

Endopaedia Archive

This is a collection of archived content from the no-longer-active endopaedia.info website, originally created by Dr. David Byron Redwine. He spent his career focusing on endometriosis excision surgery and education.

To make this document easier to find, I have saved it here: linktr.ee/endopaedia

The website's content was archived mostly according to the website's structure. Some of the content was not available, but it will be filled in as I can find it elsewhere. The missing content is primarily embedded images and videos as of now.

If anything is broken, just let me know! 😊

– Claudia (linktr.ee/ciconn)

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Endopædia is a comprehensive, online resource on the origin, diagnosis, and optimal management of endometriosis, and represents the life's work of world-renowned endometriosis excision surgeon and gynaecologist, Dr. David B. Redwine, M.D.

NEW! Contribute to Endopædia by [sharing your own personal story](#) on living with endometriosis!

ENDOMETRIOSIS is a medical condition that affects millions of women worldwide. It is a highly prevalent, high cost, high impact disease with an embarrassingly low profile in the public domain. Women with endometriosis continue to endure years of diagnostic delay, misunderstanding by the medical profession, and sub-optimal and ineffective treatments, resulting in a life of chronic pain and debilitation.

David Redwine dedicated over 30 years to developing his knowledge and expertise in the effective treatment of endometriosis. Having written extensively on the topic, lectured and performed surgeries all around the world, and having successfully treated thousands of patients who traveled from far and wide to his remote, rural practice in Bend, Oregon, he represents one of the true pioneers in the field.

Autumn 2012 marked the end of Dr. Redwine's long and successful career as a clinician. It is the hope that this resource will serve as a legacy to his life's work, and will be an invaluable reference point to patients and practitioners alike.

[\[Video\]](#) Dr. Redwine receiving an award from the [Endometriosis Foundation of America](#) for his contributions to the field of endometriosis.

"I got interested in endometriosis because my first wife had it. I got really pissed off about the lack of understanding of the disease, and for the last 32 years I have dedicated my life to understanding and operating

on patients with endometriosis. The patients have been an incredible part of my life. I've dedicated my life to helping them and I just am honored that somebody thinks I have done something worthwhile." – David B. Redwine, M.D.

Endopædia is a self-funded project completed in our free time. The site is not sponsored by any third parties. It is a free resource open to anyone interested in learning more about this disease. Some of the materials included here will be more suited to patients while others will be of interest to professionals working within the field. If you have any comments, feedback, or questions, please [contact us](#).

[Origin](#)

Key phenomena and definitions

Patient articles & presentations

[Introducing endometriosis](#)

A summary of the key facts about the disease endometriosis: What it is and what it is not, what it looks like, who can develop it, where it develops, what the symptoms are, and how common it is.

[Delineating the disease: Obtaining accurate information](#)

How can we obtain accurate data about endometriosis? What is needed in order to increase our understanding of this disease and to avoid making the same old mistakes?

Scientific articles & presentations

[Redefining endometriosis in the modern era](#)

An overview of the origin, history, diagnosis, and treatment of endometriosis.

[Is endometriosis an autotransplant?](#)

Sampson's theory of reflux menstruation suggests that endometriosis is one form of a condition known as an autotransplant. This study seeks to characterize autotransplants as they are described in the literature and to determine whether endometriosis resembles an autotransplant.

[The visual appearance of endometriosis and its impact on our concepts of the disease](#)

The visual appearance of endometriosis is important because every intellectual and therapeutic process begins with a surgeon identifying disease. Inaccurate identification of disease can introduce selection bias at a first-order level and confound all conclusions, leading to inaccurate concepts of epidemiology, natural history, disease origin and treatment.

[Age related evolution in color appearance of endometriosis](#)

Endometriosis is diagnosed microscopically by a pathologist who studies tissue harvested from the pelvis by a surgeon. The surgeon's eye is the only determinant of what is excised, so identification of all disease is important. There is a growing, but not yet widespread, appreciation that endometriosis has many appearances. Since descriptive morphology of endometriosis historically has been in terms of color (i.e., the "black powder-burn" lesion), this study seeks to categorize qualitatively and to estimate the prevalence of the various colors of appearance of biopsy-proven endometriosis.

