Gynaecology Pathway

WAHT-TP-027

Endometriosis and Fertility

Endometriosis is defined as the implantation and proliferation of endometrium outside of the uterine cavity

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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	Alex Blackwell
20th August 2024	Document extended for 6 months whilst under review	Alex Blackwell

1. Endometriosis affects 20-40% of women attending fertility clinics. It is surgically staged into four grades: minimal, mild, moderate and severe. All grades have been associated with reduced fertility.

2. Surgical treatment of all grades of endometriosis appears to increase the chance of natural conception (*NICE).*

3. Stimulated IUI increases the chance of conception for women with minimal/mild endometriosis and patent tubes compared to timed intercourse (*NICE*)

4. The place of surgery for endometriosis prior to IVF is not entirely clear. Ovarian endometriotic cysts (endometriomas) may interfere with IVF by affecting the ovarian response, reducing visibility of follicles during scan monitoring and egg collection, and increasing the chance of pelvic infection at egg collection.

Consider ovarian cystectomy if:

- Multiple endometrioma's are present
- A cyst of >=3cm diameter is present
- If the woman has pain and ovarian endometriosis

Confirm decision with endometriosis MDT member and if indicated list for surgery.

The risks of cystectomy include those of surgery/anaesthetic and ovarian bleeding requiring oophorectomy (risk<< 1%).

5. There is some evidence that prolonged (>3 months) compared to standard duration of down-regulation prior to IVF increases the pregnancy rate. Theoretically prolonged down-regulation may result in reduced ovarian response so this protocol is not routinely offered.

6. If a woman is receiving a prolonged GnRH-agonist course (e.g. Zoladex) for pain due to endometriosis and wishes to proceed straight to IVF then start daily Nafarelin nasal spray Or sub cutaneous Buserelin (usual dose post down regulation) for 28 days after the last Zoladex injection. Ovarian stimulation can be started at any time to fit in with the unit schedule.