

# Modern Endometriosis Management

## Updated Guidelines, DIE Imaging and Robotic Surgery Advancements

Endometriosis is increasingly recognised as a chronic inflammatory disease with major effects on quality of life, fertility and long-term pelvic health. Updated international guidance from ACOG 2026, ESHRE, AAGL and Australian Living Evidence Guidelines now strongly supports earlier symptom-based diagnosis, structured imaging and multidisciplinary management rather than relying solely on diagnostic laparoscopy.

### Latest Guideline Updates

Recent ACOG 2026 recommendations emphasise earlier diagnosis based on symptoms and imaging, encouraging reduced diagnostic delay and earlier treatment initiation. Transvaginal ultrasound is recommended as first-line imaging, while pelvic MRI is increasingly recommended for suspected deep infiltrating endometriosis, bowel disease, ureteric involvement or preoperative mapping.

### Role of DIE Ultrasound and MRI

Dedicated DIE ultrasound and pelvic MRI are now central to diagnosis and surgical planning. Current radiological guidelines recommend structured reporting systems including the IDEA ultrasound protocol, #Enzian classification and ESUR MRI mapping. MRI mapping can identify fibrosis, adhesions and compartment involvement before surgery, helping predict surgical complexity and multidisciplinary requirements.

### Importance of Ryeqo and Visanne

Medical suppression remains first-line management in many patients. Visanne is increasingly used for long-term progestin suppression because of its efficacy in reducing chronic pelvic pain and dysmenorrhoea. Ryeqo is gaining increasing importance in moderate-to-severe or refractory endometriosis-related pain with add-back therapy and improved tolerability. Updated guidelines increasingly support postoperative hormonal suppression with therapies such as Visanne or Ryeqo to reduce recurrence risk.

### Updated GP Referral Pathway

Patients presenting with dysmenorrhoea, chronic pelvic pain, dyspareunia, dyschezia, cyclical urinary symptoms or infertility should undergo early symptom assessment and pelvic ultrasound. Referral for DIE ultrasound and/

or MRI is recommended when symptoms persist despite therapy, when bowel or bladder symptoms are present, when infertility is suspected or when Stage III–IV disease is likely. Early referral to advanced endometriosis centres is recommended when MRI demonstrates bowel, bladder, ureteric or pelvic sidewall disease.

