

Endometriosis & Fertility Management

Factsheet

Endometriosis is a common medical condition that affects approximately 10% of women. The condition can impact from their first period through to menopause¹ to varying degrees, with females who have close relatives with this disease 7-to-10 times more likely to develop it². It has been found that 1 in 3 women with endometriosis will also have fertility problems, and the average delay between onset and diagnosis is between 7 and 12 years.

Endometriosis related infertility

Endometriosis is the presence of tissue similar to the lining in the uterus (endometrium) outside the uterus. This can, for example, affect the ovaries, the fallopian tubes, the pelvic sidewall and the bowel. With each menstrual period these lesions will bleed and cause inflammation and scarring.

Endometriosis causes infertility in different ways. The female reproductive system, including the ovaries and fallopian tubes, are quite delicate and can be easily compromised. When the fallopian tubes are affected, the delicate fimbrial ends of the tubes are matted together (the fimbriae sweep the surface of the ovaries picking up the egg during ovulation) and when they are heavily affected by endometriosis, they lose this function.

Endometriosis may also induce inflammatory changes within the pelvis creating a 'hostile' environment for the egg, sperm and embryo. The endometrium is often affected in severe cases and this in turn can affect the implantation of an embryo.

Depending on the severity of the condition, laparoscopic surgery to attempt to remove the endometriosis may assist women to conceive naturally. However, there may be other fertility issues present, such as poor sperm quality and IVF may then be required.

Symptoms

Endometriosis can cause painful symptoms such as, Dysmenorrhoea, Dyspareunia, Dyschezia, and Dysuria (also commonly known as the 4 D's). Other symptoms can include chronic pelvic pain, abnormal bowel or urinary symptoms related to the periods, pre-menstrual or mid-cycle spotting, fatigue and depression.

Some women with this disease can also have no or minimal symptoms of endometriosis.

Useful resources can be found on:

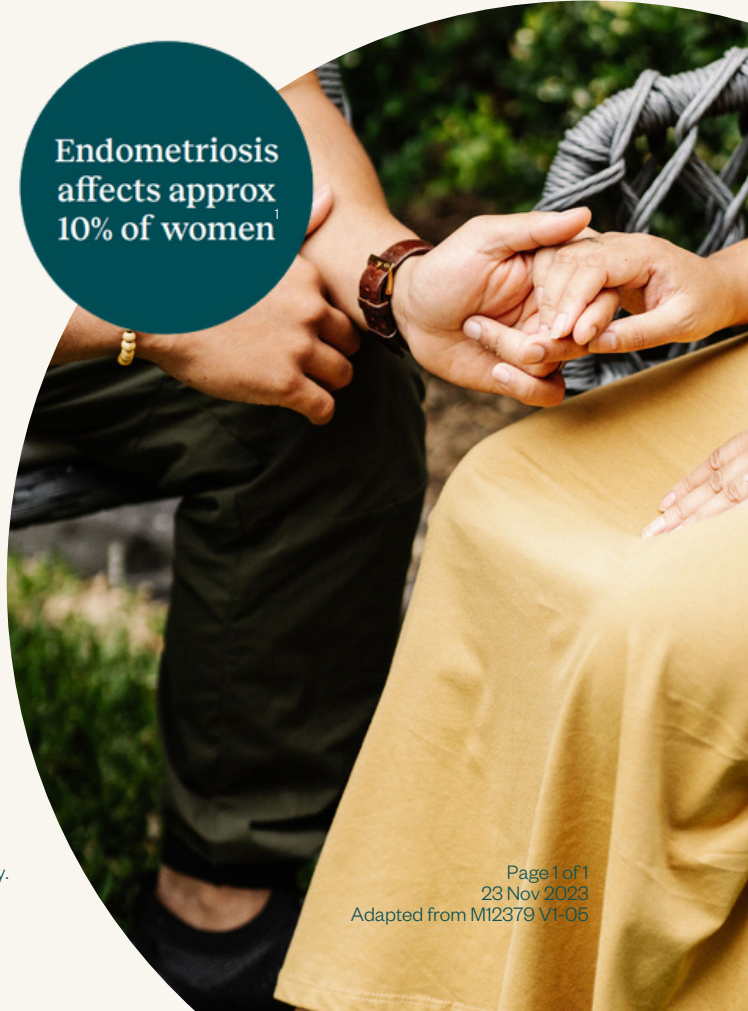
rancog.edu.au/resources/raising-awareness-tool-for-endometriosis-rate

When to refer to a specialist

Referral to a specialist is recommended if a patient has severe, persistent or recurrent symptoms of endometriosis, they have signs of deep endometriosis on examination or imaging, if initial management is not effective, and/or treatment is not tolerated or is contraindicated.

Treating Endometriosis

Most commonly, endometriosis is treated with either medications or surgery. The approach will vary from woman to woman and some treatment options may not be suitable for patients currently trying to conceive.



Endometriosis affects approx 10% of women¹

1. Attention to lifestyle can improve fertility and your chance of having a healthy baby. <http://yourfertility.org.au/for-women/other-factors>
2. Fertility <https://jeanhailes.org.au/health-a-z/endometriosis/fertility>