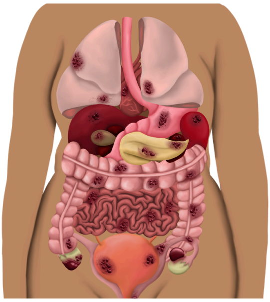
Endometriosis

& Gender Diversity

What is endometriosis?

Endometriosis (pronounced *en-do-mee-tree-oh-sis*) is a full-body, or ‘systemic’, disease where cells and tissue similar to the lining of the womb (uterus) grow in other parts of the body.



Because it is a condition related to cells and tissue - not gender identity - anyone who has, or has ever had, this type of tissue in their body can be affected by endometriosis.[1]

Endometriosis commonly affects areas in the pelvic area, such as the ovaries, fallopian tubes, pelvic lining, bladder, or bowel. Although less common, endometriosis has been found outside of the pelvis, such as on the diaphragm.

Unlike the womb lining (endometrium), endometriosis does not follow the menstrual cycle pattern by building up, bleeding, and shedding. Instead, endometriosis can form surface, or ‘superficial’, patches, or deeply invasive growths, known as ‘deep infiltrative endometriosis’.

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[1] Giacomozzi, M., Bouwens, J., Aubin, S.G., Pastoor, H., Verdonk, P. and Nap, A., 2024. Transgender and gender diverse individuals embodying endometriosis: a systematic review. Frontiers in Medicine, 11, p.1430154..

Who is affected?

Endometriosis affects an estimated 1 in 7-10 people assigned female at birth.

This includes:

- Cisgender women
- Transgender men
- Non-binary people
- Genderqueer people
- Intersex people
- In rarely diagnosed cases, cisgender men

It typically gets diagnosed in reproductive years, however people of all ages can be affected by endometriosis.

Why does inclusive language matter?

When endometriosis is framed as a condition that affects only cisgender women, it can:

- Make transgender and gender-diverse people feel invisible.
- Delay diagnosis because symptoms are overlooked.[2]
- Increase avoidance in seeking support.[2]
- Increase shame and isolation.
- Reinforce harmful assumptions about gender.[1]

Using inclusive language does not take away from cisgender women’s experiences.

It simply means recognising that not everyone with endometriosis identifies with the gender they were assigned at birth, and everyone deserves care, respect, and understanding in their diagnosis and treatment journey.

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1. Giacomozzi, M., Bouwens, J., Aubin, S.G., Pastoor, H., Verdonk, P. and Nap, A., 2024. Transgender and gender diverse individuals embodying endometriosis: a systematic review. Frontiers in Medicine, 11, p.1430154..
2.Reisner SL et al. Global health burden and needs of transgender populations: a review. The Lancet. 2016

What does gender-inclusive care mean?

Gender-inclusive care:

- Respects your gender identity.
- Uses your correct name and pronouns.
- Does not make assumptions about your body or identity.
- Understands that gender identity and anatomy are not the same.[4]
- Provides trauma-informed, respectful clinical environments.[2]

Inclusive practice improves healthcare access and outcomes for transgender and gender-diverse patients.[2,4]

2.Reisner SL et al. Global health burden and needs of transgender populations: a review. The Lancet. 2016
4.WPATH. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. 2022.

How is endometriosis diagnosed in gender-diverse people?

In the UK, it takes an average of 8 years and 10 months to receive a diagnosis of endometriosis.[9]

The diagnostic process for everyone with symptoms of endometriosis usually begins with a visit to your GP, who will assess your symptoms, medical history, and family history.

Transgender and non-binary people often report barriers in primary care, including misgendering and dismissal of symptoms.[2]

Keeping a symptom diary can help you track your symptoms over time and provide your GP with useful information.

Your GP cannot diagnose endometriosis, but they can refer you for additional tests to help understand the cause of your symptoms, such as an ultrasound or MRI scan, or a laparoscopy (a type of keyhole surgery used both to diagnose and treat conditions like endometriosis).

We have more information on how endometriosis is diagnosed here.

2.Reisner SL et al. Global health burden and needs of transgender populations: a review. The Lancet. 2016
9.Dismissed, ignored and belittled" The long road to endometriosis diagnosis in the UK, Endometriosis UK. 2024

At Endometriosis South Coast, we recognise the importance of receiving a timely and accurate diagnosis, and it is important that a laparoscopy is performed by a specialist who is skilled in identifying endometriosis. This reduces the risk of a missed diagnosis.

In the UK, you can find a British Society for Gynaecological Endoscopy (BSGE) accredited Endometriosis Centre here.

If you are transgender or gender-diverse, you may also want to ask:

- Has the endometriosis specialist worked with transgender or gender-diverse patients before?
- Can my medical notes use and reflect my correct name and pronouns?
- How will my examinations be handled sensitively?

Reminder: You are entitled to respectful care under equality legislation.[5]

5.Equality Act 2010. UK Government legislation.

How is endometriosis treated in gender-diverse people?

While there is no cure for endometriosis, there are different treatment options available.

