THE STATE OF ENJL

A public survey conducted by Pelvic Rehabilitation Medicine to evaluate the state of endometriosis and diagnosis worldwide, through patients who are living with the disease every day.



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Making An Impact



We know endo.

70% of PRM patients have endometriosis.

We know that our patients at Pelvic Rehabilitation Medicine see 7-12 doctors before they are referred to us, and we know that they have often been misdiagnosed, and suffer from years of pain. We want to understand and continue to the share the global impact of endometriosis through the words of those who are living day in and day out with the disease. With these responses, our organization may continue to act on our mission of expanding access to care for chronic pelvic pain and endometriosis patients through education and awareness.

"I was told by multiple doctors that there was no way I could have endometriosis because I was on birth control. I saw 4 doctors and they just wanted to have me switch to different kinds of birth control and told me it was just a bad period cramps..." "...The worst, though, was being told this was 'normal.' that I was 'dramatic,' or 'hypersensitive'..."

"One male doctor dismissed my excruciating pain as constipation and offered that I could try drinking more coffee if that caused a bm." "My providers did not believe my symptoms. They said I didn't have it and told me to stop Dr. Googling. I selfreferred to a gyn surgeon for hysterectomy. She found endo during the surgery."

An Overview of Endometriosis





What is endometriosis?

Affecting 1 in 9 women, endometriosis is a systemic, inflammatory disease process in which tissue that is similar to the lining of the uterus grows outside of the uterus. Endometriosis has been found throughout the entire body, affecting more than just the reproductive organs.

Symptoms

While many women may experience the symptoms of endometriosis during menstruation, symptoms may be present at any time throughout the cycle. Common symptoms include:

- Painful periods
- Pain with intercourse
- Constipation or diarrhea
- Chronic pelvic pain
- Urinary urgency or frequency
- and much more

Endo Patients Speak Out

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We asked the general population of endometriosis patients to share their stories with us. Through this survey, we discovered that through communication, awareness, and education, women could be helped sooner. Here's what our respondents told us...



"It seemed like some were hesitant to recommend anything when bringing up Endometriosis. They would immediately recommend OBGYN and just anti-inflammatory meds, blood work, and tests. The appointment felt rushed and I didn't feel heard. Then the OBGYN I did visit and brought up Endo the way things were presented, while they were nice, it was very overwhelming and felt gaslighted and was a traumatic experience."

had to wait more than 63% ¹⁰ years to receive their diagnosis

74% experienced a delay in receiving a diagnosis of endometriosis

Why is no one believing patients?



Over and over, we hear from patients that the healthcare providers they encountered while trying to find relief dismissed their pain, their symptoms, and their self-researched diagnoses.

"I've often felt that what I was saying was discredited and have had difficulty feeling comfortable and confident enough to take up space as a Black woman in these (healthcare) settings." "S

"Since I wasn't trying to have a baby certain doctors would dismiss my concerns. I would call with questions and they acted like I was a burden." "Pain was completely dismissed, and I was accused of "drug seeking" even as I was begging for a diagnostic lap and NOT pain medication. My fertility was also compromised due to lack of care, causing me to need multiple rounds of IVF. The worst, though, was being told this was "normal," that I was "dramatic," or "hypersensitive," and that I had no options other than complete removal of my organs."

48%

of respondents believed they might have endometriosis, prior to a diagnosis, because of the symptoms they were experiencing

25%

of respondents discovered they may have had endometriosis by doing their own research "Doctors didn't even consider it (endo) a possibility or at least didn't mention it to me. When I brought it up to my GYN she said that I didn't have the signs."

Validation Means Earlier Diagnosis

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According to our results, endometriosis excision surgeons, pelvic pain specialists, and those who specialize in treating endo were among the healthcare professionals through whom patients found validation and care, and were able to receive a diagnosis that brought them closer to the treatment they needed to address the disease – not just mask the symptoms. It is so important for all providers across all specialities to listen to patients and believe that they are having the pain and symptoms they are describing.

"I didn't know that

endometriosis is forever and is an inflammatory disease. I am very thankful for Dr. Kapadia, Dr. Moody, Dr. Haverland and Dr. Milspaw in helping me understand this disease and giving me the tools that I needed to get my life back."

"The providers seemed annoyed to even talk about endometriosis. They told me there's no way I have endometriosis because I'm on birth control. They told me it was in my head and that it was just a bad period."

