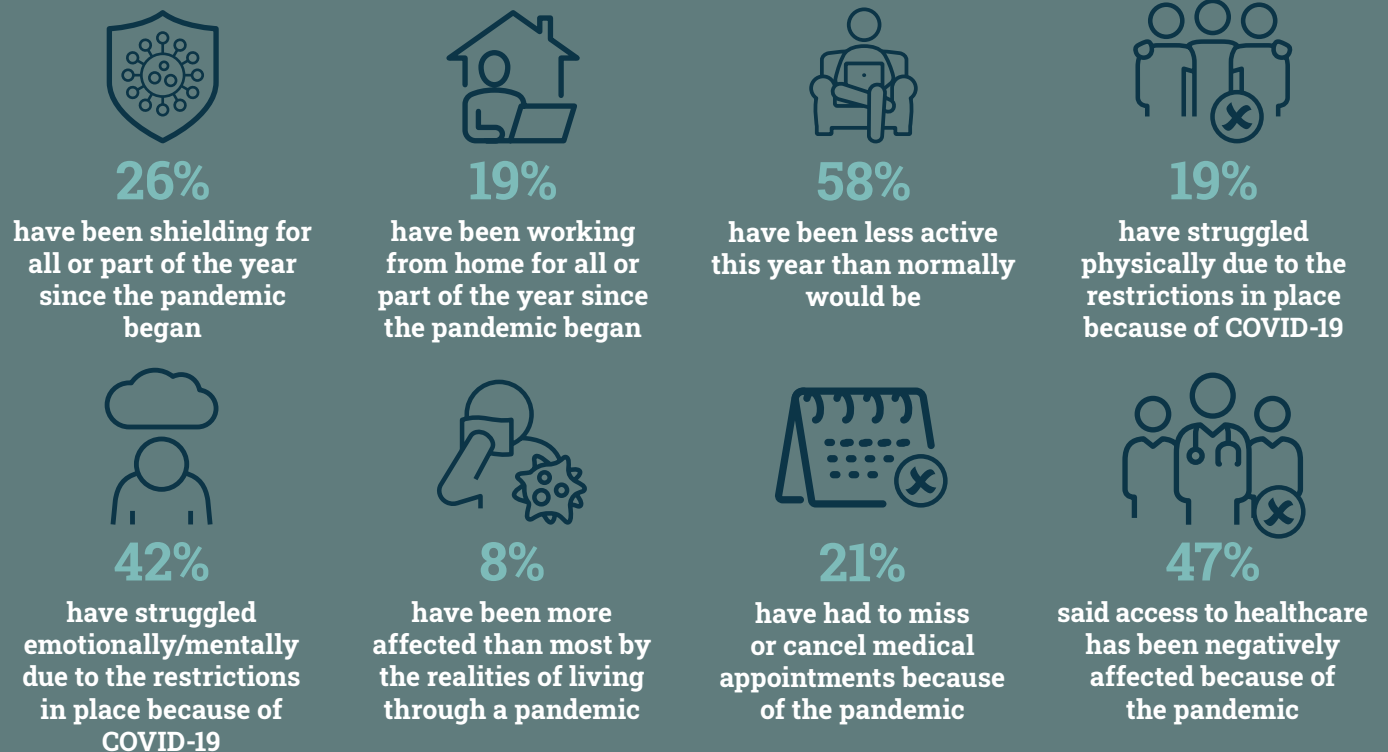
These results show just over a third of respondents have experienced worsened symptoms as a direct result of the pandemic, but most respondents have not.

Percentage of respondents who said their health has worsened during the pandemic


31%



Examples of how respondents have been affected by COVID-19



Please note that some respondents have been affected by more than one of the above factors. Therefore, the total percentage of respondents is more than 100%.

A woman with blonde hair tied in a bun is captured mid-splash in a body of water. She is wearing a grey long-sleeved shirt. The water is splashing around her, creating a dynamic and energetic scene. The background is a deep teal color, suggesting a clear body of water.

A holistic approach
to gynaecology

Women's Health Matters: a holistic approach to gynaecology

The aim of holistic treatment is to treat an individual, not just a condition or disorder. This form of treatment is tailored to an individual's physiological and psychological needs, and it is often based on a variety of factors.

We asked survey respondents a range of questions about factors that impact their physiological and psychological needs. Answers show that many respondents suffer from more than one gynaecological condition, as well as overlapping symptoms of each. These respondents could benefit from holistic treatment, which treats the body as a whole, not as one condition.

