ENDOMETRIOSIS ASSOCIATED INFERTILITY

1. Surgical ablation of minimal and mild endometriosis improves fertility in sub-fertile women.
2. Medical treatment of minimal and mild endometriosis does not improve fertility outcome.
3. Ovarian superovulation and intra-uterine insemination with gonadotrophins should commence six months after surgical ablation of minimal and mild endometriosis.
4. Women with moderate and severe endometriosis should be advised that the best treatment outcome is to have:
   - surgical debulking and adhesiolysis
   - consider either a six month trial for fertility or referral to invitro fertilisation (IVF) treatment. If IVF treatment is the option, then commence gonadotrophin releasing hormone suppression for three to four months immediately prior to IVF. Referral would be by the Reproductive Medicine Clinic.
5. Women with an endometrioma greater than 4cm should have it surgically stripped prior to IVF to prevent accidental leakage during IVF 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

Policy Sponsor | HoD Gynaecology
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