GEM PATIENT EDUCATION CENTER

Recognizing the Symptoms

Version 1.1 · Reviewed 13 September 2026

Endometriosis can look different from one person to another. No single symptom proves that someone has endometriosis, but recurring patterns – especially symptoms linked to menstruation – deserve attention.

When is menstrual pain not normal?

Period pain deserves evaluation when it is severe, getting worse, causes fainting or vomiting, repeatedly keeps you from school, work, exercise or normal activities, or is not adequately controlled with usual measures. Pain that disrupts your life should not simply be accepted as "normal."

Pelvic pain

Endometriosis can cause pain low in the abdomen or pelvis before, during or between periods. Pain may be aching, cramping, sharp or persistent. Some people develop chronic pelvic pain that continues even when they are not menstruating.

Painful intercourse

Deep pain during or after vaginal intercourse can occur with endometriosis, particularly when disease affects tissues behind the uterus, the pelvic sidewalls or other deep pelvic structures. Painful sex should be discussed with a healthcare professional rather than silently endured.

Bowel symptoms

Endometriosis may cause painful bowel movements, constipation, diarrhea, bloating or rectal discomfort, especially when symptoms become worse around menstruation. Some patients may also notice occasional blood in the stool (rectal bleeding), particularly during or around their period. Deep endometriosis can involve the bowel, but bowel symptoms and rectal bleeding can also have other causes and should be medically evaluated.

Bladder symptoms

Pain with urination, urgency or blood in urine can have several causes and needs assessment. Endometriosis can affect the bladder or ureter; ureteral obstruction can sometimes cause few symptoms. Do not assume urinary symptoms or bleeding are due to endometriosis.

> **URGENT SYMPTOMS:** Seek emergency care for sudden severe abdominal/pelvic pain with fainting, or heavy bleeding with collapse or marked breathlessness. These symptoms need assessment for causes other than endometriosis too.

Heavy or abnormal bleeding

Heavy periods or bleeding that is difficult to manage can occur in people with endometriosis, although heavy bleeding also has many other causes, including adenomyosis and fibroids. Heavy bleeding can lead to iron deficiency and contribute to fatigue.

Fatigue

Fatigue is common and can be substantial. Chronic pain, disturbed sleep, inflammation, heavy bleeding with iron deficiency, and the emotional burden of living with persistent symptoms may all contribute. Persistent fatigue deserves attention rather than being dismissed.

Infertility

Some people first learn they may have endometriosis while being evaluated for difficulty becoming pregnant. Endometriosis is associated with infertility, but having endometriosis does not mean pregnancy is impossible. Many women with endometriosis conceive naturally or with appropriate fertility treatment.

Teenage symptoms

Endometriosis can begin in adolescence, sometimes soon after periods start. Severe period pain, repeated school absence, pelvic pain, bowel or bladder symptoms around periods, or pain that does not improve with usual treatment should not be dismissed because of young age. Early recognition can reduce years of unnecessary suffering.

Endometriosis after menopause

Symptoms often improve after menopause, but endometriosis can remain active or symptomatic in some women. New or persistent pelvic pain, bleeding, or a pelvic mass after menopause should be evaluated because other conditions must also be considered.

Endometriosis outside the pelvis

Endometriosis can occur outside the pelvis. Recurring shoulder/chest symptoms or a painful scar nodule warrant assessment. Sudden chest pain, severe breathlessness or collapse needs emergency care immediately, even around a period. Do not wait for a specialist appointment.

GEM KEY MESSAGE

Severe or recurring menstrual and pelvic symptoms that interfere with daily life are not something a patient should simply be expected to tolerate. Keeping a symptom diary – noting pain, bleeding, bowel and bladder symptoms, and their relationship to the menstrual cycle – can help patients and clinicians recognize important patterns earlier.

Evidence & references

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Symptoms and differential diagnosis

Pain, bowel/bladder symptoms, fatigue and fertility problems can occur with endometriosis, but none alone proves it. Rectal bleeding, urinary bleeding and new postmenopausal symptoms require assessment for other causes.

Urgent escalation

Chest symptoms and acute severe postoperative-type warning symptoms must not be dismissed as menstrual or endometriosis-related. The urgent note directs patients to assessment, not to self-diagnosis.

Full references

- **[S13]** WHO. Endometriosis. Fact sheet, 15 October 2025. Freely available
- **[S01]** ESHRE. Endometriosis guideline. 2022. Freely available
- **[S08]** NHS. Laparoscopy (keyhole surgery). Reviewed 20 December 2023. Freely available — https://www.nhs.uk/tests-and-treatments/laparoscopy/
- **[S20]** Leonardi M, Espada M, Kho RM, et al. Endometriosis and the Urinary Tract: From Diagnosis to Surgical Treatment. Diagnostics (Basel). 2020;10(10):E771. doi:10.3390/diagnostics10100771. PMID 33007875. Freely available
- **[S21]** Naem A, Roman H, Martin DC, Krentel H. A bird-eye view of diaphragmatic endometriosis: current practices and future perspectives. Front Med. 2024;11:1505399. doi: 10.3389/fmed.2024.1505399. Freely available

No listed institution endorses GEM.

Medical information

Do not delay care; seek emergency help for a suspected emergency.