Dr Winston De Mellow, Pain Consultant and Trustee of The Vulval Pain Society, explains that women with gynaecological health issues are more likely to suffer from associated health conditions such as irritable bowel syndrome (IBS), allergies and chronic fatigue.

He says: "It is near impossible to have just one gynaecological condition. If you experience symptoms of these conditions, you are more likely to also experience symptoms of IBS, multiple allergies, recurrent cystitis, chronic fatigue and migraines. This is broadly because these conditions all serve

the same nerve supply physiologically. They also impact your nerves and physiological structure, which has a knock-on effect on your overall health and wellbeing."

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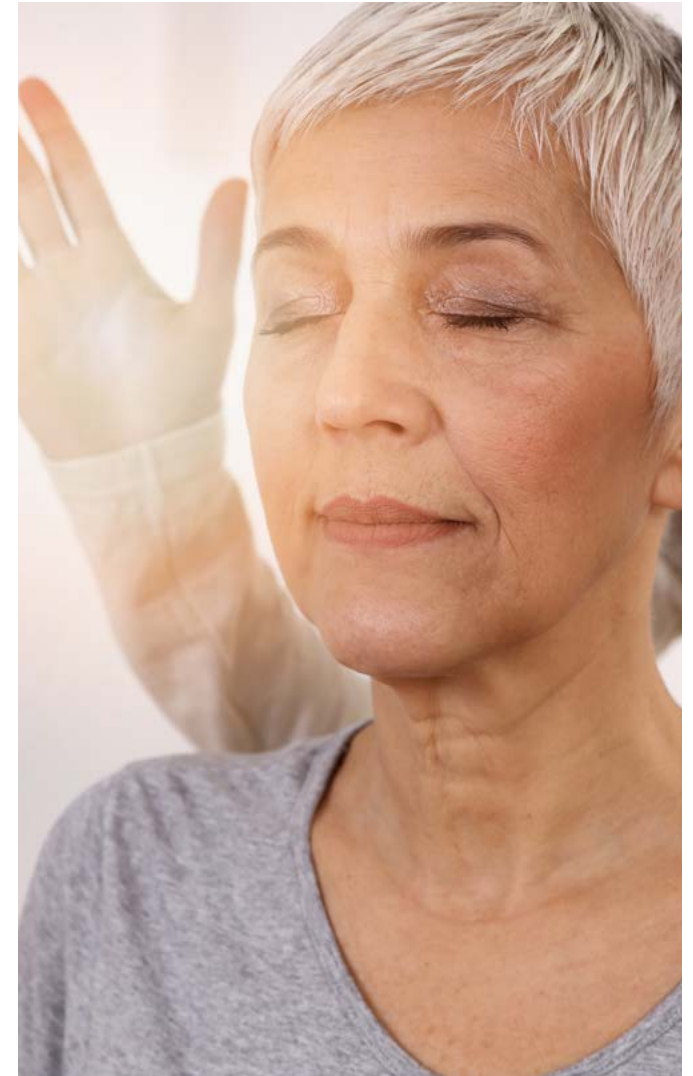
It is near impossible to have just one gynaecological condition. If you experience symptoms of these conditions, you are more likely to also experience symptoms of IBS, multiple allergies, recurrent cystitis, chronic fatigue and migraines.

Pain Consultant and Trustee of The Vulval Pain Society, Dr Winston De Mello

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This approach is supported by respondents to our survey, which shows that women with gynaecological conditions often suffer from associated conditions.

42% of respondents with a gynaecological condition suspect they have or have been diagnosed with allergies. 41% of respondents with a gynaecological condition have also been diagnosed with IBS.



Women's Health Matters: a holistic approach to gynaecology

Overall, 88% of respondents suspect they have or have been diagnosed with a chronic or long-term condition such as IBS, fibromyalgia, chronic fatigue syndrome and chronic migraines.

One respondent said: "I experience IBS from time to time which means I can barely leave the bathroom. The pain is terrible and it interferes with my everyday life. I feel depressed because of my pain and that affects my relationship with my husband."

28% of respondents suffer from thyroid dysfunction and close to a quarter suspect they have or have been diagnosed with another condition. These include generalised anxiety disorder (GAD), asthma and irritable bowel disease (IBD).

