For many people in the UK, getting an endometriosis diagnosis still takes years. The **endometriosis UK report 2024** put the average time from first experiencing symptoms to diagnosis at **8 years and 10 months**. That figure is an average reported by people with endometriosis; it does not predict how long any one person will wait. Some are diagnosed sooner, while others wait much longer.

There is no single NHS timetable for diagnosis. The process depends on symptoms, appointments, investigations and access to specialist care. But you do not have to wait for a scan or operation before asking for help. Understanding the usual pathway can make it easier to explain your symptoms and ask what should happen next.

What does the 8 years and 10 months figure mean?

The average diagnosis time is a stark reminder that pelvic pain and other symptoms can be overlooked or attributed to “normal” periods. It does not mean every person waits nearly nine years, nor that the NHS has set a nine-year diagnostic target. It reflects the experience of survey respondents and can include time before someone seeks help as well as time spent in the healthcare system.

Diagnosis can be difficult because endometriosis symptoms vary. Some people have severe pain; others have mild symptoms or none that they recognise. Symptoms can also overlap with conditions such as irritable bowel syndrome, bladder problems, adenomyosis or pelvic inflammatory disease. An ultrasound can help identify some forms of endometriosis, but a normal scan does not rule it out.

Endometriosis is a long-term condition in which tissue similar to the lining of the womb is found elsewhere in the body. It can cause inflammation and pain, often around periods, but symptoms are not limited to menstrual days. It may affect the ovaries, bowel or bladder, among other areas. The experience is individual: the extent of visible disease does not always match how much pain someone has.



Why can diagnosis take so long?

Several factors may contribute to a delay. People may be told that painful periods are common, feel unsure whether their symptoms are serious enough to raise, or have difficulty getting an appointment. A clinician

may first investigate other possible causes. Referral waits and access to specialist services can add further time.

Chronic pain is more common among women than men, and conditions that cause pelvic pain can have a substantial effect on everyday life. Yet pain may be normalised or treated as an unavoidable part of menstruation. femalefirst.co.uk That can leave people managing symptoms alone, missing school or work, changing plans, or struggling with sleep, relationships and mental wellbeing. Pain that repeatedly disrupts daily life deserves assessment, even if it comes and goes.

Endometriosis can also affect fertility for some people, but it does not mean that everyone with the condition will have difficulty becoming pregnant. If fertility is a concern, mention it to your GP so it can be considered as part of the plan.

What symptoms should I discuss with a GP?

Symptoms that may be associated with endometriosis include:

- period pain that affects daily activities or does not improve enough with usual pain relief
- ongoing pelvic or lower abdominal pain
- pain during or after sex
- pain when opening your bowels or passing urine, particularly around your period
- heavy bleeding, or bleeding between periods
- difficulty getting pregnant
- fatigue, nausea or bowel symptoms that seem to change with your cycle.

These symptoms can have causes other than endometriosis, so they are not a diagnosis in themselves. Keeping a short symptom diary can help you describe the pattern. Note when symptoms happen, how severe they are, whether they relate to your cycle, and how they affect work, sleep or daily activities. If you can, include what you have tried and whether it helped.

What happens on the NHS?

Your GP will usually ask about your symptoms, periods, medical history and how pain affects your life. They may examine you, with your consent, and discuss tests or treatment. You can ask for a chaperone, and you can ask for an examination to stop at any time.

Depending on your symptoms, a GP may arrange an ultrasound or other investigations, or refer you to gynaecology. A normal examination or scan does not necessarily rule out endometriosis. NICE guidance advises that suspected endometriosis can still be considered when examination and ultrasound are normal, especially if symptoms persist or return.

In many cases, treatment can begin while investigations or referrals are under way. A laparoscopy—keyhole surgery to look inside the abdomen—may be considered if symptoms continue, the diagnosis remains uncertain, or surgery may be helpful. It is not always necessary to have surgery before discussing treatment.

NHS first-line treatment options

Treatment depends on your symptoms, health and preferences. A GP may discuss pain relief and hormonal treatment, which can often be tried without a confirmed diagnosis. Options may include:

- anti-inflammatory painkillers, such as ibuprofen, if suitable for you
- paracetamol, alone or alongside another pain relief option, where appropriate
- hormonal treatments, such as the combined contraceptive pill or a progestogen, which may reduce or stop periods and ease symptoms.