### Multidisciplinary and Pain Management

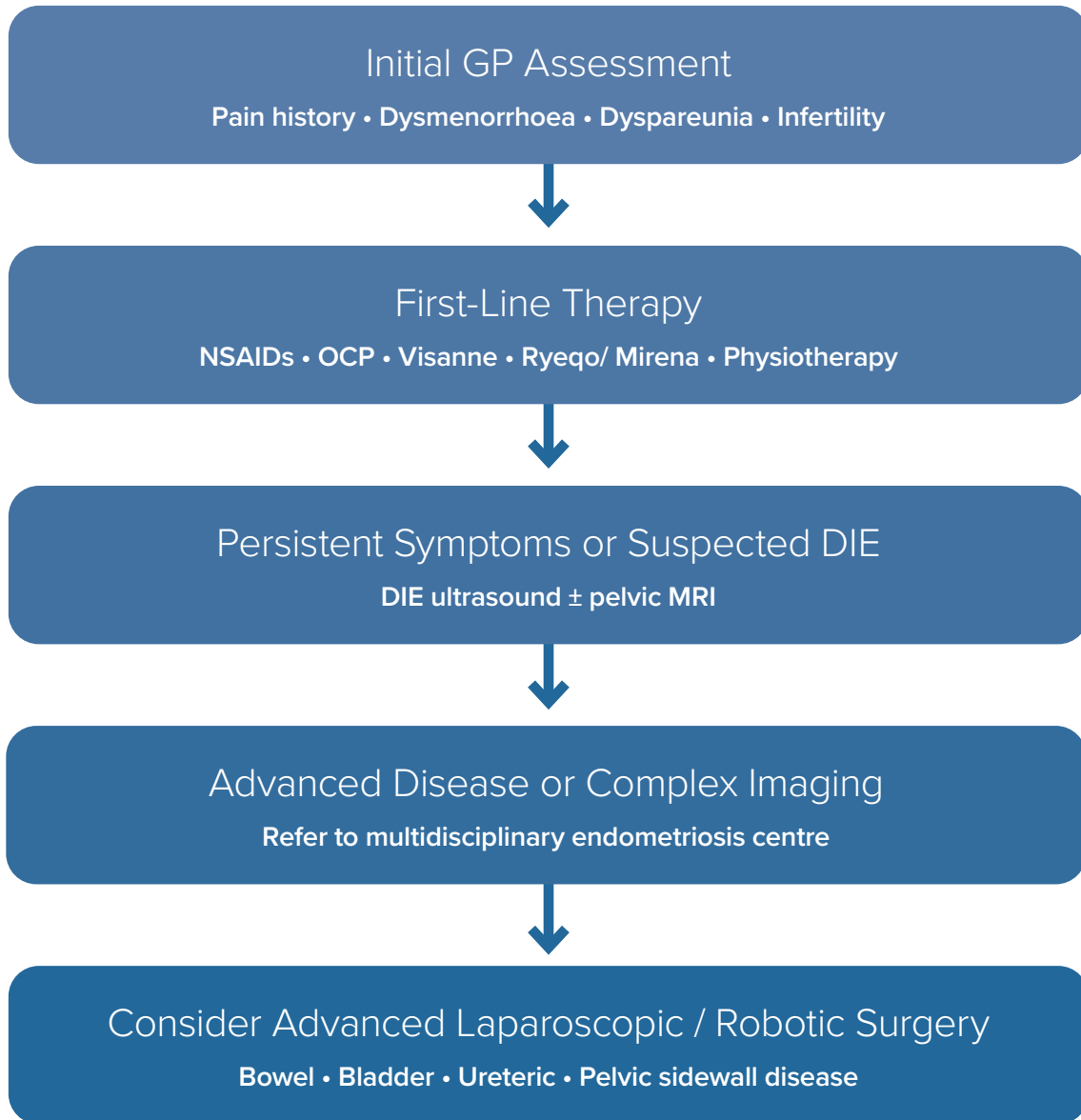
Modern endometriosis care increasingly recognises pain as a complex disease process involving inflammatory, neuropathic and central sensitisation pathways. Pain specialists are increasingly involved in perioperative analgesia planning, neuropathic pain management and reduction of opioid dependence. Pelvic physiotherapy plays an important role in pelvic floor dysfunction, dyspareunia and postoperative rehabilitation.

### Advancements and Impact of Robotic Surgery

Robotic surgery is increasingly becoming a major advancement in advanced endometriosis management. Robotic-assisted surgery provides high-definition three-dimensional magnification, improved ergonomics and enhanced dexterity through wristed instruments. These features allow safer and more precise dissection around pelvic nerves, bowel and ureters. Recent research suggests robotic magnification improves visualisation of subtle lesions and tissue planes compared with conventional laparoscopy, supporting nerve-sparing surgery and meticulous excision in complex bowel and rectovaginal disease.



## Simplified GP Referral Flow Pathway



Prepared by Dr Tanushree Rao • AGES Accredited Laparoscopic and Robotic Surgeon •

[www.medgyne.com](http://www.medgyne.com)

### Dr Tanushree Rao – Gynaecology

MBBS, MS, MICOG, MRCOG (UK), FRANZCOG AGES TRAINED ENDOSCOPIST



Dr Tanushree (Tanu) Rao provides Gynaecology specialist care in Sydney's Southwest. She has extensive experience in advanced laparoscopic and robotic surgery, with a focus on complex benign gynaecology including fibroids, endometriosis, abnormal uterine bleeding, and pelvic pain.

📍 Medgyne  
Level 3, Suite 4, 23/40 Bigge Street  
Liverpool, NSW, 2170

📞 02 8462 9400  
📠 02 8462 9401  
🌐 [medgyne.com](http://medgyne.com)