HYDROSALPINGES & IVF

Key Document code:	WAHT-TP-027	
Key Documents Owner:	Miss K Brown	Consultant Gynaecologist
Approved by:	Gynaecology Governance Meeting	
Date of Approval:	14th November 2025	
Date of review: **This is the most current version and should be used until a revised document is in place**	14th November 2028	

Key Amendments

Date	Amendment	Approved by
26th January 2019	Documents extended for 3 years	Mr Hughes
14th December 2020	Documents approved for 3 years	Miss Blackwell
29th December 2023	Document extended for 6 months whilst under review Owner updated	Miss Alex Blackwell
20th August 2024	Document extended for 6 months whilst under review	Miss Alex Blackwell
14th November 2025	Documents updated and approved for 3 years	Miss Blackwell

Hydrosalpinx

A hydrosalpinx results from a blocked and/or damaged fallopian tube which can fill with tubal exudate fluid. They can be diagnosed with imaging: ultrasound (USS), hysterosalpingogram (HSG), MRI or at laparoscopy.

If they are large enough to be visible on transvaginal USS, they are associated with a reduction in IVF pregnancy rate < 50% of age matched IVF patients without hydrosalpinges The lower pregnancy rate is probably due to leakage of the toxic tubal fluid into the endometrial cavity where it may interfere with the embryos and or endometrium.

Treatment

NICE - Women with hydrosalpinges should be offered salpingectomy, preferably by laparoscopy, before IVF treatment because this improves the chance of a live birth. [2004]

It is generally recommended that hydrosalpinges (especially those visible on USS) are removed prior to IVF treatment. The risks and benefits of salpingectomy should be discussed with the patient.

Randomised-controlled studies demonstrate that laparoscopic removal of the hydrosalpinges (salpingectomy) roughly doubles the IVF pregnancy rate (i.e. returns it to that of the age matched non-hydrosalpinges women) (*NICE and Cochrane*).

In some ladies bilateral hydrosalpinx are found. Removing both would cause the patient to be sterilised, removing the possibility of natural spontaneous pregnancy. For some women this is not acceptable, even though the chance of spontaneous conception with hydrosalpinges will be very low.

1. If wish to proceed to salpingectomy explain procedure with risks and benefits.
2. Confirm decision with fertility Consultant. If operation is indicated, list for surgery.

   a. Some women may choose to complete an IVF cycle whilst awaiting surgery, others may decline surgery altogether.
3. Write to patients and GP explaining plan and copy the letter to NHS notes.

Alternative treatments

1. Laparoscopic clipping of the tube at cornual end, or salpingotomy to drain tube.
   - These methods have not been assessed by RCT but can be performed if patient prefers.

2. Laparoscopic opening of the tube and hydrosalpinx (if both affected).
   - High risk of hydrosalpinx re-forming when repeat HSG performed post op at 3-4 months.

3. Ultrasound drainage of hydrosalpinx at time of oocyte recovery (OCR).
   - Not adequately assessed in trials. Risk of pyosalpinx. Tubes tend to refill, often by time of embryo transfer, therefore this is not recommended.

Monitoring Tool

This section should identify how the Trust plans to monitor compliance with, and the effectiveness of, this policy. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Accurate reporting of HSG and review of the report	Analysis of an incidents	Whenever necessary	Fertility Lead and Lead Fertility Nurse	Fertility MDT	Whenever necessary following incidents

References

NICE CG156. Fertility problems: assessment and treatment. Sept 2017.

Cochrane

Worcestershire Acute Hospitals NHS Trust

Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council	
Worcestershire Acute Hospitals NHS Trust	☒	Worcestershire County Council	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust	
Other (please state)			

Name of Lead for Activity	**Miss Kiritea Brown**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	K Brown	**O&G Consultant**	**Kiritea.brown@nhs.net**
Date assessment completed	**14.11.25**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: HYDROSALPINGES & IVF Guideline**			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure the correct management of Hydrosalpinges			
Who will be affected by the development & implementation of this activity?	❑ y ❑ ❑	Service User Patient Carers Visitors	y ❑ ❑ ❑	Staff Communities Other _____
Is this:	y Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	NICE CG156. Fertility problems: assessment and treatment. Sept 2017. Cochrane			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	First agreed in Fertility MDT, then Gynae Governance			

Summary of relevant findings	As per GL

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity	y			Help ensure uniform safe care for all groups needing fertility investigations and care
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate	Who will lead on the action?	Timeframe

		negative impact		
		.		
How will you monitor these actions?	**Review and investigate as per any concerns via datix and complaints**			
When will you review this HEIA? (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation)	GL will be reviewed every 3 years, or earlier if new guidance available			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing HEIA	
Date signed	16.1.26
Comments:	
Signature of person the Leader Person for this activity	
Date signed	16.1.26
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.