this may vary because of:

- their cultural background and beliefs
- their socioeconomic status
- any neurodiverse conditions they may have. **[2024]**

1.3.5 Offer an abdominal and pelvic (internal vaginal) examination to women and people with suspected endometriosis to identify abdominal masses and pelvic signs, such as reduced organ mobility and enlargement, tender nodularity in the posterior vaginal fornix, and visible vaginal endometriotic lesions. **[2017, amended 2024]**

1.3.6 Offer an abdominal examination to exclude abdominal masses if a pelvic (internal vaginal) examination is declined, or not suitable for the person. **[2017, amended 2024]**

For a short explanation of why the committee made the new and updated 2024 recommendations and how they might affect practice, see the rationale and impact section on endometriosis signs and symptoms.

Full details of the evidence and the committee's discussion are in evidence review B: diagnosing endometriosis.

1.4 Pharmacological treatment for women and people with suspected or confirmed endometriosis

Initial treatments

Analgesics

1.4.1 For women with endometriosis-related pain, discuss the benefits and risks of analgesics, taking into account any comorbidities and the woman's preferences. **[2017]**