




Endometriosis and Fertility

What is endometriosis?

Endometriosis is a common chronic, inflammatory disease that can cause debilitating pelvic and period pain, as well as infertility.

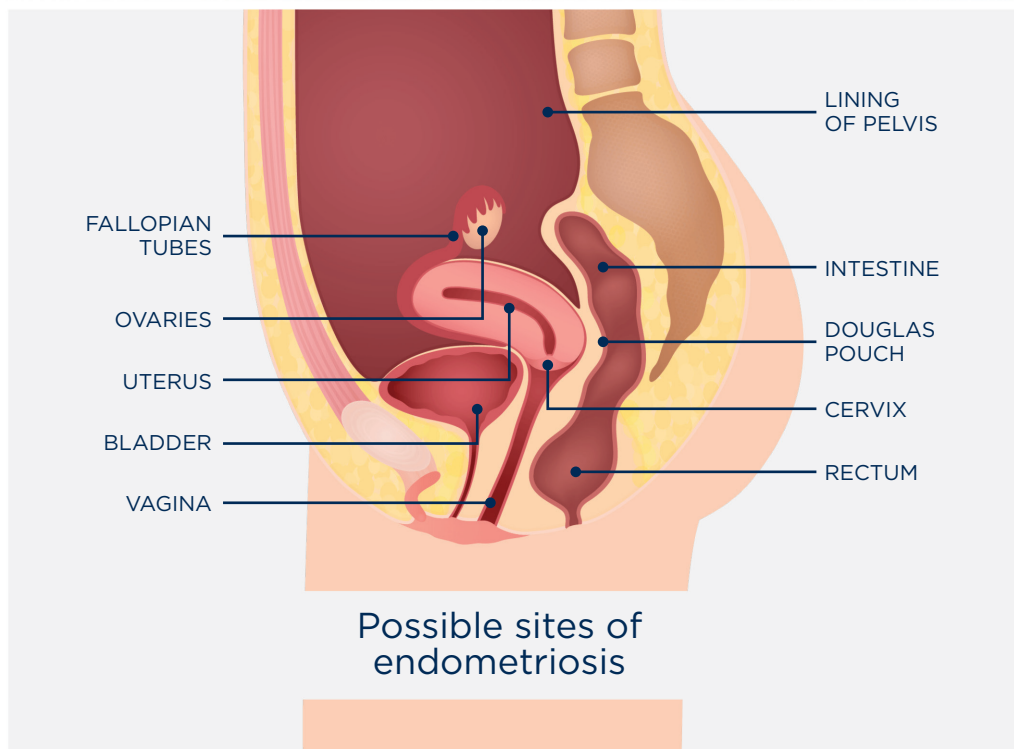


Endometriosis affects 1 in 7
women and girls, as well as transgender and non-binary people¹

The uterus is lined with a layer of tissue called the endometrium. During the menstrual cycle, hormones cause the endometrium to thicken in preparation for supporting a fertilised egg. If an egg is not fertilised, the endometrium breaks down, and during a menstrual period, blood and endometrial tissue are shed from the uterus through the vagina.

In someone with endometriosis, endometrial-like tissue grows outside the uterus. These growths may be referred to as implants, lesions, or nodules. The tissue most commonly grows in the lining layers of the pelvic cavity.

¹Endometriosis in Australia, Australian Institute of Health and Welfare Sept 2023.



What are the signs of endometriosis?

- 1. Pelvic pain:** Especially before and during your period
- 2. Pain during sex** (dyspareunia)
- 3. Bowel pain** (dyschezia)
- 4. Heavy or irregular periods**
- 5. Spotting before a period**
- 6. Fertility Issues:** If you're having trouble getting pregnant, endometriosis could be affecting your reproductive organs.
- 7. Digestive Discomfort:** Bloating, diarrhea or constipation, especially around your period. Many patients who turn out to have endometriosis have been told they have irritable bowel syndrome.
- 8. Tiredness:** Dealing with chronic fatigue due to ongoing inflammation isn't uncommon.

Diagnosing Endometriosis

Currently, the only sure way to diagnose endo is by laparoscopy, which is usually done as keyhole surgery. Ultrasound is often used and there have been some promising developments, however, it's common for endo to be hidden so if you have had ultrasounds with a negative result but still have symptoms, you may need to consider surgery for a definitive diagnosis and surgical removal at the same time.

Treating Endometriosis

While there is no cure for endometriosis, several treatment options are available, including medication and surgery, that can help manage symptoms, slow the progression of the condition, and increase chances of pregnancy.

Medication

Medical treatment options include:

- **Progestin hormones** (including medroxyprogesterone acetate, norethisterone, and dienogest)
- **The levonorgestrel intrauterine system** (progestin-releasing intrauterine device also known as Mirena)
- **Combined oral contraceptive pills**
- **Gonadotrophin releasing hormone (GnRH) agonists** (which are often given in combination with add-back hormone therapy that includes estrogen and progestin hormone)
- **Relugolix combination therapy called Ryego** (containing the GnRH antagonist relugolix with estradiol and norethisterone)

The medical treatments (including Ryego) are not recommended for anyone wishing to conceive as they have contraceptive effect, so patients wishing to have a baby will have to stop taking medical treatment before trying to conceive and there is a risk that their symptoms will return.

²N.P. Johnson, C.M. Farquhar, W.E. Hadden, J. Suckling, Y. Yu, L. Sadler. The FLUSH Trial—Flushing with Lipiodol for Unexplained (and endometriosis-related) Subfertility by Hysterosalpingography: a randomized trial. Human Reproduction 2004;19:2043-51.

Treatment for Endometriosis-related infertility

There is good evidence for Lipiodol uterine bathing and tubal flushing (often called a Lipiodol 'flush') to improve fertility.

This is a procedure where Lipiodol (poppy seed oil) is gently instilled into the uterus and fallopian tubes using a fine catheter, guided by an x-ray. This procedure is similar to the hysterosalpingo-contrast-sonography (HyCoSy) and hysterosalpingogram (HSG).

Flushing the uterus and tubes with Lipiodol has been shown to improve fertility in women with endometriosis and unexplained infertility in the 6 months following treatment.² Lipiodol is believed to have an immunobiological effect on the endometrium to make it more receptive to implantation.

Surgery

Depending on the severity of endometriosis, surgery may be required to remove the endometrial growth and improve the chance of conception.

IVF

If laparoscopic surgery does not improve fertility, or for those with suspected endometriosis who choose not to undergo surgery, in vitro fertilisation (IVF) remains a very effective treatment for endometriosis-related infertility.

Referring to Flinders Fertility

Flinders Fertility has decades of experience in treating patients with endometriosis. Early diagnosis is paramount to give patients more control over their reproductive future.

Please include the following in referrals:

- Relevant medical information
- BMI or height and weight*
- Current medications
- Any known allergies
- Results of previous investigations or copies of correspondence from previous assessments of infertility if any)
- Up to date CST result
- Partner's name and date of birth, if applicable

Please send referrals via:

Healthlink to FLINDFRT
or **enquire@flindersfertility.com.au**
or **fax 08 8155 5330**

*We cannot perform procedures on patients with a BMI over 40 or who weigh more than 120kg so we recommend your refer to clinics that operate at Ashford Hospital or St Andrews Hospital.

→ Please send all referrals via **HealthLink** to **FLINDFRT** or **enquire@flindersfertility.com.au** or **fax 08 8155 5330**

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