


Satellite communication important questions with answers

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Q: What causes endometriosis? A: The most widely accepted cause of the disease is retrograde menstruation. This means that the tissues of the uterine lining, called endometrial tissue, flows backwards through a woman’s fallopian tubes while she is menstruating. The tissue gets trapped and cannot leave the body as the rest of the endometrial lining does during menstruation. However, no matter where it is located in the body, the endometrial tissue still responds to hormonal stimulation every month. Endometriosis implants may become inflamed, bleeding and develop into scar tissue. When implants are attached to organs in the pelvic cavities and abdominal cavities severe pain, infertility and other problems can cause. There are other theories about what causes endometriosis, including a poor immune system response, hormonal imbalances or environmental causes. Experts have also found strong evidence to suggest a genetic link to the disease.Q: What does endometriosis prove? A: Pain in the pelvic region is the most common symptom of the disease. Although some women who have endometriosis do not experience symptoms. The degree of pain varies from very gentle pain to severe pain which can make it impossible for a woman to go about her normal life. Some women describe pain as sharp and burning. It can last all month, but is usually worse during menstruation, with deep penetration during sex, or with bowel movements. Some women don’t report any pain. Other symptoms may includeabnormal menstrual bleedingevere menstrual crampsrepellent pain distinct from menstrual crampsbackachepain during or after sexual penetrationpainful bowel movementspain with extensive pelvic examinationQ: How can I be sure to be correctly diagnosed if pain associated with the disease can often be confused with other medical problems? A: If laparoscopy is not performed, sometimes your doctor will prescribe hormonal treatments taking endometriosis exists. If there is a response and a diminished pain, there is a hypothesis that endometriosis was actually the cause of the pain. However, endometriosis cannot be definitively diagnosed without laparoscopy and biopsy. The American College of Obstetricians and Gynecologists (ACOG) recommends a peritoneal (tissue) biopsy to confirm the presence of endometrial lesions. Q: Can I get pregnant if I have endometriosis? A: Yes, you can. Almost all women who have endometriosis are fertile, and there are many women who have the disease and continue to have children. Endometriosis, unless it blocks the fallopian tubes, is not generally considered an absolute barrier to contraception.Q: Is there any way to prevent endometriosis?A: Unfortunately, the answer is probably not. Researchers can’t say with certainty what causes some women get the disease while other women don’t. Only 10 percent to 15 percent of all women in their reproductive years suffer from endometriosis.Q: What treatment options are available The most common medical therapies for endometriosis are hormonal contraceptives and other hormonal regimens, such as GnRH agonists (hormonal drug-releasing gonadotropin), which control hormonal stimulation of endometrial tissue. Danazol, a synthetic androgen, is also used, but it can cause some unwanted side effects, including weight gain, hysteria (hair growth) and low voice. Surgical treatments range from removing only the endometrial implants through laparoscopy to removing the uterus and ovaries.Q: How do I know which treatment option is best for my endometriosis case? A: It’s hard to know which course of treatment is best for you, especially because no comparative studies have been conducted to determine which approach is best. There are pros and cons for all treatment options. Up to 90% of women with the disease will be helped by medical therapies. Oral contraceptives can be used indefinitely to manage symptoms. The goal of surgery is to remove endometriosis, restore the normal anatomical relationship of the tissue, and remove any scar tissue caused by the condition. Most women choose laparoscopy if they decide to go with surgery. Many women try to avoid a hysterectomy if they can, as it is a radical procedure that will leave them infertile, with no guarantee that their endometriosis will be gone forever. Because of the risks associated with surgery, the usual course of treatment is to proceed from the least invasive or risky to the most invasive treatment. This means that medical treatment is more often tried before. If you do not experience any success after several trials of different kinds of drugs, then laparoscopy can be recommended with hysterectomy as a last resort for most women depending on their age and their desire to preserve fertility. Correct Answer: Correct Answer: Correct Answer: Correct Answer: Correct Answer: Correct Answer: Folic acid is a B vitamin. If a woman gets enough folic acid before and during early pregnancy, it can help prevent neural tube defects (main defects in the baby’s brain or spine). Women need 400 micrograms of folic acid every day. Women can get folic acid by taking a vitamin with 400 micrograms of