93%

of respondents sought a second opinion from another provider before receiving their official diagnosis

74%

of respondents saw MORE than 5 healthcare professionals before they received a diganosis



The stigma ends here.



PRM is validating endo patients.

And we're treating their condition – not just covering up their symptoms.

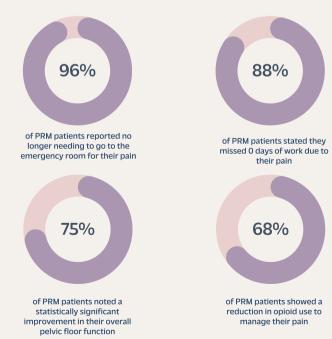
Patients with endometriosis find not only healthcare providers, but partners in their healing journey with Pelvic Rehabilitation Medicine. We believe our patients, we validate their experiences, and we educate them on their condition and work with them on a treatment plan that is best for their symptoms and life goals. Our patients are healing and we're ending a stigma that has lasted far too long.

PRM PROOF POINTS

The PRM Protocol[™] is helping those with endometriosis and chronic pelvic pain to finally find relief.

"Dr. Haverland is AMAZINC! She was the first Doctor I spoke to that clearly understood all of my symptoms and why I was having pain, and also had a plan of action to help get me healthy again. She is attentive, kind, Compassionate and very thorough. She called me daily for a week after my surgery to see how I was doing and closely monitored my recovery. I am so grateful for her. She is an answer to prayer for me. I can finally live life again. Pain free."

-PRM Patient Review



*All p-values are <0.001 Milliman

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PRM's Goal for Endometriosis Patients



At Pelvic Rehabilitation Medicine, our goal for endometriosis patients is to reduce the overall total number of surgeries that patients have to undergo in their lifetime. We know that many patients can have several surgeries throughout their life, including ablation, excision, and uninformed hysterectomies.

So - how do we do this?

Step 1: Validation

We validate our patients' symptoms and medical histories – from start to finish. We learn about their past experiences and understand their goals for their healing journey.

Step 2: Address Commorbidities

With our pre-habilitation approach, we can address pain and dysfunction in areas such as the pelvic floor and bladder prior to a patient's surgery therefore improving their surgical outcomes. 07

Step 3: Employ a Team of Endo Experts

We work with only the highest-level endometriosis excision surgeons and provide a full care team of pelvic pain and endometriosis specialists to care for our patients.

PRM Surgical Outcomes







Overall Pelvic Floor Function Improvement

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39%

improvement in pelvic function, including intercourse, bladder, and bowel symptoms, as reported by PRM surgery patients post-op

Pain Decreases After Excision Surgery

86%

of PRM surgery patients experienced a 51% decrease in their pain post-op

Endo Patients Become Less Reliant on the ER

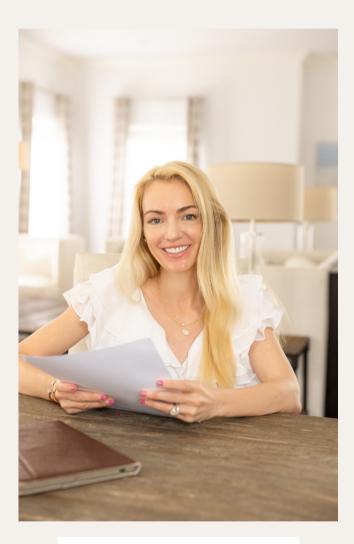
67%

reduction in emergency room visits by PRM surgery patients following their excision

*All p-values are <0.001 | Wilcoxon Sign Rank Test

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Founder led. Founder created.





Patients demanded a better way, so we created a better way.

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For the pelvic pain patient, the potential solution offered often includes surgeries, invasive diagnostic and therapeutic procedures that require sedation and anesthesia in an ambulatory surgery center, opioids, hormones, or being told "it's in your head". Dr. Ally did not accept that as an answer for her own pelvic pain. After she too was told her "tests looked normal", she sought out to develop a better way to treat pelvic pain and created the PRM Protocol[™].

We believe that the millions of women and men that suffer from pelvic pain should have access to care that provides relief. We don't believe "a glass of wine will fix it" or that "it's all in your head". We will never abandon you – and from leadership to the front office to every PRM pelvic pain specialist you meet, so much of our team has been in your shoes and believes the pelvic pain patient deserves better. This belief is what unites us all at Pelvic Rehabilitation Medicine.

SCHEDULE YOUR APPOINTMENT NOW!