Why might a person need holistic treatment?

Often, gynaecological conditions produce overlapping symptoms. They can be interconnected and affect each person's body differently.

Dr Winston De Mellow, Pain Consultant and Trustee of The Vulval Pain Society, comments: "Each person has unique factors that determine their bio-psychosocial profile, including: their psychological predisposition (history, personality, pain tolerance) which contributes to a person's psychological profile (depression, anxiety, loss of self-esteem, or even psychiatric illness) social disruption (occupational, financial, social, family, partner) and sexual dysfunction (libido, arousal and orgasm)."

A holistic approach to gynaecological conditions depends on the input of a multidisciplinary team, with each member approaching an assessment from a biological, psychological and social perspective (considering the factors mentioned above), before producing an individualised treatment plan with expected outcomes.

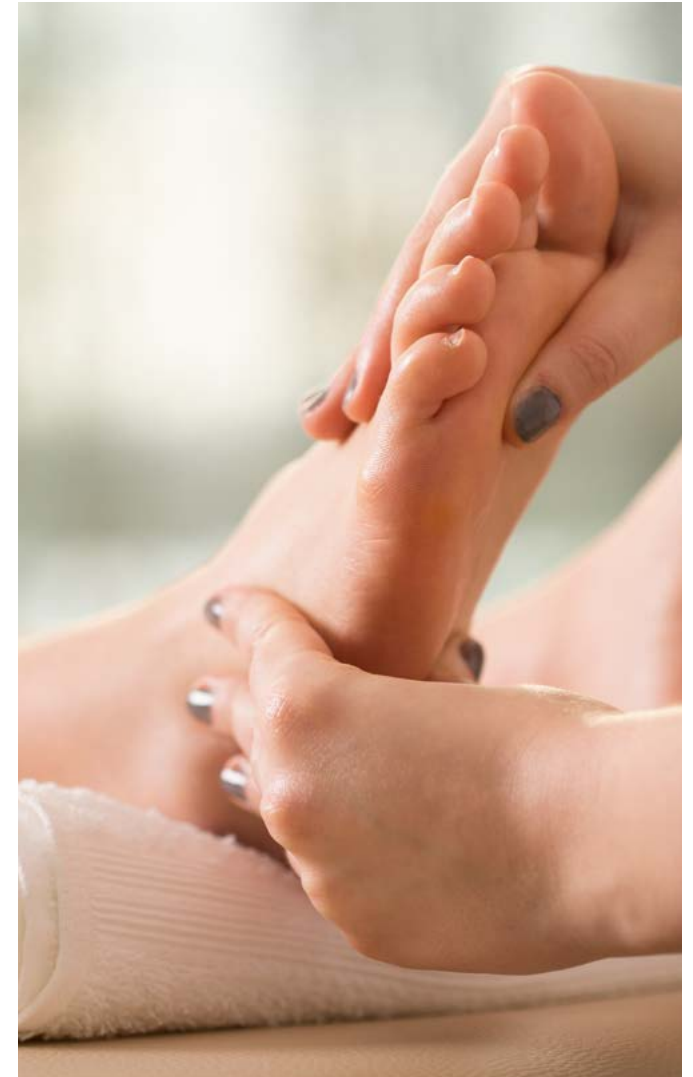
What are the benefits of holistic treatment?

Holistic treatment can significantly improve a person's physical and emotional wellbeing.

Holistic medicine treats the body as a whole and appreciates the interconnectedness of every part of it. This means that a holistic approach to gynaecology can be an effective treatment route that enhances people's wellbeing by managing several related issues together.

Treatments are multidisciplinary and take a bi-psycho-social approach, since everyone experiences gynaecological issues differently. Other factors such as lifestyle and family history are also taken into consideration.

BMI Consultant Gynaecologist Dr Lucky Saraswat says: "Gynaecological input is not always sufficient for pain-related conditions. A patient may need to see a Pain Consultant or a Psychologist. Sometimes, complementary therapies such as cognitive behavioural therapy (CBT) or mindfulness can help improve a patient's quality of life."



Women's Health Matters: a holistic approach to gynaecology

1,601 respondents said they have used complementary therapies such as cognitive behavioural therapy (CBT), yoga, acupuncture and reflexology to manage their condition.

There are many benefits of holistic treatment, which offers a personalised pain management plan to reduce their individual symptoms. This plan includes trying therapies such as mindfulness and meditation. Our survey findings reflect the benefits of these.