[The distribution of endometriosis in the pelvis by age groups and fertility](#)

Some clinicians believe that endometriosis involves progressively more widespread areas of the pelvis as patients get older and that pregnancy confers relative protection against spread of the disease throughout the pelvis. To examine these beliefs, this study evaluates both the frequency distribution of disease by age groups as well as the number of pelvic areas involved compared with age groups and fertility status in patients with endometriosis.

Theories of origin

Patient articles & presentations

[Who was Sampson and what is Sampson's theory?](#)

A short introduction to Sampson and his theory of retrograde menstruation.

[The problems with Sampson's theory - is it a theory or an excuse?](#)

Sampson's theory of the origin of endometriosis remains popular despite its inability to accommodate the key phenomena of this disease. Here we examine what Sampson's theory is and why it fails so catastrophically.

[If Sampson's theory doesn't work, then what causes endometriosis?](#)

In the above articles and slide-shows we have provided a volume of ammunition undermining Sampson's theory, the most popular theory of origin of endometriosis. If Sampson's theory fails then what is the explanation for the origin of this disease, and what would it need to encapsulate in order to succeed in explaining all the phenomena surrounding endometriosis?

[The immune system and endometriosis](#)

Immunological dysfunction is often cited as a core factor in the development and maintenance of endometriosis. We will take a closer look at the relationship between endometriosis and the immune system and examine whether immune dysfunction is indeed a feasible causal factor in this disease, and what bearing this has on clinical practice.

[A critical review of the development of Sampson's theory of origin of endometriosis](#)

Could Sampson have been wrong? A critical appraisal of the development of his theory of origin of endometriosis to illuminate errors of thought which persist to this day, allowing us to discard what is wrong so that we may see what is correct.

Scientific articles & presentations

[Was Sampson wrong?](#)

An examination of the flaws of Sampson's theory and why attempts at accommodating for these flaws in 'hybrid' theories also fail to adequately explain the phenomena and origin of endometriosis.

[Asteroid mapping, HOX genes and endometriosis](#)

In this presentation given at the 2nd Annual Scientific and Surgical Symposium of the Endometriosis Foundation of America in 2011, Dr. Redwine explains why Sampson's theory of origin of endometriosis is fatally flawed and presents his alternative best-fit model of the pathogenesis of endometriosis, Mülleriosis. He explains the role of HOX genes in the laying down of endometriotic tissue during embryogenesis.

[Mülleriosis: The best-fit theory of the origin of endometriosis](#)

What is mülleriosis and why is it the best-fit theory of the origin of endometriosis?

[Diagnosis](#)

Symptoms and differential diagnosis

Patient articles & presentations

[What are the classic symptoms of endometriosis?](#)

What does endometriosis feel like? Which symptoms are 'classic' of this disease and which symptoms suggest something else might be at hand?

[Is my pain due to endometriosis?](#)

There are many sources of pelvic pain. It is important to differentiate between the various possible pathologies in order to decide upon an optimal treatment and so that the patient has realistic expectations as to the likely outcomes.

[Adenomyosis - A common cause of uterine symptoms after age 30](#)

What is adenomyosis? What are the symptoms? How is it different from endometriosis?

Methods of diagnosis

Patient articles & presentations

[The role of record reviews in the diagnosis and treatment of endometriosis](#)

A lot can be learned about a patient from taking a detailed history of her symptoms and by reviewing her medical records up until now.

Scientific articles & presentations

[Patient preparation](#)

This article examines the various steps needed in preparing the patient for the treatment of endometriosis, from differential diagnosis in the office to the correct identification of disease during laparoscopy and the various surgical considerations that must be borne in mind during and after surgery.

[Laparoscopic diagnosis of endometriosis](#)

Although the diagnosis of endometriosis can be strongly suspected by history and physical findings, correct diagnosis requires surgery. Laparoscopy is currently the most common method of surgical diagnosis. Accurate laparoscopy depends on specific technical and cognitive factors. Safe and proper patient positioning, trocar sites, and knowledge of the common locations and the protean visual manifestations of the disease are all important. Distinction between superficial and more deeply invasive disease is critical in applying the proper surgical therapy.

Treatment

Choosing a doctor and preparing for surgery

Patient articles & presentations

[Talking to your doctor](#)

What types of questions should you ask when selecting a physician to take on your care and provide optimal surgery?

[Why don't more physicians advise conservative excisional surgical therapy?](#)

What you read on these pages may stand in stark contrast with what you have been advised by your local doctor. Why is conservative excisional surgery not being routinely offered by the majority of practitioners?

