



# Submission cover sheet

## Inquiry into endometriosis and other pelvic pain conditions

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None of this was planned or known about because no medical professional had considered that the pain I had been in for years was down to endometriosis. They all assumed it was gastrology-related.

### **Relevance to the Inquiry Terms of Reference**

My case highlighted a few issues for me in relation to the treatment of women with pelvic pain in the ACT:

1. The fact that no medical professional thought to link my lower abdominal pain to my gynaecological problems indicates a lack of awareness in the medical profession of this extremely painful condition (ToR 2 and 6).
2. The economic and social impacts for me were huge as I had countless days of personal leave to deal with this issue, not mention the fact that I underwent, what later proved to be, unnecessary medical procedures. This caused financial strain and was physically and psychologically debilitating (ToR 5).
3. The economic impacts for government were large due to my repeated hospitalisation, all of which required scans, pain management, and overnight stays in hospital (ToR 5).

### **Recommendations from my own personal experience**

1. **Any woman admitted to Emergency for lower body pain should be automatically asked for her gynaecological history.**
2. **Any woman receiving gynaecological treatment should be automatically considered for endometriosis attention and care, whether diagnosed or not. It is so prevalent that it should be assumed first.**
3. **Consideration be given to an endometriosis specialist clinic established in Canberra.**

I know of multiple women who are now infertile because untreated endometriosis has ravaged their bodies and left them in constant pain and unable to conceive. Improved training and guidance to health professions would surely be of benefit to all.

I welcome and thank the Standing Committee on Social Policy for taking this matter seriously.

Best regards

