

## **Geoff Reid - Ovarian Endometriosis and Fertility**

Laparoscopic excision of endometriomas (ovarian endometriosis) has been regarded as “gold standard” treatment to improve symptomatology and to improve natural fertility, with a Cochrane review (Hart et al, 2008) demonstrating reduced dysmenorrhoea, reduced dyspareunia, reduced non-menstrual pelvic pain, reduced recurrence of endometriomata, reduced requirement for further surgery and increased spontaneous conception rate.

These are impressive statistics, with approximately 50-60% of patients desiring pregnancy being successful within a 12 month period if they have open Fallopian tubes and a partner with normal seminal parameters.

The negative side is that excision of ovarian endometriosis may actually cause irreparable harm to the ovary.

Anti Müllerian hormone (AMH) is an indirect measure of egg numbers. It does not provide any information about egg quality, nor does it provide any information about ability to achieve a spontaneous pregnancy. What it does provide is information about how the ovary will respond to stimulation in an “In Vitro Fertilisation” setting.

For the 40-50% of patients who do not achieve a pregnancy after surgery for ovarian endometriosis, the damage inflicted upon the ovary by surgery becomes important.

This raises the issue of whether eggs or embryos should be stored before undergoing ovarian surgery, as insurance for the future. This is a controversial area. My presentation will address this, and provide data to assist in making appropriate decisions.