



Endometriosis occurs when endometrium, the tissue which normally lines the uterus (womb), is found outside the uterus, usually in the pelvis - behind the uterus or on the woman's ovaries. This tissue responds to hormones in the same way as the lining of the uterus so it bleeds each month at period time. This bleeding can cause pain and can also lead to scarring and tissue damage in the pelvis. If it occurs on the ovaries, it can cause cysts of endometriosis or 'chocolate cysts' so called because they contain old blood which is very dark in colour.

It is thought that one in ten women will develop endometriosis. However it affects individual women in very different ways. In women who present with pain due to the condition, two thirds will have no difficulty conceiving. However, of all women presenting with fertility problems, endometriosis is found in approximately one third. It is therefore an important factor which can affect fertility.

Endometriosis is graded as minimal, mild, moderate and severe, depending on the extent and severity of the tissue damage. Minimal and mild endometriosis may come and go over the years and never cause any specific problems. However it may be associated with delay in conceiving and there is evidence that surgical treatment improves fertility. It is unclear how this minimal or mild endometriosis reduces fertility but it may do so by causing inflammation in the pelvis with the release of factors which are toxic to sperm and embryos. Moderate and severe endometriosis behaves in a more aggressive manner, often causing significant pain and infertility. Cysts and scarring of the ovaries and fallopian tubes can interfere with ovulation and prevent eggs from reaching sperm in the fallopian tubes. At present we cannot predict accurately who will develop aggressive endometriosis. Regular reviews with a gynaecologist are important. Women known to have endometriosis should plan to start their families by their late twenties or early thirties if at all possible.

The treatment of endometriosis is complex and will vary from woman to woman. In those trying to conceive, surgery is the first line of treatment. Surgery aims to remove or ablate (destroy) visible endometriosis and return the pelvis to its normal state. Ablation is performed using laser or diathermy (an electric current). A keyhole/ laparoscopic approach to surgery is preferable to open operation as the recovery is faster and the incidence of post-operative scarring is lower. If a good result is obtained with the surgery i.e. if most endometriosis and scarring can be removed and if the fallopian tubes are not blocked, up to 50% of couples will conceive. If the couple does not conceive following surgery, they should be offered IUI (intrauterine insemination) or IVF (in-vitro fertilization). IUI is only appropriate if the woman is 35 or under and if the endometriosis is minimal or mild. IVF is preferable for all others.

Medical or hormonal treatment for endometriosis is good for pain relief but not for fertility. In those trying to conceive, medical treatment may be used for 2-3 months before or after surgery or prior to an IVF cycle but prolonged treatment acts as contraception and does not improve fertility. Alternative treatments such as Chinese medicine with herbs and acupuncture can be very useful, particularly in women with pain who are undergoing fertility treatment.