

# A Fresh Approach to Women's Health

A newsletter from [Gynesys.com](http://Gynesys.com)

**#3, Fall 2012**

*Available periodically throughout the year, this guide is intended to accompany the modern woman on her journey to wellness and fulfillment. Each edition will have a specific focus guided by a single objective: the health, well-being and beauty of today's women.*

## Infertility and endometriosis

One of the leading causes of infertility today is also one of the least understood: endometriosis. Although 30% to 40% of infertile women are believed to be suffering from endometriosis, its cause is still unknown. There is general agreement among specialists, however, that its cause is likely environmental, immunological or genetic in nature. Anywhere between 5% and 20% of women of child-bearing age are affected by this condition and it is most common in women in their 30s and 40s

Endometriosis occurs when small pieces of the endometrial lining of the uterus, which are usually removed naturally during menstruation, enter parts of the body outside the pelvic cavity. This rogue endometrial tissue often settles in the ovaries,

but it can also find its way into the fallopian tubes and other organs and systems. It responds to hormonal fluctuations of the menstrual cycle, thus interfering with the body's natural functions. This often leads to a combination of infertility, pelvic pain or menstrual cramps, pain during intercourse and ovarian cysts. In some cases of endometriosis, infertility is the only symptom.

A preliminary diagnosis of the disease can be established by reviewing the clinical history, performing a pelvic ultrasound or by an MRI. However, a definitive diagnosis can only be determined by a laparoscopy - a minimally invasive surgical procedure performed on an outpatient basis. Although used frequently, laparoscopy is not necessary in all cases.

## Online Resources

- IAAC (Infertility Awareness Association of Canada)  
> [www.iaac.ca](http://www.iaac.ca)
- SOGC (Society of Obstetricians and Gynaecologists of Canada)  
> [www.endometriosisinfo.ca](http://www.endometriosisinfo.ca)
- AOGQ (Association of Obstetricians and Gynecologists of Quebec)  
> [www.gynecoquebec.com](http://www.gynecoquebec.com)
- CFAS (The Canadian Fertility and Andrology Society)  
> [www.cfas.ca](http://www.cfas.ca)
- Infertility Network  
> [www.infertilitynetwork.org](http://www.infertilitynetwork.org)
- CWHN (Canadian Women's Health Network)  
> [www.cwhn.ca](http://www.cwhn.ca)
- EMD Serono  
[www.emdserono.ca](http://www.emdserono.ca)
- American Society of Reproductive Medicine  
> [www.asrm.org](http://www.asrm.org)



**About Dr. Faez Faruqi**  
(the founder of Gynesys)

Both Fellow of the Royal College of Physicians and Surgeons of Canada and Fellow of the American Board of Obstetrics and Gynaecology, Dr. Faez Faruqi practises and teaches Gynaecology and Obstetrics at St. Mary's Hospital in Montreal (affiliated with McGill University). He also heads the Gynaecology and Fertility Centre Gynesys that was launched in 2004 with great success.



# Infertility and endometriosis

## HOW DOES ENDOMETRIOSIS CAUSE INFERTILITY?

Again there is no definitive explanation for how endometriosis causes infertility. However, several theories have been advanced to explain the phenomenon. They include:

- The interaction between sperm and egg is affected by the unusual biological conditions produced by the disease.
- The endometrium (lining of the uterus) is impaired and not able to play its role after fertilization (i.e. allowing the implantation of the embryo).
- Ovarian cysts may cause a decrease in the number of eggs available for fertilization.

Moreover, since endometriosis may cause pain during sex, it may interfere or disrupt sexual intercourse.

## HOW IS INFERTILITY DUE TO ENDOMETRIOSIS TREATED?

If the disease is not preventing the patient from performing the daily activities of life, the infertility will be dealt with first. This can first consist of hormone treatments to increase ovulation and be followed with intrauterine insemination. If the endometriosis is a little more advanced, or if the initial treatments have not been successful, IVF is the best option at this stage.

It should be noted that unless they prevent the ovaries from producing mature eggs for fertilization, ovarian cysts are not treated with surgery lest the procedure reduce the ovarian reserve.

If the disease has reached an advanced stage, or if the pain becomes incapacitating, the symptoms will be treated directly first. In this case, the lesions are removed or destroyed with surgery. As this is a very specialized type of surgery, it is important to be referred to a specialist in these surgical techniques. Following surgery and recovery, fertility treatments can be used to help women become pregnant.

The good news is that research has shown that as many as 80% of women left infertile by endometriosis have become pregnant after infertility treatments. This is why it is imperative to consult a specialist immediately and maintain a positive attitude throughout the process.

If you have any questions about fertility issues or treatment options, we invite you to visit our website ([gynesys.com](http://gynesys.com)) or contact us by phone (514-781-5950) or by email ([info@gynesys.com](mailto:info@gynesys.com)).