The women we spoke to said that mindfulness and meditation have calmed panic attacks and allowed them to relax. Women also said their holistic treatment plan provided short-term relief from their condition and allowed them to “cope better with their condition rather than alleviating them”.

A respondent said: “Mindfulness and meditation have been fantastic. But when I am overwhelmed by my condition, I am not able to get the same results.”

“It is always important to treat patients individually and holistically, as everyone is different - what works well for one woman may not improve symptoms at all for another,” explains Miss Gaiyya Ahmad, Consultant Gynaecologist.

“There is good evidence that simple lifestyle interventions such as diet and exercise can significantly improve gynaecological conditions such as pelvic pain and heavy menstrual bleeding,” she continues. “Practicing mindfulness, meditation and yoga have also been shown to help patients with chronic conditions.”

Some respondents report an improvement to their symptoms through lifestyle changes, while others say they have had little success.

A respondent explained: “I have changed my eating habits which in the past four years has made a huge difference. Before, I had few or no periods at all for several months at

a time. But changing to a low glycaemic index (GI) diet has changed my life. I now have a regular cycle.”

Dr Lucky Saraswat comments: “Healthcare professionals should be viewing conditions holistically at all times. A holistic approach has always been advocated in medicine and by this, I mean for any healthcare problem.”



A photograph of three young Black women smiling and taking a selfie outdoors at night. The woman in the foreground is wearing a yellow floral shirt and a brown headwrap. The woman in the middle is wearing a red top and has blue and white braided hair. The woman in the background is wearing a dark blue shirt and has red braided hair. They are all smiling and looking at a smartphone held by the woman in the background. The background is blurred, showing a wooden fence and some foliage.

Support network glossary

Support Network: glossary



A support network provides a safe place for people suffering similar struggles to make connections and share experiences and coping strategies.

Many respondents commented that support networks make them feel less alone. Support networks can be organised groups that meet in-person or online. They can also be made up of circles of loved ones who support a person's emotional or physical requirements.

Organised gynaecological health support networks are vitally important, offering women the opportunity to be seen and heard.

Please find a glossary of women's health support networks.

General

Wellbeing of Women

<https://www.wellbeingofwomen.org.uk>

Email: hello@wellbeingofwomen.org.uk

Phone: 020 3697 7000

Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/en/patients/other-sources-of-help>

Phone: +44 20 7772 6200

Out of hours telephone (5pm – 8am): +44 20 7772 6260

The British Society for the Study of Vulval Disease

<https://bssvd.org/patient-information>

Email: admin@bssvd.org

Endometriosis

Endometriosis UK

<https://www.endometriosis-uk.org>

Phone: 020 7222 2781

Contact form: <https://www.endometriosis-uk.org/contact-us>

Endometriosis Association

<https://endometriosisassn.org/join-endometriosis-association>

Email: support@endometriosisassn.org

Phone: 1.414.355.2200

Endometriosis Association of Ireland

<https://www.endometriosis.ie>

Email: info@endo.ie

Contact form: <https://www.endometriosis.ie/contact>

MyEndometriosisTeam

<https://www.myendometriosisteam.com>

Contact form: <https://myhealthteams.freshdesk.com/support/tickets/new>

Team Endometriosis

<https://www.instagram.com/teamendometriosis>

Endometriosis Awareness

<https://www.facebook.com/pages/category/Community/Endometriosis-Awareness-144265299020739/>

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This report could not have happened without the help of women's health charity, Wellbeing of Women, which provided commentary for our reports, advocating for greater awareness of gynaecological and reproductive health, particularly around symptoms and conditions, and to tackle social stigma and empower women to advocate for themselves.

We would also like to thank Pain Consultant and trustee of the Vulval Pain Society, Dr Winston de Mello, for sharing commentary on the necessity of a holistic approach when treating gynaecological conditions. This greatly helped inform the holistic treatment section of our survey and report.

A number of specialist Consultants also helped shape the context of this report through their specialist insight and commentary. A massive thank you goes to Dr Gaity Ahmad, Mr Elias Kovoor, Mr Gnanachandran and Dr Lucky Saraswat. Their discussion of treatment options, the significant impact of these conditions on daily life, the importance of support networks and education, and much more, is invaluable.

We would also like to thank each of the incredible women who took the time to complete our Women's Health Matters survey.