These treatments do not work for everyone and can have side effects. Some medicines are not suitable for people with particular health conditions, so discuss your circumstances with a clinician or pharmacist. If one approach does not help, or symptoms return, ask to review the plan rather than assuming there are no other options.

When should I ask for an endometriosis referral specialist?

If symptoms are persistent, recurring or affecting your quality of life, ask your GP whether referral to gynaecology is appropriate. You can be referred for suspected endometriosis even when an ultrasound is normal. A referral may be particularly important if there is concern about endometriosis affecting the bowel, bladder or ureters, an ovarian endometrioma, or if treatment has not helped.

Some people need assessment by a clinician with specialist expertise in endometriosis. NICE recommends referral to a specialist endometriosis service when deep endometriosis is suspected or confirmed. These services may include specialist imaging and multidisciplinary care. The exact pathway and waiting time vary by area, so ask where the referral is being sent and how to follow up if you have not heard back.

When discussing referral, it may help to say plainly how symptoms affect your life—for example, “I have to miss work most months” or “pain stops me sleeping”. You can also ask:

- What diagnoses are being considered?
- Does a normal scan rule out endometriosis in my case?
- What is the next step if this treatment does not help?
- Should I be referred to a general gynaecologist or an endometriosis specialist?
- When should I seek help sooner?

Could menopause symptoms be part of the picture?

Menopause is not only hot flushes. Symptoms can include changes in periods, sleep problems, low mood or anxiety, difficulty concentrating, joint aches, vaginal dryness, discomfort during sex and changes in urinary symptoms. These can overlap with symptoms of endometriosis or other health conditions, so it is worth discussing new or changing symptoms rather than assuming they are “just menopause”.

Endometriosis symptoms may change around menopause, but it is not possible to assume that they will automatically disappear. If you have a history of endometriosis and are considering hormone replacement therapy (HRT), discuss your options with a clinician who understands your history. The choice of treatment depends on individual factors, including symptoms and whether endometriosis has affected other parts of the body.

Can online services help?

An **online eligibility check** can help you understand whether a service may be able to assess your symptoms and what information you may need to provide. It is not a diagnosis and should not replace NHS

assessment where that is needed. If you use one, check who provides the service, what happens next and how urgent concerns are handled.

A **private video consultation** may offer a way to discuss symptoms with a clinician, but it cannot guarantee a diagnosis, scan, specialist referral or faster NHS treatment. A remote appointment may be useful for an initial conversation, while some people will still need an in-person examination or investigations. Ask whether the clinician can share a letter or recommendations with your NHS GP, and check the cost before booking.

Getting help while you wait

Waiting can be difficult, particularly if pain is affecting daily life. Keep a record of symptoms and treatments, and arrange a review if your current plan is not working. Ask your GP or pharmacist about safe pain relief for you. If symptoms change significantly, contact your healthcare team rather than waiting for a routine appointment.

Seek urgent medical advice for sudden, severe pain or symptoms that feel very different from your usual pattern. Call 999 or attend A&E for a medical emergency, such as collapse or severe bleeding. For urgent but non-emergency advice in England, NHS 111 may be able to help; services differ across the UK.

The bottom line

The reported average diagnosis time of 8 years and 10 months shows why persistent pelvic pain should not be brushed aside. It is not a fixed waiting period, and there are steps you can take now: explain the impact of symptoms, ask about first-line treatment, and discuss referral if symptoms persist or return. A normal scan does not always rule out endometriosis, and specialist assessment may be appropriate for some people.

If you are concerned, start with your GP or another suitable NHS service. You deserve to have your pain taken seriously and to understand what the next step is, even if the route to a diagnosis takes time.



Question Key point How long does diagnosis take? The endometriosis UK report 2024 gives an average of 8 years and 10 months; individual experiences vary. Does a normal ultrasound rule it out? No. Persistent or recurring symptoms may still need assessment or referral. Can treatment start before diagnosis? Often, yes. Pain relief or hormonal treatment may be discussed while assessment continues. When might specialist

referral be needed? For persistent symptoms, suspected deep disease, or when initial treatment is not helping.