



Endometriosis

Endometriosis is a condition where the lining from the cavity of the uterus (endometrium) is found growing outside of the uterus. It affects approximately 10% of all women, but is found in about 30% of women who are experiencing subfertility.

Endometriosis and Subfertility

The relationship between endometriosis and subfertility is not clear. The majority of women suffering from endometriosis do not have subfertility. There are a large number of theories about how endometriosis might result in a reduction in fertility.

These include (but aren't limited to):

- Adhesions preventing eggs getting picked up by the fallopian tubes,
- Endometriomas (cysts of endometriosis) causing egg quality to drop
- Interference with sperm function (due to inflammation)
- Reduction in egg numbers
- Increased problems with embryo implantation

While much research has investigated how endometriosis could affect fertility, less research has specifically examined whether treatment of endometriosis improves fertility.

Conceiving Naturally

Medical Treatment

Hormonal medications (the pill, progesterone-like drugs, and menopause-inducing drugs) have been shown to not help and often hinder time to achieving pregnancy.

Surgical Treatment

For milder forms of endometriosis: Some evidence suggests surgical treatment (excision or ablation) improves pregnancy rates, but doesn't return them to normal.

For severe forms of endometriosis: Properly designed trials are still needed to show whether there is a benefit.

Endometriomas

No research currently indicates whether removing an endometrioma alters the chance of natural pregnancy. A hydrosalpinx (blocked fallopian tube filled with fluid) sometimes occurs with more severe endometriosis. There are no studies to indicate whether or not removing a hydrosalpinx improves the chance of natural pregnancy.

Conceiving through IVF with Endometriosis

Medical Treatment

There is limited evidence that use of menopause-inducing drugs (GnRH-analogues) may improve IVF outcomes in women with severe endometriosis. All other medical treatments have not been shown to help.

Surgical Treatment

There is some preliminary work that suggests removal of deep endometriosis may lead to better pregnancy rates, but this needs confirmation through properly designed studies. Otherwise, there is no evidence (either for or against) to inform on whether surgical treatment of endometriosis affects IVF outcome.

Endometriomas

The evidence is clear that surgical removal of endometriomas results in fewer eggs collected at IVF but the same pregnancy rate as women who don't have treatment. There is preliminary research that questions whether leaving an endometrioma in place leads to more rapid loss of egg reserves (not yet been confirmed).

Hydrosalpinges

Removal of hydrosalpinges have been convincingly demonstrated to improve pregnancy rates with IVF and also to reduce rates of miscarriage and ectopic pregnancy.