

# Endometriosis Care Pathway

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## Introduction

Endometriosis is a gynecological condition affecting largely the lives of many women in reproductive age, having an estimated incidence between 10% to 15% in Brazil. In the face of such scenario, it becomes imperative to develop wide and comprehensive approaches to its handling and treatment.

Our project aims at creating a line of full-time care of Endometriosis, from its diagnosis to the post-intervention follow-up. We are committed to evaluate the results to optimize the quality of life of the patients, manage their pain, approach emotional matters and monitor the outcome for the long term.

## Methods

Through the implementation of a specialized center to approach Endometriosis, we intend to carry out diagnosis earlier and have the post-intervention follow-up. The patient who agrees to join in the Care Pathway is welcomed by the nurse navigator. Breaking down the process, they conduct the filling out of the health formulary and the EQ5D-3L. At this moment, the patient obtains access to a direct communication channel with the nurse to clarify doubts or make requests, such as scheduling appointments and exams. Throughout a five-year period, the patient is followed by scheduled questionnaires, specialized medical appointments, and specific exams to their journey. Any significant deviation in the answers provided by the patient, a multidisciplinary team is called upon to offer the proper guidance, ensuring a personalized and efficient Endometriosis operation.

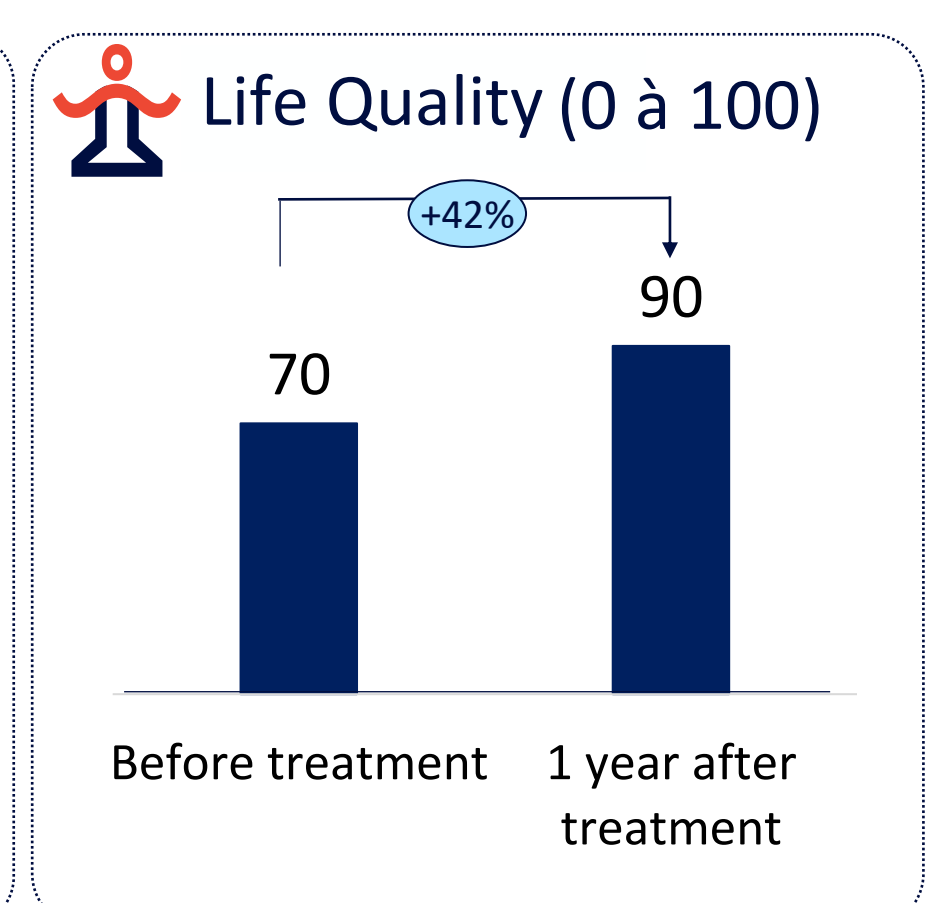
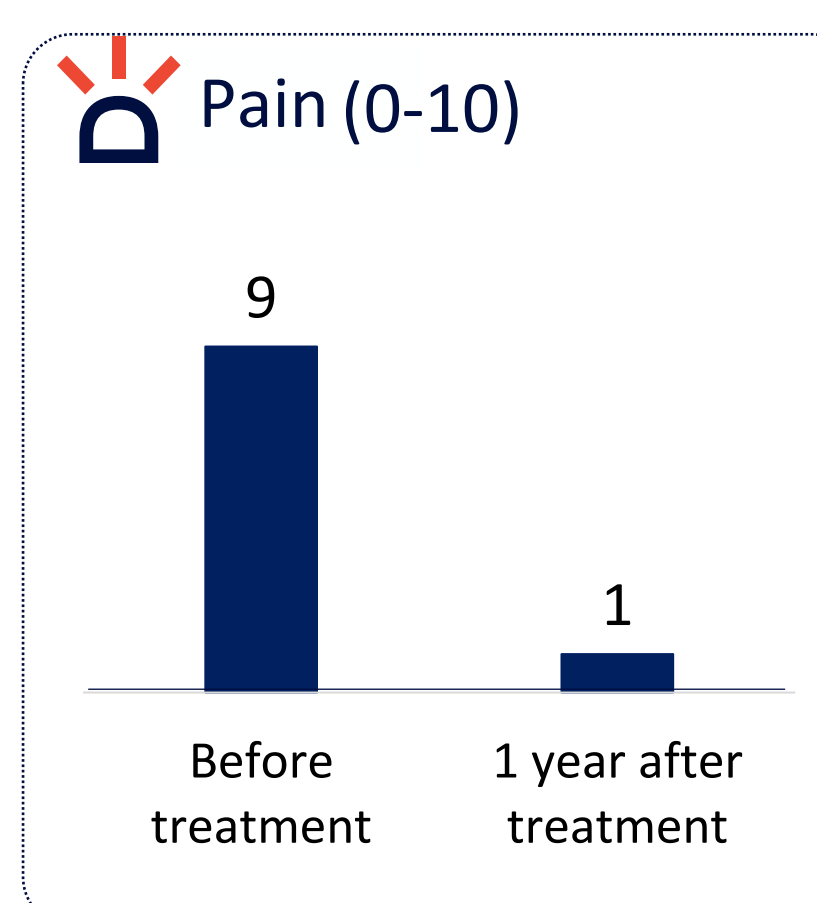
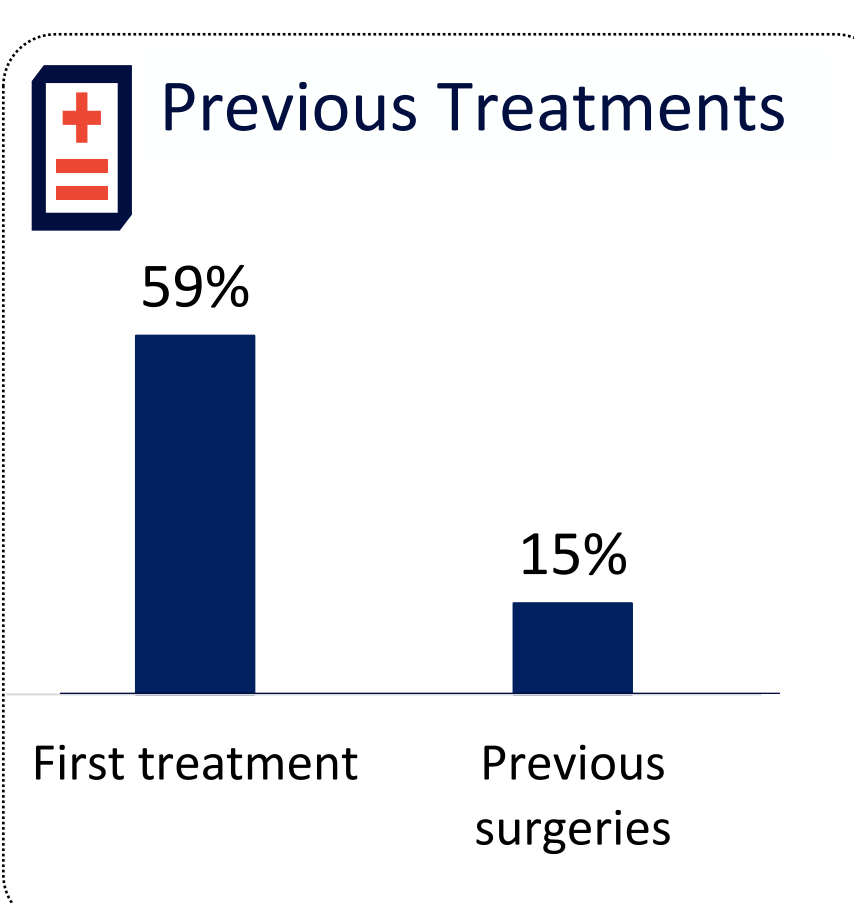
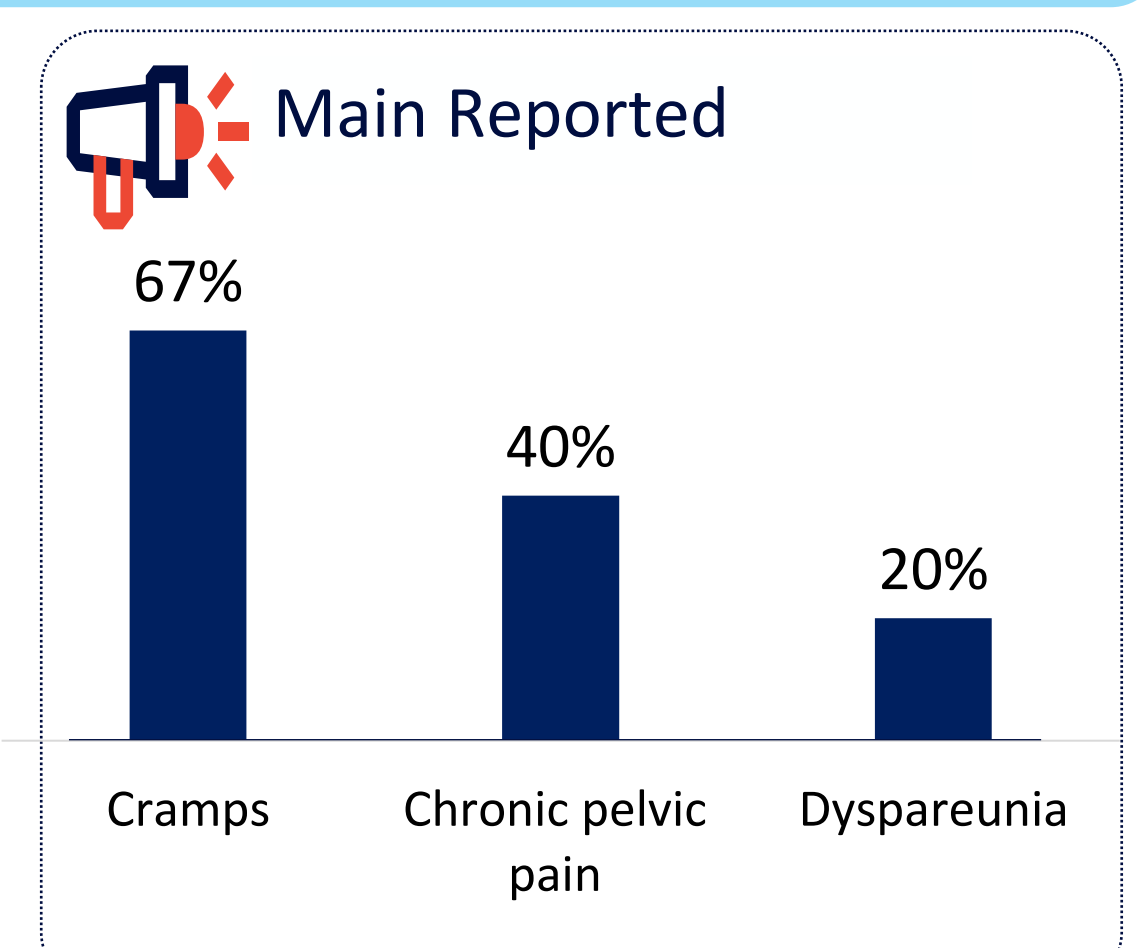
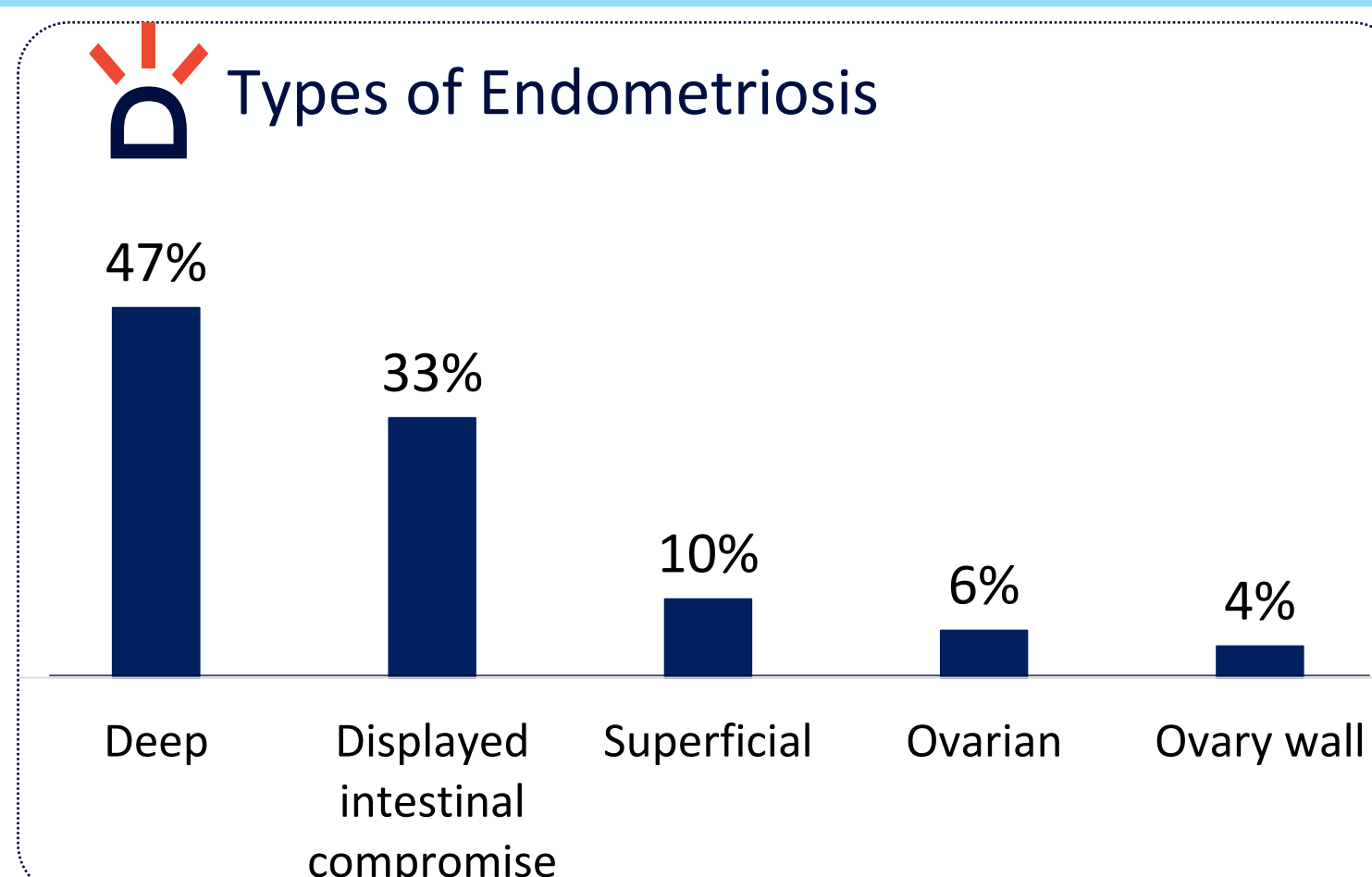