Surgical treatment

Surgical treatment for endometriosis involves a laparoscopy, a type of keyhole surgery used to both diagnose and treat the condition.

Laparoscopy is considered the ‘gold standard’ for diagnosing and treating endometriosis because it allows the surgeon to take a biopsy. A biopsy involves removing a small sample of tissue for examination under a microscope.

If you are transgender or gender-diverse, and surgery is recommended:

- Discuss your surgical goals clearly.
- Clarify whether fertility preservation is needed.
- Ensure consent processes and documentation reflect your gender identity.

Some transgender men and non-binary people may already have had gender-affirming surgery, which can influence surgical planning and options.

We have more information on surgical treatment for endometriosis here.

Hormonal treatment

Hormonal treatments are commonly recommended to manage symptoms associated with endometriosis by reducing or stopping periods.[7]

If you are planning to start or are currently taking gender-affirming hormone therapy, have planned or undergone fertility preservation, or have planned or had gender-affirming surgery, you should discuss:

- How hormonal treatment for endometriosis might interact with gender-affirming hormone therapy.[8]
- The impact hormonal treatment for endometriosis might have on bleeding patterns.
- If you have any contraceptive needs.
- Considerations for your bone health.

Deciding on the right hormonal treatment depends on many factors, and you will need to speak with your doctor to find what works for you.

We have more information on hormonal treatment for endometriosis here.

Pain management

As pain is a common symptom of endometriosis, effective pain management can help relieve these symptoms.

Deciding on the right pain management depends on many factors, and you will need to speak with your doctor to find what works for you.

We have more information on pain management for endometriosis here.

7.NICE. Endometriosis: diagnosis and management (NG73). 2017 (updated 2022).

8.Giacomozzi, M., 2026. Bleeding through: A transdisciplinary exploration of endometriosis among transgender and gender diverse people (Doctoral dissertation, Sl: sn).

Advocating for inclusive care

Many gender-diverse people report negative healthcare experiences.[2,3] These can include being misgendered, not being listened to, having their identity questioned, or feeling judged or unsafe during examinations. Because of this, some people delay or avoid healthcare altogether.

You have the right to ask for support that helps you feel safe and in control. This can include:

- Having a chaperone (a support person) in the room.
- Bringing your own trusted person with you.
- Booking extra time for your appointment.
- Stopping an examination at any time, for any reason.

Trauma-informed approaches to medical care focus on choice, consent, collaboration, and clear communication.

Research shows that when care feels safe and respectful, people are more likely to attend appointments, engage in treatment, and continue seeking care when they need it.[2]

2.Reisner SL et al. Global health burden and needs of transgender populations: a review. The Lancet. 2016
3.Jones AE. Transgender and non-binary health inequities. The Lancet. 2020.

Practical steps to advocate for inclusive care

✓ Bring a trusted person to appointments: You can ask a friend, partner, family member, or support person to come with you.

✓ Write down any questions you have in advance: Before your appointment, make a list of things you want to ask. This helps make sure nothing is forgotten, lets you feel more prepared, and gives you the confidence to get clear answers about your symptoms, treatment options, or next steps.

✓ Keep a symptom diary: Tracking your symptoms over time can help identify patterns and support diagnosis and treatment decisions.

✓ Ask for written information: It can be hard to remember everything discussed in an appointment. You can request written summaries, care plans, or resources to review later.

✓ Request reasonable adjustments if needed: This might include longer appointment times, clear explanations before examinations, the use of correct name and pronouns, a support person present, or flexibility with scheduling.

You deserve to feel respected, listened to, and safe in healthcare settings. If you feel unheard, you are allowed to seek a second opinion for care that better meets your needs.

Endometriosis and daily life

Symptoms of endometriosis, such as pain and fatigue, can impact many areas of life, including school, work, relationships, and emotional wellbeing.

Seeking medical help, joining support groups, and talking openly about the condition can help manage these challenges.

Resources

It's a Journey by **Treat it Queer** is a graphic medicine exploration of endometriosis and gender diversity.

Visit the resource here.

Queer Health - Popular with medical students and medical professionals, pocket cards are a portable quick-reference tool that is designed to fit in the pockets of lab coats ("whitecoats" in some settings) and scrubs, so that medical professionals have access to important information on-the-go.

Visit the resource here.

We’re here to support you

www.endometriosissouthcoast.com

admin@endometriosissouthcoast.com

@endosouthcoast

@endometriosissouthcoast

Facebook Support Group

Help Us Keep Going

We're a volunteer-led organisation working to improve lives through education, advocacy, and community support.

If you'd like to support our work:

- Share this resource
- Donate or get involved
- Invite us to speak at your school, university, workplace, or event
- Follow us on social media

Every small action helps create a big change.

Legal & Accessibility Notes

This resource is for educational purposes and should not replace medical advice. If you're concerned about symptoms, please consult a healthcare professional.

Large print and accessible formats are available upon request — just get in touch.

Endometriosis South Coast is a registered charity in England and Wales (1186203). Registered office: The Hive Hub, 22 Edinburgh Road, Portsmouth, PO1 1DH