folic acid in it or eating food that is fortified with folic acid (such as some breakfast cereals and foods made with vitamin-enriched flour). Neural tube defects are serious birth defects of the brain and spine. They develop very early in pregnancy when the neural tube, which becomes the brain and spine, does not close properly. Folic acid is needed for the neural tube to correctly. Start the intake of folic acid after the time in the development that the neural tube should have closed (after 6 weeks of pregnancy) will not prevent neural tube defects. The two most common neural tube defects are the spina bifida (slice the spine) and anencephaly (slics the brain). CDC exhorts all women who are pregnant to take 400 micrograms of folic acid every day to help preventtube defects (more congenital defects than the brain or the spine of the child). The term “folic acid” and “folate” are often used interchangeably. However, folate is a generic term used to describe vitamin B9, which occurs in different forms. These include: folic acid, dihydrofolate (DHF), tetrahydrofolate (THF), 5---108---methyl ethylenetrofolate (5a---108---MTHF) and 5b---methyltetrahydrofolate (5-MTHF) [1]. Folic acid is the synthetic form (made by man) used in vitamin supplements and fortified foods such as rice, pasta, bread and some breakfast cereals. Folic acid has proven to be effective in preventing neural tube defects in many scientific studies and countries around the world [2-6]. The folate is found in foods such as green leaf vegetables, citrus fruits and beans. Women should follow a balanced diet of foods rich in natural folates. However, it is very difficult for most women to get the recommended daily amount of folate through the only food [7]. There has been no study of the effectiveness of supplements containing some form of folate other than folic acid (such as 5-MTHF, or “Natural Fund”) in the prevention of neural tube defects. Folate in food is easily decomposed by heat and light. Folic acid is the most thermally stable form of vitamin B9 and is therefore more suitable for food fortification, since many fortified products, such as bread, are baked in the oven [8]. Folic acid has proven to be effective in preventing neural tube defects in randomized control studies, community intervention programs and food fortification programs. [2-6] Folic acid is easily absorbed into the body and studies have shown that it can increase blood folate concentrations in all populations (including those with the MTHFR TT variant - see below for more information) [9, 10]. The concentration of folate in the blood is the amount of folate measured in the blood. When a woman takes folic acid through foods or supplements, its concentration of folates in the blood increases. When the concentration of folates in the blood is too low, there may be medical problems. Very low concentrations of folate in the blood can cause a form of anemia called megaloblastic anemia. A sufficient amount of folate in the blood can help improve the health of a woman and can reduce the risk of a pregnancy affected by a neural tube defect [11]. Once a woman begins to take 400 micrograms of folic acid every day, several months may be required to reach a concentration of folate in the blood sufficiently high to help prevent neural tube defects. The amount of folic acid and/or food folate and the duration of consumption beforeare the most important factors in achieving a sufficiently high blood folate concentration to help prevent neural tube defects. Thank you. All women, including those with the MTHFR TT or CT genotype, may benefit from taking 400 micrograms of folic acid per day, especially before and during early pregnancy. MTHFR (methyltetrahydrofolate reductase) It is an enzyme that plays a role in the way people make folate. A A variant of the MTHFR enzyme (also known as MTHFR TT or CT genotypes) determines the speed with which some people can process folate. Although women with MTHFR TT or CT genotypes drained more slowly, they can increase their blood concentrations to sufficient extent to prevent neural tube defects by taking the recommended daily dose (400 micrograms) of folic acid [11]. Research studies have shown that in populations with high levels of MTHFR TT or CT genotype, taking 400 micrograms of folic acid a day before and during early pregnancy can reduce the risk of neural tube defects up to 85% [5, 11]. Many studies have shown that folic acid consumption increases concentrations of folate in the blood. For example, a study showed that after three months of intake of 400 micrograms of folic acid, concentrations of folate in the blood increase by more than 250% in women with MTFHR TT genotype [9]. Crider, K.S., L.B. Bailey, and R.J. Berry. Food Fortification of folic acid-his history, effect, concerns, and future directions. Nutrition, 2011. 3 (3): pp. 370-84. De Wals, P., et al., Reduction of neural pipe defects after fortification with folic acid in Canada. N Engl J Med, 2007. 357 (2): pp. 135-42. De Wals, P., et al., Spina bifida before and after the fortification of folic acid in Canada. Birth defects Res A Clin Mol Teratol, 2008. 82 (9): pp. 622-6. 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