

ENDOMETRIOSIS AND FERTILITY

Myths, Realities, and Options for Family Planning CanSage, 2025

ENDOMETRIOSIS & FERTILITY

Endometriosis can cause pain, inflammation, and changes to the pelvic anatomy. These factors may make it harder to conceive, but infertility is not inevitable. Many people with endometriosis are still able to become pregnant naturally or with medical support.

COMMON MYTHS

- **Myth:** You can't get pregnant with endometriosis.
 - Fact: Up to 70% of women with endometriosis in long-term studies eventually had at least one child.
- Myth: Pregnancy cures endometriosis.
 - Fact: Symptoms may improve temporarily, but the condition does not go away.
- Myth: There are no minimally invasive surgical options.
 - Fact: Procedures like laparoscopy, excision, and ablation can improve fertility in selected patients with minimal or mild disease.
- Myth: Infertility causes endometriosis.
 - Fact: Endometriosis can contribute to infertility, but infertility does not cause endometriosis.

FERTILITY OPTIONS

- Natural Conception: Many patients with mild disease can conceive naturally. Around 30–50% of women with endometriosis experience infertility, meaning most do not.
- Medical & Surgical Options:
 Medications manage pain but don't increase fertility. Minimally invasive surgery may improve chances of pregnancy, especially in mild cases.
- Assisted Reproductive Technologies (ART):
 - **IUI:** Concentrated sperm placed in the uterus during ovulation.
 - IVF: Fertilization outside the uterus; often effective for moderate to severe endometriosis.
- Fertility Preservation: Egg freezing may be an option before surgery or with severe disease, though it is still considered experimental.



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TALKING TO YOUR DOCTOR

Before an appointment, track your cycles, pain, and any treatments you've tried. Consider asking:

- How might my stage of endometriosis affect fertility?
- Which fertility treatments are most appropriate for me?
- Should I consider fertility preservation now?
- Will surgery or medical treatment affect my ability to conceive?

Referral to a fertility specialist is often recommended after 12 months of trying to conceive (6 months if you're over 35), or sooner if you have advanced endometriosis.



TAKE CONTROL OF YOUR FAMILY PLANNING

Endometriosis and fertility are closely linked, but myths often obscure the facts. By learning about real options (natural conception, surgery, ART, and preservation) you can make informed decisions about your reproductive health. Working closely with your doctor or a fertility specialist will give you the best chance of achieving your goals.