

Patient information factsheet

Laparoscopic ethanol sclerotherapy for ovarian endometriomas

We have given you this factsheet because you have been diagnosed with endometriosis and are due to have a laparoscopy (a type of keyhole surgery used to diagnose and treat various conditions). During a laparoscopy, we can also remove ovarian endometriomas (a type of endometriosis) using a variety of surgical treatments.

This factsheet contains information about one of the surgical treatments for ovarian endometriomas called ethanol sclerotherapy. It explains what ethanol sclerotherapy is, what the treatment involves and the potential benefits and risks. We hope it helps to answer some of your questions. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

Please read this factsheet alongside the laparoscopy factsheet we have given you for more information about having this procedure, including how to prepare for it and what to expect after the procedure.

What is endometriosis?

Endometriosis is a condition where tissue, similar to the lining of the womb (endometrium), starts to grow in other places in the body, such as the ovaries (two small, bean-shaped organs that are part of the female reproductive system) and fallopian tubes (two tubes that link the ovaries to either side of the womb). This tissue can cause inflammation, pain and the formation of scar tissue.

It is a common condition that affects one in ten women and those assigned female at birth during their reproductive years. It may have a significant effect on your physical health, emotional wellbeing and daily life, but there are treatments that can help.

What are ovarian endometriomas?

Ovarian endometriomas, also known as 'chocolate cysts', are cysts (fluid-filled lumps) that form within the ovaries because of endometriosis. They are lined by tissue that looks like the lining of the womb and filled with old blood, giving them their characteristic dark, chocolate-like appearance. These cysts can cause pelvic pain and potentially affect fertility (a person's ability to get pregnant).

How are ovarian endometriomas treated?

There are various treatment options for ovarian endometriomas. The type of treatment your doctor offers you will depend on your condition and individual circumstances.

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When deciding which treatment is right for you, your doctor will consider the following factors:

- your age
- your symptoms
- if you wish to have children in the future
- the size of your cyst(s) and whether one or both of your ovaries are affected
- if you have had any previous treatment for endometriosis affecting your ovaries
- if you are currently undergoing fertility treatment
- your current ovarian reserve (an indicator of the number and quality of the eggs currently stored in your ovaries)

Observation

If the cysts are not causing any symptoms, they may not need treatment and may be able to be managed conservatively. This involves having scans (usually ultrasound scans) at regular intervals to monitor the cysts for any changes.

Medical (hormonal) treatment

This treatment involves taking hormones or other medications that change the amount of hormones in your body to reduce cyst growth and pain. However, please note that this treatment is also a contraceptive, so it is not a suitable treatment option if you are actively trying to get pregnant (conceive).

Laparoscopic (keyhole) surgical treatments

There are a few different surgical treatment options for ovarian endometriomas that can be performed during a laparoscopy, including:

- cyst drainage and wash out
- cystectomy (removal of the cyst)
- cyst ablation (burning of the cyst wall)
- ethanol sclerotherapy

We have included the table below to highlight the main advantages and disadvantages of each of the **surgical treatments**.

Surgical treatment	Advantages	Disadvantages
Cyst drainage and wash out	This treatment has the lowest impact on ovarian reserve.	This treatment is suitable for small cysts but has a higher recurrence rate (chance of the cysts returning).
Cystectomy	This treatment has a low recurrence rate.	This treatment has an impact on ovarian reserve.
Cyst ablation	This treatment is less invasive than some of the other treatments and has less of an impact on ovarian reserve.	This treatment has a relatively high recurrence rate and is only suitable for cysts smaller than 4cm.
Ethanol sclerotherapy	This treatment has a lower impact on ovarian reserve compared to some of the other treatments. It also has a low recurrence rate.	This treatment is only suitable for cysts that are 4 to 10cm.

Surgically removing ovarian endometriomas can also remove some healthy ovarian tissue, which can reduce your ovarian reserve. Your ovarian reserve is an important factor in determining your fertility potential. If you wish to know what your ovarian reserve is before having any treatment for ovarian endometriomas, please discuss this with your doctor. Your doctor may recommend a blood test known as an 'Anti-Müllerian Hormone (AMH) test'. However, please note that this blood test is not covered by the NHS, so you would need to fund this yourself.

Your doctor will discuss the benefits and risks of each of the treatment options with you and advise which option is the most suitable one for you.

The rest of this factsheet focuses on ethanol sclerotherapy as a treatment option. If you would like more information about the other treatment options in this factsheet, please ask your doctor.

What is ethanol sclerotherapy?

Ethanol sclerotherapy is a treatment that involves a surgeon inserting a needle into the ovarian endometrioma and then flushing the inside of it with ethanol (alcohol). The ethanol destroys the lining of the cyst, causing the cyst to shrink.

Ethanol sclerotherapy is a relatively new treatment option at Princess Anne Hospital. However, it has been used in Europe and other countries, and it is slowly becoming a more popular treatment option in the UK.

What does the treatment involve?

During a laparoscopy, a surgeon will:

- insert a thin needle into the ovarian endometrioma and remove the fluid from inside the cyst
- clean the inside of the cyst with a saline (salt water) solution
- inject the cyst with diluted ethanol and leave this in place for about 10 to 15 minutes
- remove the ethanol and wash out your pelvis thoroughly with a saline solution (this helps to prevent any complications after the procedure)

During the laparoscopy, the surgeon may also:

- take a biopsy (a small sample) from the cyst for testing
- remove further endometriosis tissue in your pelvic area

What are the benefits of this treatment?

Benefits of ethanol sclerotherapy include:

- a good success rate of treating the cysts
- a low recurrence rate
- less of an effect on your ovarian reserve and fertility outcomes compared to some of the other surgical treatment options (see table on page 2)

What are the risks of this treatment?

Ethanol sclerotherapy is a safe treatment. However, as with all surgical treatments, there are some potential risks and complications, including:

- fever (a high temperature of 38°C or above) or inflammation
- infection or abscess (a painful lump that contains pus) in the endometrioma(s)
- ethanol intoxication (a serious condition caused by the body absorbing large amounts of alcohol) (this is rare – see the useful links section for more information about alcohol poisoning)

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For more information about the potential risks and complications of a laparoscopy, please read the separate laparoscopy factsheet we have given you.

Contact us

If you have any questions or concerns, please contact us.

Endometriosis clinical nurse specialist

Email: EndometriosisPAH@uhs.nhs.uk

Useful links

www.nhs.uk/conditions/endometriosis

www.rcog.org.uk/for-the-public/browse-our-patient-information/endometriosis

www.endometriosis-uk.org

www.nhs.uk/tests-and-treatments/laparoscopy

www.nhs.uk/conditions/alcohol-poisoning

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