

Further information

More information regarding who to contact can be found on
www.hertsfertility.co.uk

How to contact us

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A guide to...

Endometriosis and subfertility

Patient information

Endometriosis and subfertility

You are either diagnosed with endometriosis or suspected to have endometriosis. This leaflet will give you an introduction to what endometriosis is and what treatment is involved.

What is Endometriosis?

It's a condition where the cells from the lining of the uterus migrate to other parts of the body.

This condition can cause pelvic pain, heavy periods and affect the quality of life quite significantly. It mainly affects the women of reproductive age group.

The endometrium is the scientific name for the lining of the uterus, which women shed during the period every month. Some of this menstrual blood is known to get into the pelvis through fallopian tubes. In majority of women this blood gets reabsorbed, but in some women, the endometrial cells start growing in the pelvis and set up an inflammatory reaction, which can range from mild symptoms such as pain to severe ones like pelvic scarring. However, symptoms do not necessarily correspond to the severity of the disease i.e. someone with no or mild symptoms can have stage 4 disease, whereas someone with severe symptoms might have stage 1 or 2 disease!

How common is it?

It's a relatively common condition affecting on an average 1 in 10 women of reproductive age group. The incidence rises 30-50% amongst the women suffering from subfertility.

What symptoms and effects does it have?

Symptoms can vary in every patient or in same patient at different times:

- Painful, heavy or irregular periods
- Pain during or after intercourse
- Infertility by affecting tubal function and compromising ovum quality
- Painful bowel movement
- Pelvic pain and fatigue

Severe endometriosis

Majority of the times, a laparoscopy (key hole surgery) will be sufficient, but in severe cases an open surgery will be required, with possible involvement of bowel surgeon or urologists depending upon the situation.

Does Endometriosis recur?

The estimated recurrence is estimated to be 10% per year and can increase up to 40% over five years. There is a 6 times higher risk of recurrence after a hysterectomy if ovaries are not removed. Even in women who have ovaries removed there is a very small risk of recurrence usually involving the bowel.

Pregnancy and endometriosis

Endometriosis may delay the pregnancy, but once you are pregnant, it's usually same as other normal pregnancies. Usually the pain improves, but may return after delivery once the menses restart

Complimentary treatments

Acupuncture, acupressure, homeopathy are available but lack of robust research in their effectiveness, makes it difficult to recommend them. Self help groups can help to improve the symptoms.

For more information, you can contact your consultant or you can also get further information at:

- www.endometriosis-uk.org
- <http://www.nhs.uk/conditions/Endometriosis/Pages/Introduction.aspx>

Surgery for the endometriosis, majority of the times is a key hole one and is performed when:

- Endometriosis is seen during a laparoscopy for tubal assessment
- If subfertility is an issue and history is suggestive of endometriosis
- If there is severe endometriosis, like large endometriomas seen on ovary/ovaries during scan
- Recurrence of endometriosis

Treatment at the time of diagnosis

This approach is a standard practice in the management of endometriosis and will be offered to all women trying to conceive.

Laparoscopic management is a standard procedure and a separate leaflet on laparoscopy and dye test is available, which will provide detailed information about the procedure.

The spots of endometriosis are destroyed or removed by using a diathermy (that is passing an electric current down a fine probe to burn the lesion) or laser.

Improvement in pain symptoms following this type of surgery can be expected in 70% of cases, if the location of endometriosis treated corresponds to the area of maximum pain.

Benefits

Subfertility

Endometriosis is associated with infertility. It is usually diagnosed when it's seen during a laparoscopy to check your fallopian tubes. There can be an increase in the pregnancy rates following the laparoscopic destruction of the lesions up to 13% and hence treatment at the time of diagnosis is offered to all the patients undergoing laparoscopy for subfertility.

Anatomical distortions and adhesions caused by endometriosis, especially in advanced disease, reduce the chances of natural conception.

100 women without endometriosis, all start trying for a baby, at the end of one year, 84 will be pregnant.

100 women with minimal-mild endometriosis, all start trying for a baby, at the end of one year, 75 will be pregnant.

100 women with moderate endometriosis, all start trying for a baby, at the end of one year, 50 will be pregnant.

100 women with severe endometriosis, all start trying for a baby, at the end of one year, 25 will be pregnant.

Theories for why minimal to mild endometriosis causes infertility:

- Toxins in peritoneal fluid (naturally occurring fluid within the body cavity)
- Problems with egg transport down the fallopian tube
- An abnormal immune response (antibodies)
- Failure of the egg sac (follicle) to release its egg (luteinised unruptured follicle syndrome)

How the diagnosis is made?

Endometriosis is diagnosed through laparoscopic examination of the pelvis and abdominal cavity. Although sometimes, endometriotic cysts on the ovary can be diagnosed with an ultrasound scan. Based upon the number of lesions and their severity, its staged from 1 to 4.

Treatment for endometriosis

Variety of treatments are available for endometriosis but any treatment other than the surgery is practically contraceptive due to the way the medications act, hence not very useful for someone who is trying to conceive.