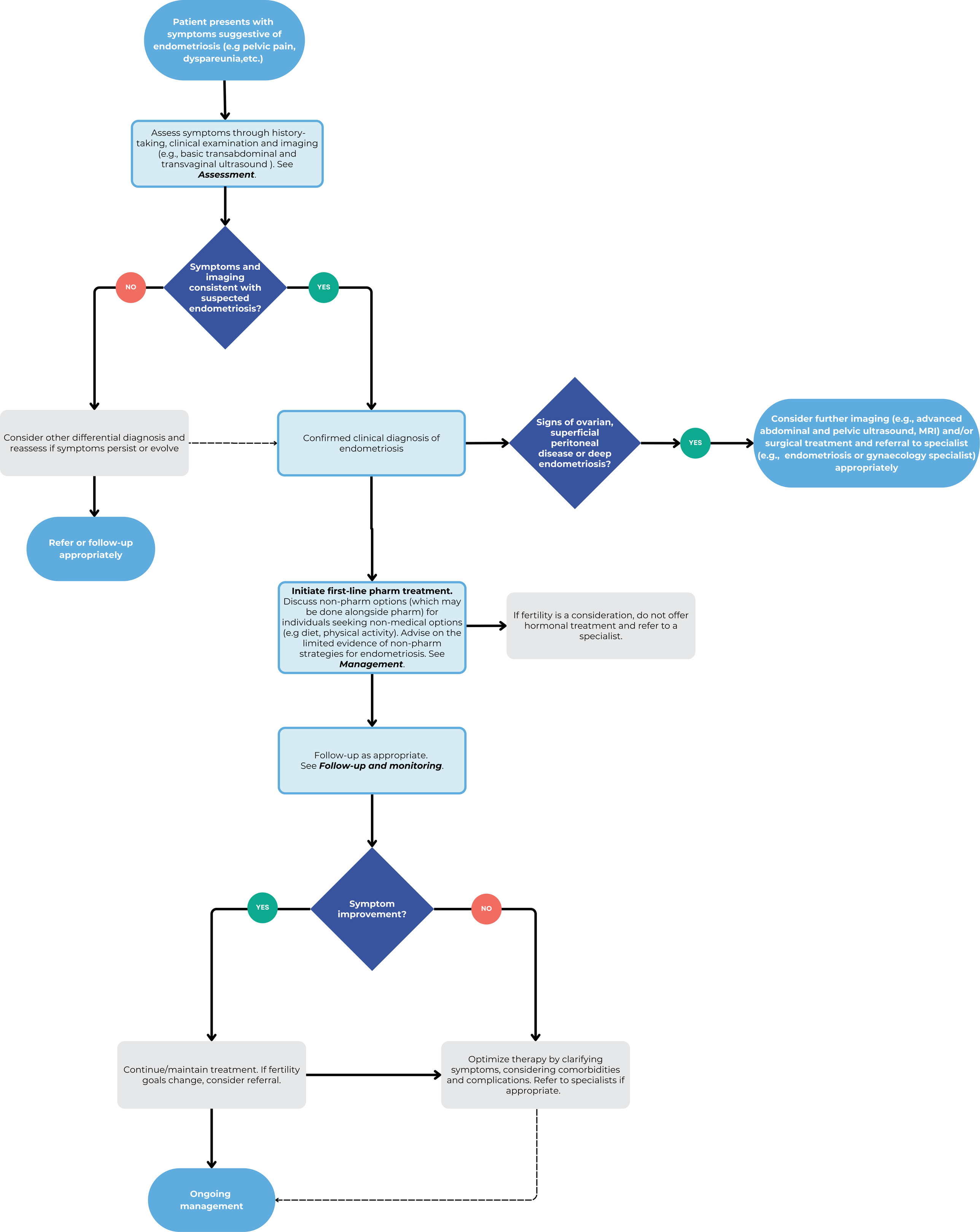
Patient presents with symptoms suggestive of endometriosis (e.g pelvic pain, dyspareunia,etc.)
Assess symptoms through history-taking, clinical examination and imaging (e.g., basic transabdominal and transvaginal ultrasound). See ***Assessment***.
Symptoms and imaging consistent with suspected endometriosis?
NO
YES
Consider other differential diagnosis and reassess if symptoms persist or evolve
Refer or follow-up appropriately
Confirmed clinical diagnosis of endometriosis
Signs of ovarian, superficial peritoneal disease or deep endometriosis?
YES
Consider further imaging (e.g., advanced abdominal and pelvic ultrasound, MRI) and/or surgical treatment and referral to specialist (e.g., endometriosis or gynaecology specialist) appropriately
Initiate first-line pharm treatment. Discuss non-pharm options (which may be done alongside pharm) for individuals seeking non-medical options (e.g diet, physical activity). Advise on the limited evidence of non-pharm strategies for endometriosis. See ***Management***.
If fertility is a consideration, do not offer hormonal treatment and refer to a specialist.
Follow-up as appropriate. See ***Follow-up and monitoring***.
Symptom improvement?
YES
NO
Continue/maintain treatment. If fertility goals change, consider referral.
Optimize therapy by clarifying symptoms, considering comorbidities and complications. Refer to specialists if appropriate.
Ongoing management