

### HYDROSALPINGES & IVF

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This is the most current version and should be used until a revised document is in place		

#### Key Amendments

Date	Amendment	Approved by
26 <sup>th</sup> January 2019	Documents extended for 3 years	Mr Hughes
14 <sup>th</sup> December 2020	Documents approved for 3 years	Miss Blackwell
29 <sup>th</sup> December 2023	Document extended for 6 months whilst under review Owner updated	Alex Blackwell
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Salpingectomy may be considered when hydrosalpinx is seen on ultrasound prior to IVF treatment. However, it is contra-indicated for women who wish to retain tube (s) and possibility of spontaneous pregnancy and/or tubal surgery.

Blocked and/or damaged Fallopian tubes can fill with tubal exudate fluid. Hydrosalpinges large enough to be visible on transvaginal ultrasound are associated with a reduction in IVF pregnancy rate (PR) to around half that of age matched IVF patients without hydrosalpinges. The lower PR is probably due to leakage of the toxic tubal fluid into the endometrial cavity where it may interfere with the embryos and/or endometrium.

- Advantages and disadvantages of salpingectomy, as well as any possible risks, should be explained to all couples where female has ultrasound visible hydrosalpinges

#### *Advantage*

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*).

#### *Disadvantage*

If result of surgery is that no tubes remain then the patient will be sterilised. For some women this is not acceptable, even though chance of spontaneous conception with hydrosalpinges will be very low.

- If wish to proceed to salpingectomy explain procedure with risks and benefits.
- Confirm decision with fertility Consultant. If operation is indicated, list for surgery.  
Some women may choose to complete an IVF cycle whilst awaiting surgery, others may decline surgery altogether.
- Write to patients and GP explaining plan and copy the letter to NHS notes.

#### Alternative treatments

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

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.