NICE National Institute for Health and Care Excellence

Endometriosis: diagnosis and management (NG73) – Update to recommendations on treatment of endometriosis if fertility is a priority

Draft for consultation

This guideline covers diagnosing and managing endometriosis. It aims to raise awareness of the symptoms of endometriosis, and to provide clear advice on what action to take when women or people with signs and symptoms first present in healthcare settings. It also provides advice on the range of treatments available.

These recommendations will update NICE guideline NG73 (published September 2017).

Who is it for?

- Healthcare professionals
- Commissioners
- Women or people with suspected or confirmed endometriosis, their families and carers.

What does it include?

- revised recommendations on treating endometriosis if fertility is a priority.

- rationale and impact information that explains why the committee made the 2024 recommendations and updates, and how they might affect practice and services. Full details of the evidence and the committee's discussion are included in evidence review B: treatment of endometriosis if fertility is a priority.

Information about how the guideline was developed is on the guideline's webpage. This includes the evidence review, details of the committee and any declarations of interest.

Updated recommendations

We have reviewed the evidence on treating endometriosis when fertility is a priority. You are invited to comment on the revised recommendations only. These are marked as **[2024].**

ID Number (please use to identify what comment relates to at consultation)	Existing recommendation in NG73	Proposed revised recommendation	Rationale for change	Impact of change
1	**1.11 Surgical management if fertility is a priority** The recommendations in this section should be interpreted	**1.11 Management if fertility is a priority** The recommendations in this section should be interpreted	The section heading has been changed as this section doesn't just include surgical management.	No impact

	within the context of NICE's guideline on fertility problems. The management of endometriosis-related subfertility should have multidisciplinary team involvement with input from a fertility specialist. This should include the recommended diagnostic fertility tests or preoperative tests, as well as other recommended fertility treatments such as assisted reproduction that are included in the NICE guideline on fertility problems.	within the context of NICE's guideline on fertility problems. The management of endometriosis-related subfertility should have multidisciplinary team involvement with input from a fertility specialist. This should include the recommended diagnostic fertility tests or preoperative tests, as well as other recommended fertility treatments such as assisted reproduction that are included in the NICE guideline on fertility problems.		
	1.11.1 Offer excision or ablation of endometriosis plus adhesiolysis for endometriosis not involving the bowel, bladder or ureter, because this improves the chance of spontaneous pregnancy. **[2017]**	1.11.1 Offer excision or ablation of endometriosis plus adhesiolysis for endometriosis not involving the bowel, bladder or ureter, because this improves the chance of spontaneous pregnancy. **[2017]**	No change	No impact
2	1.11.2 Offer laparoscopic ovarian cystectomy with excision of the cyst wall to women with	1.11.2 Offer laparoscopic ovarian cystectomy with excision of the cyst wall, or laparoscopic	There was evidence that there was no difference in the pregnancy rate between laparoscopic cystectomy and	No resource impact as the cost of the two treatment options (cystectomy and

	endometriomas, because this improves the chance of spontaneous pregnancy and reduces recurrence. Take into account the woman's ovarian reserve. (Also see the section on ovarian reserve testing in the NICE guideline on fertility problems.) **[2017]**	drainage and ablation to women or people with endometriomas, because this improves the chance of spontaneous pregnancy. Take into account: • the possible impact on ovarian reserve • that ablation and drainage may preserve ovarian reserve more than cystectomy (also see the section on ovarian reserve testing in the NICE guideline on fertility problems) **[2017, amended 2024]**	laparoscopic ablation and drainage of ovarian endometriomas >3cm, but drainage and ablation may lead to increased ovarian reserve (measured in terms of anti-Mullerian hormone levels, ovarian volume and antral follicle count) compared to laparoscopic cystectomy, so this has been added into the recommendation as another option if ovarian reserve is a priority. Although there was evidence of no difference in pregnancy rate, there was no evidence for recurrence rate (in the previous evidence review or the update evidence review) so this was removed from the recommendation.	ablation/drainage) are similar. The increase in treatment options and will allow option of a treatment which may have less of an impact on ovarian reserve.
3	1.11.3 Discuss the benefits and risks of laparoscopic surgery as a treatment option for women who have deep endometriosis involving the bowel, bladder or ureter and who are trying to conceive (working with a fertility specialist). Topics to discuss may include:	1.11.3 Discuss the benefits and risks of laparoscopic surgery as a treatment option with women or people who have deep endometriosis involving the bowel, bladder or ureter and who are trying to conceive (working with a fertility specialist), so they can make an informed decision on	The details on discussing ovarian reserve have been moved to the recommendation about the treatment of endometrioma as this is where they fit better.	

	• whether laparoscopic surgery may alter the chance of future pregnancy • the possible impact on ovarian reserve (also see the section on ovarian reserve testing in the NICE guideline on fertility problems) • the possible impact on fertility if complications arise • alternatives to surgery • other fertility factors. **[2017]**	its use. Topics to discuss may include: • whether laparoscopic surgery may alter the chance of future pregnancy • the possible impact on fertility if complications arise • alternatives to surgery • other fertility factors. **[2017, amended 2024]**		
4	1.11.4 Do not offer hormonal treatment to women with endometriosis who are trying to conceive, because it does not improve spontaneous pregnancy rates. **[2017]**	1.11.4 Do not offer hormonal treatment in combination with surgery to women or people with endometriosis who are trying to conceive, because it does not improve spontaneous pregnancy rates. **[2017, amended 2024]**	There was some limited evidence of increased rates of clinical pregnancy and live birth with combination treatment with hormonal treatments with laparoscopic surgery compared to surgery alone, but the evidence was mixed, with other evidence showing no difference. As there was mixed evidence the committee made a research recommendation. The committee clarified that this recommendation applied to	

			hormonal treatment in combination with surgery.	