TUBAL INFERTILITY

MILD TUBAL DISEASE

With mild tubal disease perform stimulated intra-uterine insemination with gonadotrophins.

MILD DISTAL TUBAL DISEASE AND DISTAL TUBAL BLOCK BILATERALLY

- Perform laparoscopic distal salpingostomies.
- Let the couple try and conceive for six months.
- If unable to conceive and the couple meet the criteria, refer for invitro fertilisation (IVF). See Clinical Guideline Aetiology and treatment of infertility

HYDROSALPINGES VISIBLE ON ULTRASOUND EXAMINATION

- If the contralateral tube is relatively normal consider three months of gonadotrophin stimulated intra-uterine insemination.
- Women with hydrosalpinges should be offered salpingectomy and referral for IVF.
- If bilateral hydrosalpinges is present consider bilateral salpingectomy after counselling of the patient and discussion of the case at the team meeting.

MODERATE AND SEVERE TUBAL DISEASE

In the presence of moderate and severe tubal disease IVF should be considered the first line of treatment.

REFERENCES (STANDARDS)

National Standards – 1 Clinical Care is Guided by Current Best Practice
Legislation - Nil
Related Guidelines / Policies – Reproductive Medicine
Other related documents – Nil

RESPONSIBILITY

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