Endometriosis and subfertility
Introduction
You have been diagnosed with endometriosis. This leaflet will give you an introduction to what endometriosis is and what treatment is involved.

What is endometriosis?
Endometriosis is a relatively common condition that can cause significant pain and suffering. This affects women during the years they are having periods. The endometrium is the official name for the lining of the uterus. The lining is shed each month when a woman has a period. There is evidence that in a lot of women, some of the endometrium goes back along the fallopian tubes and into the pelvis. This endometrium that goes backwards is absorbed by the body in most women, but sometimes it settles in the pelvis where it grows and sets up an inflammation. It is not cancer.

The result of the inflammation can range from mild effects to quite severe scarring of the pelvis.

How common is endometriosis?
Overall, between 3 to 10% of women aged between 15 to 45 years have endometriosis. In women who have difficulty conceiving, this rises to about 25 to 35%. It does not usually occur before puberty, although it has been reported and it can appear for the first time in women who have already had children.

Does endometriosis recur?
Recurrence has been estimated to be 10% per year or 40% over 5 years. There is a 6 times higher risk of recurrence after a hysterectomy if the ovaries are not removed. There is a small 0.01% risk of further recurrence, usually involving the bowel, for women who have their ovaries removed,

Contact information
If you have any questions, please feel free to contact the fertility nurses through Mrs K Reddy’s secretary on the number below. Alternatively, please contact your consultant’s secretary.

Cotswold Fertility Unit
Tel: 0300 422 3128
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Website: www.cotswoldfertilityunit.co.uk

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What symptoms and effects does it have?

Symptoms can be variable, but it can cause painful periods and possibly pain with intercourse. Endometriosis is also associated with infertility.

How is endometriosis diagnosed?

Endometriosis is usually diagnosed through laparoscopy and occasionally by performing an ultrasound of your ovaries. It is graded as mild, moderate or severe and your consultant will discuss the results with you in detail.

Treatment

Various drugs are available to treat endometriosis but the use of these drugs, either before or after surgery, will not benefit someone wanting to conceive.

Keyhole surgical treatment is therefore usually carried out in the following situations:

1. At the time of diagnosis for mild to moderate endometriosis
2. If subfertility is a problem
3. If there is severe endometriosis
4. When endometriosis recurs.

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 standard. A laparoscopy and dye leaflet (GHPI0457) is available, please ask for a copy.

The endometriosis spots are destroyed or removed by diathermy; passing an electric current down a fine probe to burn the lesion.

If the location of endometriosis treated corresponds to the area of maximum pain, improvement in the symptoms can be expected in 70% of cases.

Benefits

Subfertility
Endometriosis is associated with infertility. It is usually seen, when we are doing a laparoscopy to check your fallopian tubes. There can be a 13% increase in pregnancy rates following laparoscopic destruction of lesions (spots). On average, there are benefits for 1 in every 8 women receiving treatment. Therefore treatment at the time of diagnosis is offered to this group of patients.

Severe forms of endometriosis
Endometriosis is possible to treat through a laparoscope. However, the usual method of approaching the more severe degree of endometriosis is open surgery. A leaflet is available on laparoscopic management of severe endometriosis (GHPI0796).