



shady grove fertility

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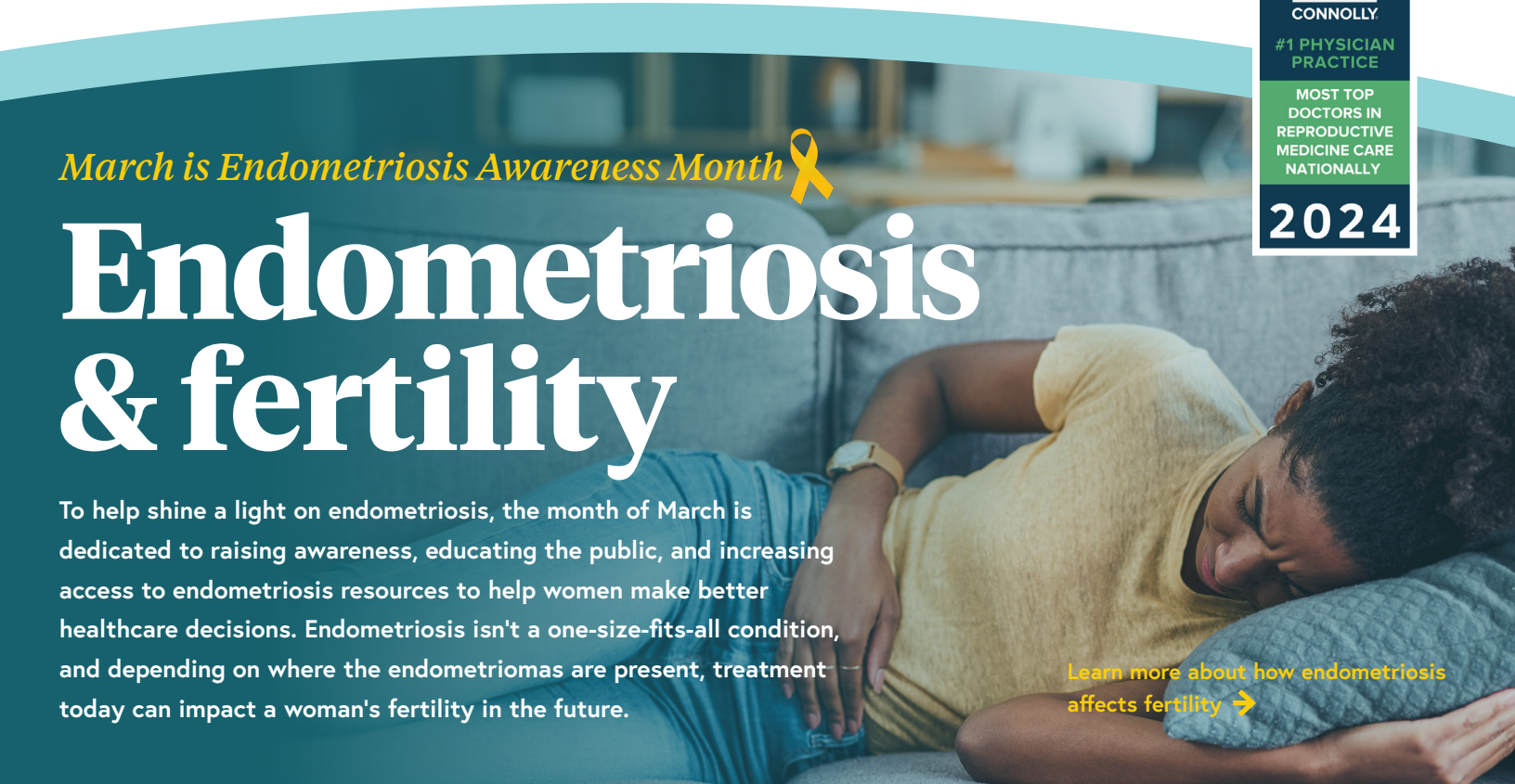


March is Endometriosis Awareness Month 

Endometriosis & fertility

To help shine a light on endometriosis, the month of March is dedicated to raising awareness, educating the public, and increasing access to endometriosis resources to help women make better healthcare decisions. Endometriosis isn't a one-size-fits-all condition, and depending on where the endometriomas are present, treatment today can impact a woman's fertility in the future.

[Learn more about how endometriosis affects fertility](#) 



Conceiving with Endometriosis:

How the condition affects fertility

30-50%
of women with
endometriosis
struggle to conceive

Endometriosis — a condition where the tissue lining of the uterus implants on the ovaries, bladder, and other surfaces in a woman's pelvis rather than inside the uterine cavity — can make it difficult for patients trying to conceive.

While endometriosis may make it harder to conceive, the chances of getting pregnant with endometriosis with the help of a fertility specialist can be high, depending on the severity of condition, age, overall health, and treatment options available at SGF.

Impact on fertility

With endometriosis, the endometrial tissue behaves the same way it would when inside the uterus – it swells and bleeds – but then does not properly exit the body. Inflammation is thought to prevent proper tubal transport, which is what propels eggs and sperm. Additionally, the scar tissue that forms as a result of the swelling can block the fallopian tubes or obstruct ovulation.

A fertility specialist will make a personalized treatment plan by considering age, stage of endometriosis, and the duration of infertility. Whether or not to have surgery is controversial and a case-by-case decision. Given the most recent studies, our physicians are no longer as apt to recommend surgery. We realize now that repeated surgery may be detrimental to a patient's ovarian reserve and does not necessarily lead to an improvement in fertility.

"While surgery may offer some relief, it can also negatively impact a woman's fertility, particularly with endometriomas present in the ovaries," shares Joseph B. Davis, D.O., a fertility specialist at SGF Orlando. "Surgical management for endometriosis is oftentimes a temporary solution, with findings showing that over 60% of women will go on to have multiple surgical treatments. This is important for patients to understand because **recurring surgeries can take a toll on a woman's ovarian reserve.**"

Egg freezing for patients with endometriosis

Recognizing that the number of eggs a woman has will decrease over time and that endometriosis does tend to worsen with time, egg freezing allows women with endometriosis to proactively preserve the existing quantity and quality of their eggs now for better pregnancy outcomes in the future.

SGF recommends that women with moderate to severe endometriosis consider egg freezing and speak with a fertility specialist prior to undergoing surgery.

Since endometriosis can take many forms, and the success rates of these fertility treatments vary, a fertility specialist can outline a patient's best treatment options for preserving future fertility.

5 reasons why SGF physicians recommend egg freezing for patients with endometriosis who are waiting to conceive:

- 1 Egg quantity and egg quality diminish over time
- 2 Egg quality is the number one factor in determining a woman's fertility potential
- 3 Endometriosis tends to worsen with time
- 4 While laparoscopic surgery can help to reduce the pain associated with endometriosis, it can also negatively affect a woman's ovarian reserve
- 5 Egg freezing protects fertility and gives patients better pregnancy outcomes in the future

Stages of endometriosis

Stage 1: Minimal

The laparoscopy will reveal a few lesions and endometrial implants dispersed across the exterior of the uterus. Some inflammation might be present, but it is minimal.

Stage 2: Mild

Implants are slightly deeper and more implants have spread to an ovary or pelvic lining. The number of lesions is still relatively low.

Stage 3: Moderate

Cysts have formed on one or both ovaries and some scar tissue is present. Endometrial implants have increased in number and depth.

Stage 4: Severe

Adhesions are significant and are deeply planted on pelvic lining and ovaries. Inflammation is severe and lesions are present on fallopian tubes as well as other reproductive organs.

Scan code to learn more about treating endometriosis >>