[Why is endometriosis surgery so challenging?](#)

Endometriosis surgery is often dubbed the most challenging (and the most rewarding) form of pelvic surgery in the book (and quite possibly the most difficult surgery per se). This article explains why so few surgeons are able to excise endometriosis and why even fewer are able to do so from any area within the body.

Scientific articles & presentations

[Embracing the challenge of complete excision surgery, the gold standard of endometriosis treatment](#)

This short article intended for physicians serves as a fitting introduction to the various materials contained on this site. It is a calling to think differently about the disease, to ask questions and challenge the concepts that currently underpin our philosophy of the treatment of endometriosis.

[Patient preparation](#)

This article examines the various steps needed in preparing the patient for the treatment of endometriosis, from differential diagnosis in the office to the correct identification of disease during laparoscopy and the various surgical considerations that must be borne in mind during and after surgery.

An overview of surgical approaches

Patient articles & presentations

[A better approach to the treatment of endometriosis](#)

How did Dr. Redwine develop the ideas and techniques that enabled him to successfully treat thousands of women with endometriosis? What did he do differently from those before him and why?

[Why is laser vaporization best avoided in the surgical treatment of endometriosis?](#)

Many surgeons vaporize endometriosis using a laser beam. Unfortunately, there are several reasons why this approach to surgical treatment is less than optimal.

[What is monopolar electroexcision of endometriosis and how does it differ from electrocoagulation?](#)

Different surgical techniques are used in the treatment of endometriosis. Two such techniques include electroexcision and electrocoagulation. While both utilize electrical current, the similarities end there.

[Should laser vaporization and electrocoagulation of endometriosis be banned?](#)

This may seem like an odd question to ask given these techniques are being used by gynecologists to treat endometriosis all around the world... but what do we know about the efficacy of these techniques and are they an adequate, let alone optimal, mode of surgery in women with endometriosis?

Scientific articles and presentations

[Principles of monopolar electrosurgery](#)

Electrosurgery is a useful, inexpensive, and a sometimes misunderstood form of surgical energy. A better understanding of the principles of electrosurgery can lead to more widespread use with greater safety. This article discusses monopolar electrosurgery as used by the author.

Surgical footage

[Laparoscopic excision of endometriosis \(1987\)](#)

This early video, filmed in 1987, demonstrates Dr. Redwine's approach and philosophy on the management of endometriosis. He argues the case for the laparoscopic excision of endometriosis as an effective strategy in the alleviation of pain in patients with the disease.

[Electrosurgical resections of endometriosis](#)

This film shows several types of electrosurgical resections of endometriosis, including closure of a small full-thickness hole in the bowel following excision of a rectal nodule.

[Laparoscopic excision of endometriosis with 3mm monopolar scissors](#)

In this film you will be introduced to the basic concepts of monopolar electrosurgery in the excision of endometriosis. A concern with the use of monopolar current is the potential for thermal spread and tissue damage. However, when high current densities are used, this problem is avoided. The surgery shown in this footage demonstrates the important relationship between current density and surgical technique (touch cutting versus coagulation) in the removal of endometriosis.

Radical versus conservative surgery

Patient articles & presentations

[Endometriosis persisting after hysterectomy and bilateral salpingo-oophorectomy: Removing the disease, not organs, is key to long-term relief](#)

Surgical castration (removal of the ovaries, usually accompanied by removal of the uterus and tubes - "hysterectomy and bilateral salpingo-oophorectomy") is often implied as the definitive cure of endometriosis. It is a drastic step to take in striving for relief of symptoms, especially in women who are yet to fulfill their wish for motherhood. Sadly, however, this radical surgery does not eradicate the disease and is no guarantee against the persistence of symptoms.

Scientific articles & presentations

[Endometriosis persisting after castration: clinical characteristics and results of surgical management](#)

Surgical treatment of endometriosis by bilateral oophorectomy with or without hysterectomy is usually regarded as curative therapy, even though residual disease may remain. It is used in patients with sufficient pain who have failed previous therapies and who do not desire future fertility. Despite this therapy, this study

demonstrates that endometriosis can remain symptomatic after castration, with or without estrogen therapy. In such patients, there is a 33% frequency of intestinal involvement. Therefore, at castration, consideration should be given to removal of invasive peritoneal and intestinal disease. Symptom improvement occurs in most patients after excision of endometriosis.

