

## **How radical should we be in women with severe DIE trying for pregnancy**

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About 30% of women with sub fertility have endometriosis and about 1 in 200 women have severe rectal DIE. Many factors must be taken into account when deciding whether to operate and what surgery to offer to women with severe DIE who are trying to become pregnant. There are usually three reasons for which surgery must be considered for severe endometriosis including pain, fertility and ureteric obstruction. Severe DIE can severely impair normal fertility but also limit the success rates associated with IVF and may increase complication rates. However, evidence to support surgery for fertility reasons alone is not entirely clear. Women with ureteric obstruction almost invariably require full radical clearance of disease prior to IVF. Similarly, women with severe pain should in general be offered radical surgery to remove disease as medical treatment does not remove disease and may reduce the chance of long-term fertility; however, this must be tempered by patient age and the need to press ahead with fertility treatment while the chances of success are greatest. The principal dilemma lies in the determination of the extent of surgery, if any, for women with limited or no symptoms. For such women decisions need to be taken regarding the treatment of endometriomata, whether to drain or to remove or leave alone; decisions also need to be taken regarding potential removal of DIE in the bowel and bladder bearing in mind the limited evidence available; no definitive recommendations exist regarding the number of IVF attempts which a women should undergo prior to referral for radical surgery. There is now substantial evidence that DIE in bowel and bladder may be adequately diagnosed by transvaginal ultrasound and MRI and women should be able to access adequate diagnostics and treatment if required. The use of a standardised system for determining the severity of DIE should enable more appropriate research in this area.