



Endometriosis and Fertility

Endometriosis is a condition that occurs in women of reproductive age. Usually a type of tissue (or cells) that line your uterus (endometrium), tend to migrate and grow in other areas of the pelvis. This does not always cause symptoms. And it usually is not dangerous. But it can cause pain and other problems. Those with endometriosis may also experience delays or failure to conceive naturally.

The main symptoms are severely painful periods. The pain may start just before the onset of periods, last through the period, and ease after the period is complete. Some will experience painful sexual intercourse, and there may be associated heavy periods as well. In some cases, there are also urinary and bowel symptoms. Simple pain killers may not provide adequate pain relief. Severe endometriosis symptoms often lead to a poor quality of life.

If the condition is suspected, patients need a systematic evaluation to confirm the diagnosis and offer appropriate treatment strategies. A thorough gynecological clinical assessment is required to guide justification for subsequent tests. Initial tests include ultrasound imaging of the pelvis. Further imaging may be required with CT scan or MRI (Magnetic Resonance Imaging). The diagnosis is usually confirmed by a procedure called laparoscopy, which uses a telescope to directly visualise the pelvic organs. It is the main way to diagnose endometriosis, and exclude other conditions that may have similar symptoms.

Treatment options include pain killers, hormone treatments, and surgery. Recommendations on appropriate treatment options will depend on your age, severity of endometriosis and reproductive wishes. More conservative measures will generally be recommended for young women in order to maintain reproductive potential.

Those diagnosed with endometriosis and desiring conception should seek help within six months of trying to conceive. It's best to consult a fertility specialist, but your general gynaecologist will do in the absence of easy access to a fertility centre. A review of your endometriosis symptoms, and other reproductive factors will be done. Specific fertility tests will be done, including hormone tests, pelvic imaging and a check of your fallopian tubes. You may end up requiring a laparoscopy to optimize eventual outcomes with fertility treatment. Your partner too will require a fertility evaluation, including a sperm test.

Specific fertility treatment will be advised following the completed evaluation. Young women below the age of 35 with normal tubes, and mild endometriosis, may be suitable for simple treatments like intra-uterine insemination (IUI). Such simpler treatments however have disappointing success rates. In-vitro fertilization (IVF) is more suitable for endometriosis-associated infertility. However, the overall success rates will be related to the severity of endometriosis and other associated infertility factors.

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