Surgical techniques per location and subtype

Patient articles & presentations

[Ovarian cysts and emergency surgery](#)

When an ovarian cyst is discovered does this require treatment, and if so does this ever represent a surgical emergency?

Surgical footage

[The world's first laparoscopic segmental bowel resection](#)

In this award-winning film made in December 1990 you will see the world's first laparoscopic segmental bowel resection. Invasive endometriosis of the sigmoid colon is segmentally resected entirely via laparoscopy. The film won the very first AAGL 'Golden Laparoscope Award' for the pioneering surgical procedure performed.

[Transvaginal segmental bowel resection](#)

The transvaginal segmental bowel resection is a sleek technique in patients in which both the vaginal cuff needs to be opened and a segmental resection needs to be performed during the same surgery. The technique can reduce surgery time and avoids the need to extend one of the laparoscopy incisions to accommodate the bowel during anastomosis.

[Obliteration of the cul-de-sac](#)

This film shows several types of electro-surgical resections of endometriosis, including closure of a small full-thickness hole in the bowel following excision of a rectal nodule.

[Frozen pelvis](#)

This film shows excision of severe endometriosis, including resection of endometrioma cysts, complete obliteration of the cul-de-sac, and mucosal skinning of the rectosigmoid colon.

[Gastrointestinal endometriosis](#)

Endometriosis of the intestines can sometimes be superficial. This video shows resection of superficial disease from the colon and small bowel.

[Umbilical endometriosis](#)

Umbilical endometriosis is a rare manifestation of the disease. It is the result of embryological patterning of the distribution of endometriosis. Umbilical endometriosis can exist without any pelvic endometriosis. The best treatment is local excision. This video shows local excision of umbilical endometriosis.

[Diaphragmatic endometriosis](#)

Diaphragmatic is a rare presentation of endometriosis and is commonly associated with widespread pelvic disease. This film examines the diagnosis and surgical treatment of diaphragmatic disease in Dr. Redwine's practice in the early 1990s. Nowadays diaphragmatic disease may be excised via laparoscopy and thoracoscopy rather than requiring laparotomy.

Surgical Complications

Scientific articles & presentations

[Complications of laparoscopic presacral neurectomy](#)

Presacral neurectomy is a procedure that denervates the uterus and some bladder sensation. This article examines the indications for the procedure, how the procedure is performed, and the possible complications that may result.

Surgical footage

[Repairing ureteral injuries](#)

The ureter is the tubular structure which carries urine from the kidney down to the bladder. Most of us have only one ureter on each side. Some patients have two ureters on one side, which can lead to an increased chance of injury during difficult pelvic surgery. This video shows damage to and repair of a duplicate ureter which occurred during a difficult pelvic surgery.

[Arterial haemostasis](#)

Arterial haemostasis is an important part of any surgery. This video shows a variety of arterial bleeders and how they are controlled.

[Colposuspension mesh removal](#)

Women who have undergone removal of their pelvic organs in the 'definitive' treatment of endometriosis may later experience prolapse. Surgical mesh is used increasingly to try to 'fix' pelvic support problems in women. Mesh problems requiring reoperation are the dirty little secrets which can follow the use of mesh. This video shows laparoscopic removal of mesh which had been causing pain.

[Monarc mesh removal](#)

Women who have undergone removal of their pelvic organs in the 'definitive' treatment of endometriosis may later experience prolapse. Surgical mesh is used increasingly to try to 'fix' pelvic support problems in women. Mesh problems requiring reoperation are the dirty little secrets which can follow the use of mesh. This video shows laparoscopic removal of mesh which had been causing pain.

Surgical audits

(Full title: Surgical audits, digital documentation, evidence-based endoscopy, and controlled surgical studies)

Patient articles & presentations

[How should the effectiveness of a specific treatment be measured?](#)

When measuring the efficacy of a treatment it is important to consider how reflective the outcome measure is of the underlying disease. Typical measures of treatment efficacy in endometriosis include fertility, pain, and disease at reoperation.

Medical therapies

Patient articles & presentations

[Generic flaws of studies of medical therapy](#)

What are the pitfalls in the studies examining the efficacy of medical therapy in the treatment of endometriosis? What impact do these flaws have in terms of the clinical utility of medical therapy in patients presenting with pelvic pain due to endometriosis?

