Pearl
Women's Hospital

# LAPAROSCOPY FOR OVARIAN ENDOMETRIOMA

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# OVARIAN ENDOMETRIOMA

- Ovarian endometrioma >4cm should be operated if pain or subfertility
- First surgery is the window of opportunity
- Skilled surgeon
- No role of pre-op adjuvants

# ENDOMETRIOMA & SUBFERTILITY

- In ovarian Endometrioma (>4cm)
- Excision of capsule improves pregnancy rates
- But may cause reduced ovarian function
- Conservative surgery improves fertility if no other identifiable infertility factor, but viable cortex lost
- Secondary Surgery no Benefit, ART better
- If Previous OVARIAN surgery, Careful Consideration

# OVARIAN ENDOMETRIOMA

- Aspiration Not Recommended
- Ablation / Drainage & Coagulation

(Aspiration/Irrigation/Diathermy) : Risk of incomplete Surgery (Early Recurrence) + damage to the ovarian cortex

- Excision/Cystectomy Preferable ( Less Recurrence)

# COMBINED EXCISION/ABLATION

- Aspiration
- Irrigation
- Cyst Enucleation Till Reach Hilum
- Cut Cyst Wall With Scissors
- Vaporize At Hilum With Laser / Electrocautery

# SURGICAL TREATMENT : SUCCESS

- Surgery Despite Its Proven Efficacy Is Challenged By High Recurrence Rate
  - 40 -45 % Recurrence Rate Within 5yrs Post- operatively
  - In Case Of Endometriomas, Symptoms (Pain Or Infertility) Recur In 76% Of Patients.
- Even After Curative Surgery, Rates Of Recurrence Are As Great As 5 /10%.

# ENDOMETRIOMA & INFERTILITY

- The pathogenesis of infertility in women with endometriosis has not been clearly understood expert in cases of distorted pelvic anatomy.
- Even in women undergoing IVF, pregnancy rates were found to be lower in patients with endometriosis compared with those with tubal factor infertility.

# MANAGEMENT OF ENDOMETRIOMA PRIOR TO IVF

- A potential deleterious effect of surgery is the accidental removal or damage of normal ovarian tissue.
- Stripping the endometriotic cyst wall is technically more difficult than non-endometriotic ovarian cysts.
- Both surgical techniques have been associated with reduced ovarian reserve and premature ovarian failure
- Women who opt for surgical treatment of endometrioma prior to IVF should be offered ovarian reserve tests before surgery and those with discouraged from undergoing surgical treatment.
- Women undergoing ovarian surgery should be warned about the possible risk of surgery on ovarian function.

# MANAGEMENT OF ENDOMETRIOMA PRIOR TO IVF

- There is insufficient evidence to support routine surgical treatment of endometrioma in asymptomatic subfertile women .
- The European society of human reproduction and Embryology (ESHRE) Recommend laparoscopic ovarian cystectomy if the endometrioma is 4 cm in diameter in order
  1. to confirm the diagnosis histologically,
  2. to reduce the risk of infection,
  3. to improve access to follicles.
  4. to improve ovarian response.

# MANAGEMENT OF ENDOMETRIOMA IN WOMEN WITH PELVIC PAIN

- The relationship between chronic pelvic pain symptoms and endometrioma is not very clear.
- In studies using multivariate analysis, neither the presence of endometriomas nor any of their characteristics appears to correlate with painful symptoms.

# CARRY HOME MESSAGES

**Endometrioma :**

- Cystectomy Treatment Of Choice
- No Role Of Pre-op Adjuvants
- Cystectomy Preferable, Usually If Pain, Primary Surgery And Normal Ovarian Reserve , Subfertility
- Post-op Adjuvant Treatment For Secondary Prevention

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