

PATIENT INFORMATION**Laparoscopic Ovarian Cystectomy vs. Laparoscopic
Ethanol Sclerotherapy for Endometriomas**

What are Ovarian Endometriomas?

Ovarian endometriomas, also known as "chocolate cysts", are fluid-filled cysts that form on the ovaries due to endometriosis—a condition in which tissue similar to the lining of the womb grows outside the uterus. These cysts may cause:

- Pelvic pain
- Painful periods
- Discomfort during sexual intercourse
- Reduced fertility

Treatment aims to relieve symptoms, preserve fertility, and reduce the risk of recurrence.

Treatment Options

This leaflet compares two laparoscopic (keyhole) procedures commonly used to treat ovarian endometriomas:

1. Laparoscopic Ovarian Cystectomy

What is it?

This is a surgical procedure where the endometrioma is carefully removed from the ovary while preserving as much healthy ovarian tissue as possible. It is performed under general anaesthesia.

Benefits

- Lower risk of cyst recurrence
- Effective in reducing pelvic pain
- Tissue is sent for histological (microscopic) examination

Risks & Complications

- Infection (1–3%)
- Bleeding
- Injury to bladder, bowel, ureters, or blood vessels (~0.2%)
- Reduced ovarian reserve (loss of healthy ovarian tissue)
- Adhesion (scar tissue) formation
- Hernia at incision site (~1%)
- Blood clots (0.1–0.01%)
- Very rare risk of death (0.003–0.008%)

Recurrence Rate

- ~7.8% at 1–2 years
- May reach up to 30% over 5 years

Recovery

- Hospital stay: Same day or overnight
 - Recovery time: 1–2 weeks
-

2. Laparoscopic Ethanol Sclerotherapy

What is it?

This is a minimally invasive treatment in which the cyst is drained and then filled with 95% ethanol for 10–20 minutes. The ethanol destroys the cyst lining and is then removed.

Benefits

- Less invasive if no additional procedures are needed
- Shorter recovery period
- Less impact on ovarian reserve
- May improve fertility outcomes, especially in IVF contexts

Risks & Complications

- Abdominal pain (up to 8%)
- Fever (1–5%)
- Bleeding (<3%)
- Infection or abscess formation (<1%)
- Recurrence rate: ~13.3% at 2 years (with ethanol retention)

Recovery

- Performed under general anaesthesia
 - Hospital stay: Same day or overnight
 - Recovery time: 1–2 weeks
-

Pelvic Pain Relief

Both procedures have demonstrated comparable effectiveness in alleviating symptoms such as menstrual pain, deep pelvic pain, and pain during intercourse.

Fertility Outcomes

Recent studies suggest that ethanol sclerotherapy may offer fertility benefits, particularly for patients undergoing **in vitro fertilisation (IVF)**. One study showed improved cumulative live birth rates in women who had undergone ethanol sclerotherapy prior to IVF, compared with those who had not.

However, evidence remains limited and individual outcomes may vary.

Comparison Summary

Feature	Laparoscopic Cystectomy	Laparoscopic Ethanol Sclerotherapy
Invasiveness	Surgical procedure	Less invasive (if no other surgery)
Anaesthesia	General	General
Recurrence Rate	~7.8% (1–2 years), ~30% (5 years)	~13.3% (with ethanol retention)
Impact on Ovarian Reserve	Possible reduction	Lower impact
Pain Relief	Effective	Effective
Fertility Outcomes	Mixed evidence	Emerging evidence of improved outcomes
Recovery Time	1–2 weeks	1–2 weeks

Which Option is Right for Me?

Your consultant will guide you on the most suitable approach, based on:

- Your symptoms
- Your ovarian reserve
- Fertility plans
- Whether deep endometriosis also needs treatment

Contact Us

Worcestershire Acute Hospitals NHS Trust – Gynaecology Department

Joanna Street - Endometriosis Specialist Nurse

Email: Wah-tr.endometriosis@nhs.net

References

1. NHS Scotland. Consent for Laparoscopic Ovarian Cystectomy. Available at: <https://rightdecisions.scot.nhs.uk/media/1862/3-cystectomy.pdf>
2. Royal College of Obstetricians and Gynaecologists. Consent Advice No. 2: Diagnostic laparoscopy. Available at: <https://www.rcog.org.uk/media/bf0lkyhi/consent-advice-2-diagnostic-laparoscopy.pdf>
3. Miquel L, Preaubert L, Gnisci A, et al. Endometrioma ethanol sclerotherapy could increase IVF live birth rate in women with moderate-severe endometriosis. PLoS One. 2020;15(9):e0239846. Available at: <https://pubmed.ncbi.nlm.nih.gov/32986747/>
4. Cohen A, Almog B, Tulandi T. Sclerotherapy in the management of ovarian endometrioma: systematic review and meta-analysis. Fertil Steril. 2017;108(1):117-124.e5. Available at: <https://pubmed.ncbi.nlm.nih.gov/28579409/>
5. Mohamed ML, et al. The Efficiency of Sclerotherapy for the Management of Endometrioma: A Systematic Review and Meta-Analysis. PMC10535205. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10535205/>

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.