[Should medical therapy be used for endometriosis?](#)

Many medical therapies are being used in patients with endometriosis but are they effective in treating this disease?

[Is a medically-induced pseudomenopause an effective treatment of endometriosis?](#)

Powerful and expensive hormone therapies are often prescribed in the treatment of endometriosis whereby the patient is placed into a medically-induced pseudomenopause, often resulting in severe side-effects. Are these therapies actually effective in treating this disease or best steered clear of?

Scientific articles & presentations

[Berkson's fallacy and the medical 'treatment' of endometriosis](#)

When a disease is studied only in patients in a hospital, the symptomatic and morphologic features seen in those hospitalized patients may not accurately reflect the wild type disease which is prevalent in the population as a whole. This may result in an inaccurate picture of the disease. This is called "Berkson's fallacy". So what role has Berkson's fallacy played in our beliefs and understanding of endometriosis?

Pregnancy and menopause

Patient articles & presentations

[Does pregnancy protect against or cure endometriosis?](#)

Endometriosis has often been characterised as a disease of middle-aged career women who have put off having children. Pregnancy is often cited as both preventative and curative of this disease. Is there any truth in these beliefs?

[Does menopause cure endometriosis?](#)

It is often assumed that endometriosis is a disease limited to the reproductive years and that menopause (either natural, medical, or surgical) will bring the disease to an end. Is there any truth in this belief?

Prognosis

Cure rate

Patient articles & presentations

[What is the cure rate following excision of endometriosis?](#)

In the lay literature endometriosis is commonly depicted as a chronic, incurable, recurrent disease - the disease that 'always comes back'. In this article we'll examine why this belief is simply not true, citing robust evidence that curative treatment is available and has been for well over half a century.

Disease recurrence and persistence

Patient articles & presentations

[Does endometriosis "come back" after surgical treatment?](#)

What is a realistic expectation regarding recurrence following complete excision of disease? Does the disease simply come back?

[Pain persisting after complete excision surgery: Persistent endometriosis or something else?](#)

Why does pain sometimes still persist despite thorough excision of all areas of endometriosis? Is it recurrent or persistent disease or perhaps something else at play?

Endo by Life Phase

Adolescence

Patient articles & presentations

[Endometriosis in teenagers](#)

Endometriosis can affect females across the lifespan, including in puberty and adolescence. How is endometriosis diagnosed and treated in teenagers? What is the prognosis of adolescent endometriosis?

Early to mid-adulthood

Patient articles & presentations

[Does pregnancy protect against or cure endometriosis?](#)

Endometriosis has often been characterised as a disease of middle-aged career women who have put off having children. Pregnancy is often cited as both preventative and curative of this disease. Is there any truth in these beliefs?

[Adenomyosis - A common cause of uterine symptoms after age 30](#)

What is adenomyosis? What are the symptoms? How does it differ from endometriosis?

Menopause

Patient articles & presentations

[Does menopause cure endometriosis?](#)

It is often assumed that endometriosis is a disease limited to the reproductive years and that menopause (either natural, medical, or surgical) will bring the disease to an end. Is there any truth in this belief?

[Endo by Subtype / Location](#)

'Invisible', microscopic disease

Patient articles & presentations

[Invisible microscopic endometriosis - Is it invisible, or just not there?](#)

The concept of invisible microscopic endometriosis (IME) is frequently thrown around by gynecologists and used as an excuse for incomplete surgery. What is invisible microscopic disease and does it really exist?

Scientific articles & presentations

[Is "microscopic" peritoneal endometriosis invisible?](#)

This study follows on from that of Murphy and colleagues (1986) by examining healthy-appearing areas of peritoneum for the presence or absence of endometriosis in a series of patients undergoing laparoscopy. Unlike the original study, this study found an occurrence of microscopic invisible endometriosis of zero, suggesting that it is in fact possible by the use of both modest peritoneal magnification and the criteria of normal peritoneum defined in this study to distinguish peritoneum lacking endometriosis with 100% precision.

Cystic ovarian endometriosis

Scientific articles and presentations

[Ovarian endometriosis: symptoms, diagnosis, and treatment](#)

This article provides an in-depth overview of the symptoms, diagnosis and surgical management of ovarian endometriosis and related pathologies.

