



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

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PATIENT FACT SHEET

Endometriosis and Infertility: Can Surgery Help?

This fact sheet was developed in collaboration with The Society of Reproductive Surgeons

When you have your period, your body is actually getting rid of the tissue called endometrium that lines your uterus (womb). Normally, this tissue grows only on the inside of the uterus. But it may grow in other places: on the outside of your uterus, ovaries or tubes. It can even grow on your bladder or intestines. If it does, the condition is called endometriosis. The tissue growth can irritate the organs and other structures that it touches, causing you pain. The irritation can cause adhesions or scar tissue on these organs.

Many women with endometriosis have pain in the lower abdomen or pelvis, particularly with their menstrual bleeding. Other women have endometriosis without significant pain. Often, the endometriosis tissue -- and the scarring that may occur -- can make it difficult or impossible to get pregnant. In fact, 30% to 50% of infertile women (women who cannot get pregnant) have endometriosis.

How can I tell if I have endometriosis?

Your doctor will want to know your symptoms, but the only way to tell for certain if you have endometriosis is through a "minimally invasive" surgical procedure called laparoscopy. In this surgery, the surgeon will look for endometriosis tissue with or without adhesions (scar tissue). Sometimes, endometriosis can grow inside your ovary and form a cyst. These cysts are very common in women who have endometriosis. They usually can be seen on ultrasound, unlike other endometriosis tissue. These cysts or endometriomas may need to be surgically removed, most commonly with the laparoscope.

How is laparoscopy performed?

Laparoscopy is called a "minimally invasive" surgery because the surgeon makes very small openings (incisions) at (or around) your belly button and lower portion of your belly. A thin telescope-like instrument (the laparoscope) is placed into one incision, which allows the doctor to look for endometriosis using a small camera attached to the laparoscope. Small instruments are inserted through the incisions to remove the tissue and adhesions. Because the incisions are very small, you will only have small scars on your skin after the procedure. You usually can go home the day you have your surgery and should be able to return to your usual activities.

As is the case for any surgery, there is a small risk of complications. These risks include bleeding, infection, your reaction to anesthesia, and damage to your bowel or other organs. However, these risks are unlikely.

Will I be able to get pregnant after the surgery?

Depending on the extent of endometriosis, surgery may improve your chances of getting pregnant, but doctors will not know exactly how much better your chances will be. If you do not get pregnant within a reasonable time frame after the surgery, it probably won't help to have surgery again unless there is a new problem. Because a second surgery may not improve the chances of success substantially, you have to take into consideration the potential complications as well as the expense of having a second surgery compared with the expense of infertility treatment. Infertility treatment can often overcome the effects of endometriosis without surgery, but it cannot make an endometrioma go away.

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