Saint Mary's Managed Clinical Service
Division of Gynaecology

Manchester University NHS Foundation Trust

PATIENT INFORMATION LEAFLET

ENDOMETRIOSIS & SUBFERTILITY

IS THERE A LINK BETWEEN SUBFERTILITY AND ENDOMETRIOSIS?

Endometriosis is a common gynaecological problem. It may affect 10-15% of women of reproductive age. It does not necessarily cause infertility or pain.

Minimal to mild endometriosis is common and it is far more likely that you will have no difficulty conceiving naturally. However, almost 30-50 percent of women with subfertility have endometriosis. Even though there is data to support an association between subfertility and endometriosis, a causal relationship has not been clearly established.

Inflammation from endometriosis may damage the sperm or egg or impair their transport through the fallopian tubes. In severe cases, the fallopian tube may be blocked by inflammation or scar tissue. The presence of an endometriotic cyst (chocolate cyst) in the ovary might deplete the ovarian reserve of eggs by having a detrimental impact on both egg quality and numbers.

Other theories of causation include impaired implantation, altered hormonal and cell-mediated function, distortion of pelvic anatomy and altered peritoneal function.

This illustration is a useful way of looking at endometriosis and subfertility:

- 100 people without endometriosis start trying for a baby - after one year, **84** will be pregnant.
- 100 people with minimal-mild endometriosis start trying for a baby - after one year, **75** will be pregnant.
- 100 people with moderate endometriosis start trying for a baby - after one year, **50** will be pregnant.
- 100 people with severe endometriosis start trying for a baby - after one year, **25** will be pregnant.

WHAT IS THE IMPACT OF ENDOMETRIOSIS ON TREATMENT OPTIONS FOR SUBFERTILITY?

There are many causes of infertility and sometimes multiple causes are present. It is important that treatment options are individualised after a thorough history and assessment. This would include duration of subfertility, age, frequency of intercourse, hormonal imbalances, lifestyle, previous treatments, and pelvic pain.

MEDICAL THERAPY

Medication (both non-hormonal and hormone treatment) can improve endometriosis related pain, but there is no evidence it improves fertility. In fact, many hormonal treatments suggested for endometriosis pain control stop ovulation and therefore, act as contraceptives.

SURGERY

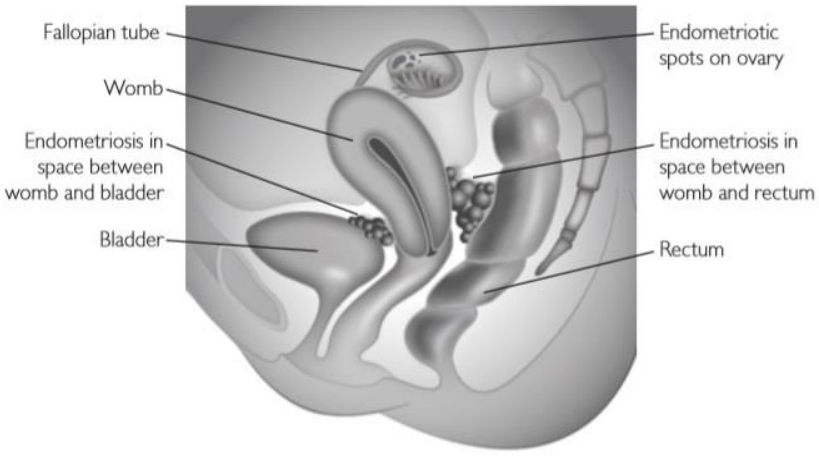
Surgery for mild/moderate endometriosis results in a small but significantly increased chance of having a baby. This could involve removal (excision) of endometriosis, ablation with laser or diathermy. With severe endometriosis, it is less clear if removal increases the chance of conception.

Surgery may only be offered if your Body Mass Index (BMI) is below 35. Further information can be found in our leaflet: *I want an operation and have a raised BMI. Why is this important?* You can access this online using the URL link at the end of this leaflet.

MEDICALLY ASSISTED REPRODUCTION (IVF)

Success of IVF treatment in those with endometriosis tends to be lower than those without it. People with severe endometriosis tend to have lower success rates than those with mild disease.

IVF might still be the recommended treatment option for many people suffering with endometriosis and infertility. There is a known benefit in pre-IVF treatment with GnRH agonists (drugs used to bring a temporary, reversible, menopausal state, effectively `switching off` the ovaries for a while).



If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns.

CONTACT DETAILS

Endometriosis nurses: Endometriosis.nurses@mft.nhs.uk

Appointment queries: 0161 276-60000 (please select option 1).

https://mft.nhs.uk/saint-marys/services/gynaecology/endometriosis/