[Ovarian endometriosis: a marker for more extensive pelvic and intestinal disease](#)

Compared with patients without ovarian endometriosis, patients with ovarian endometriosis have more pelvic and intestinal areas involved by endometriosis. Patients with ovarian endometriosis and intestinal endometriosis are more likely to require full-thickness or segmental bowel resections for complete removal of intestinal disease. These findings persisted when adjusted for previous therapies or presence of superficial versus deep ovarian disease. Importantly, when physicians focus primarily on treating ovarian disease, patients may go underdiagnosed and undertreated.

Gastrointestinal endometriosis

Patient articles & presentations

[An introduction to intestinal endometriosis](#)

What is intestinal endometriosis, how common is it, what symptoms does it cause, and how is it treated?

Scientific articles and presentations

[Intestinal endometriosis: symptoms, diagnosis, and treatment](#)

This article provides an in-depth overview of the symptoms, diagnosis and surgical management of intestinal endometriosis.

Rectovaginal endometriosis

Scientific articles and presentations

[Rectovaginal endometriosis: symptoms, diagnosis, and treatment](#)

This article provides an in-depth overview of the symptoms, diagnosis and surgical management of rectovaginal endometriosis.

Urinary tract endometriosis

Scientific articles and presentations

[Endometriosis of the urinary tract: symptoms, diagnosis, and treatment](#)

This article provides an in-depth overview of the symptoms, diagnosis and surgical management of endometriosis of the urinary tract.

Thoracic endometriosis

Note: While Dr. Redwine was incredibly knowledgeable about endometriosis in the pelvis/abdomen, his knowledge of thoracic endometriosis was limited in comparison. His understanding of it is not reflective of our current understanding, so be sure to search through more current information about the disease.

Patient articles & presentations

[Diaphragmatic endometriosis - similar, but different](#)

What is diaphragmatic endometriosis, what are the signs and symptoms, and how can it be treated?

[Q&A: on diaphragmatic endometriosis](#)

Dr. Redwine answers a series of patient questions on diaphragmatic endometriosis.

Scientific articles and presentations

[Diaphragmatic endometriosis: symptoms, diagnosis, and treatment](#)

This article provides an in-depth overview of the symptoms and diagnosis of diaphragmatic endometriosis and its surgical management via laparotomy. Please note: this paper was first written/published at a time when

diaphragmatic disease was generally treated via laparotomy (large incision), while recent techniques are increasingly enabling surgeons to remove diaphragmatic disease via laparoscopy (keyhole surgery).

Surgical footage

[Diaphragmatic endometriosis](#)

Diaphragmatic is a rare presentation of endometriosis and is commonly associated with widespread pelvic disease. This film examines the diagnosis and surgical treatment of diaphragmatic disease in Dr. Redwine's practice in the early 1990s. Nowadays diaphragmatic disease may be excised via laparoscopy and thoracoscopy rather than requiring laparotomy.

Two more recent videos were also included, recorded in 2013.

Cutaneous endometriosis

Patient articles & presentations

[Q&A: on cutaneous endometriosis](#)

Dr. Redwine answers a series of patient questions on cutaneous endometriosis (endometriosis involving the skin, the umbilicus and surgical scars).

Adenomyosis

Patient articles & presentations

[Adenomyosis - A common cause of uterine symptoms after age 30](#)

What is adenomyosis? What are the symptoms? How is it different from endometriosis?

[Q&A on adenomyosis](#)

Dr. Redwine answers a series of patient questions on adenomyosis.

Endometriosis and peritoneal pockets

Scientific articles and presentations

[Peritoneal pockets and endometriosis: Confirmation of an important relationship, with further observations](#)

The association between pelvic peritoneal pockets and endometriosis has long been documented in the literature. The present study examines a series of cases of peritoneal pockets among patients with endometriosis to provide further insight into the character and possible origin of such peritoneal structural abnormalities and their relationship to the disease.

Surgical footage

[Peritoneal pockets in women with endometriosis](#)

This surgical video documents the presence of peritoneal pockets in a series of patients undergoing laparoscopic surgery for endometriosis. Peritoneal pockets (abnormalities in the structure of the peritoneum that result in pocket-like formations) are common in women with endometriosis and are frequently associated with endometriotic tissue either within or lining the rim of the pocket. This tissue should also be excised during

surgery, just like any other area of the peritoneum involved by disease. Typically, lesions found within peritoneal pockets are superficial but, as can be seen in this video, even deep fibrotic lesions may be found inside.