The absence of a patterned group of metrics, such as the SS, ICHOM, took us to the creation of a local approach developed by our multidisciplinary team, highlighting the shared decision-making process and defining outcomes based on dialoguing with the patients and the literature, for an approach focused on the patient.

## Results

From August 2022 to March 2024, our Care Pathway treated 204 patients. Of these, 91% were submitted to surgical interventions, whereas 9% opted for clinical treatment. The high percentage of surgical interventions can be attributed to our growth as a reference center in Endometriosis treatment, with 55% of patients coming from external clinics.

The primary complaints among patients included cramps, chronic pelvic pain, and dyspareunia. Most patients were beginning their first treatment, while a minority had undergone previous surgeries, highlighting the long-term management challenges of endometriosis.

Different types of endometriosis were identified, ranging from cases with deep infiltration and intestinal involvement to superficial lesions and ovarian complications. There was a significant improvement in patients' quality of life and pain levels after one year of treatment, demonstrating the effectiveness of the therapeutic interventions.



## Conclusions

Although the ICHOM hasn't addressed Endometriosis yet, we based ourselves on other health conditions, which are considered by the ICHOM, to develop a robust approach in patterning the data collection and evaluating the clinical outcomes related to the Endometriosis treatment. Such insights and the institutional learning have helped us improve the processes and guide future steps, such as reviewing the wage model and the scalability to the hospitals of the chain we are part of.

We intend to ensure that each intervention contributes directly to the health results improvement of the patients while providing the high-quality care focused on the patients and the sustainability.

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