



# Endometriosis and Infertility

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### **Endometriosis and Infertility: Can Surgery Help?**

#### **What is endometriosis?**

When the tissue that normally lines the inside of the uterus (endometrium) is found outside the uterus, it is termed “endometriosis.” Endometriosis may grow on the outside of your uterus, ovaries, and tubes and even on your bladder or intestines. This tissue can irritate structures that it touches, causing pain and adhesions (scar tissue) on these organs.

#### **How can I tell if I have endometriosis?**

Many women with endometriosis have pelvic or abdominal pain, particularly with their menstrual bleeding or with sex. Some women have no symptoms. Endometriosis can make it difficult to become pregnant. In fact, 30% to 50% of infertile women have endometriosis. Sometimes, endometriosis can grow inside your ovary and form a cyst (endometrioma). This usually can be seen on ultrasound, unlike other endometriotic tissue. The only way to tell for certain if you have endometriosis is through a surgical procedure called laparoscopy.

#### **How is laparoscopy performed?**

Laparoscopy is called “minimally invasive” surgery because the surgeon makes very small incisions at (or around) your belly button and lower portion of your belly. A thin telescope-like instrument (the laparoscope) is placed into one incision, which allows the doctor to look for endometriosis using a small camera. Small instruments are inserted through other incisions to remove the tissue and adhesions. You usually can go home the day you have your surgery and should be able to return to your usual activities. The risk of complications is extremely small.

#### **Will I be able to get pregnant after the surgery?**

Laparoscopy can provide useful information to help determine how to get pregnant and when to undergo fertility therapy. At the time of surgery, your doctor may evaluate the amount, location and depth of endometriosis and give you a “score.” This score determines whether your endometriosis is considered minimal (Stage 1), mild (Stage 2), moderate (Stage 3), or severe (Stage 4). This scoring system correlates with pregnancy success. With more minimal endometriosis, removing or destroying endometriosis can increase your chances of becoming pregnant naturally. If you do not get pregnant within a reasonable time frame after the surgery, it probably won't help to have surgery again unless there is a new problem.

With more advanced endometriosis (Stages 3 or 4), surgery can help restore your normal pelvic

anatomy to allow the ovaries and fallopian tubes to work better. Surgery to remove large endometriomas may also improve fertility rates. There is a limit as to how much surgery can improve pregnancy rates. Treatment should be individualized and should consider all available methods to help you become pregnant.

NB: This fact sheet is adopted from American Society of Reproductive Medicine