Endometriosis in distant sites

Scientific articles and presentations

[Endometriosis in distant sites](#)

This article examines cases of endometriosis in distant sites, including musculoskeletal endometriosis, inguinal canal endometriosis, endometriosis of the central and peripheral nervous systems, liver endometriosis, cutaneous endometriosis, thoracic endometriosis, endometriosis in men and instances of vicarious menstruation.

[Politics](#)

Elephants in the pelvis

Scientific articles & presentations

[Endometriosis: ignorance, politics and "Sophie's Choice"](#)

This full length article, originally published in the 2003 edition of Gynaecology Forum on endometriosis, beautifully captures the plight of the millions of women who suffer from this disease, where the medical profession is failing them, and the dilemma that faces physicians in providing optimal treatment while staying afloat in a society that is neglecting the health of women.

Insurance and treatment reimbursement

Patient articles and presentations

[Calling for volunteers to save health care!](#)

The American healthcare system is in dire straits. Due to the poor reimbursement of endometriosis surgery, patients with endometriosis are particularly hard hit. Dr. Redwine wrote this witty synopsis and a suggested solution back in the mid-1990s. Now, in 2013 with the Obamacare health plan looming on the horizon the same issues are still very pertinent today. So, how can we bring better healthcare to women with endometriosis with adequate reimbursement of excision surgery? Any volunteers?!

A-Z

This page was listed as “coming soon” on the archived website. It seems that the page later became available on the [EndoFound website](#).

[Endometriosis A-Z](#)

The Endometriosis Foundation of America strives to provide relevant and cutting-edge information on endometriosis to support those who may be struggling with the disease. In the following pages, we provide information on the basic biology of endometriosis as well as answer frequently asked questions about the disease.

About Us

Note: Dr. Redwine passed away a few years ago. The other people mentioned on this page are no longer maintaining the website or facebook page.

1. David Redwine
2. Libby Hopton
3. Suzanne Livingston

Contact Us

Contact info coming soon. In the meantime catch up with us via [Facebook!](#)

Note: Unfortunately, Endopaedia is not maintaining their website, so no information will be added. They also do not update their facebook page.

Community

Endopædia Facebook Page

Via the [Endopædia Facebook Page](#) you can keep up-to-date on any developments on Endopædia, you can post any questions or feedback you may have, and you can get in touch with the authors of the site.

Show your support by liking Endopædia on facebook and inviting your friends to do so too!

Note: They have not been maintaining their facebook page since 2020.



Endopædia

EndoMetropolis Facebook Group

EndoMetropolis is a little different from the other endometriosis groups on-line. Anyone who has an interest in the disease endometriosis is welcome (whether you are a patient, a professional or simply an interested on-looker). The purpose is to engage in discussion and debate about the key issues and controversies central to endometriosis, a highly prevalent disease that is arguably one of the most misunderstood and mismanaged conditions in modern medicine.

Among our members are patients, researchers, and surgeons. We engage in friendly banter, discuss the latest research and optimal treatments, and offer one another support.

Come and join us!

Note: The [EndoMetropolis Facebook Group](#) is run by the [EndoMetropolis Facebook Page](#).



Additional Resources

[Dr. Redwine's Books](#)

1. Googling Endometriosis: The Lost Centuries ([Googling-Endometriosis-Redwine.pdf](#))
2. 100 Questions and Answers About Endometriosis (<https://a.co/d/elkDImf>)
3. Laparoscopic Appearance of Endometriosis (<https://www.danmartinmd.com/files/coloratlas1990.pdf>)
4. Surgical Management of Endometriosis (<https://a.co/d/e6V2FMc>;
<https://search.worldcat.org/title/54966962>; [Surgical Management of Endometriosis | David B. Redwine; Surgical-Management-of-Endometriosis-preview.pdf](#))

Dr Redwine's Videos

These resources were not linked on the Endopaedia website, but may be of interest to you.

Dr. Redwine's YouTube Channel: <https://www.youtube.com/@drendoooo>

Endopaedia's Vimeo: <https://vimeo.com/user15948875>

Endometriosis Foundation of America (Endofound)

Dr Redwine's page on the Endofound website is available here: <https://www.endofound.org/-/david-redwine>

Dr Redwine's Publications

His full list of published works is available in his CV here: [CURRICULUM VITAE – DAVID B. REDWINE, MD](#)