

Laparoscopic ovarian drilling for PCOS

Why It Is Done?

Laparoscopic ovarian drilling is a surgical form of treatment for infertile women with polycystic ovarian syndrome (PCOS) that can help promote regular ovulation (release of eggs). It is most useful in women who have not responded well to medication. Another advantage is that the Fallopian tubes can be tested for blockage during the procedure. Furthermore, simple treatment for endometriosis or adhesions affecting fertility could be dealt with at the same time.

How does it work?

It is not actually known how ovarian drilling works, several research studies have shown it to be beneficial in improving hormonal status, ovulation and pregnancy rates. A significant advantage of ovarian drilling compared to fertility medication is that it does not increase the risk of multiple pregnancy.

Does it work for everyone?

Younger women and those with a normal body mass index are most likely to benefit from laparoscopic ovarian drilling. You are also more likely to fall pregnant following treatment if you have not been trying for more than 3 years.

How is it done?

The procedure is done surgically using a laparoscopy (key hole telescope) under general anaesthesia. A small incision is made in the abdomen in the region of the belly button. The abdomen is inflated with carbon dioxide gas so the laparoscope can be inserted to avoid damage to the abdominal internal organs. The surgeon looks through the laparoscope at the internal organs. Other surgical instruments are inserted through small incisions on the abdominal skin in order to perform the surgery. The ovarian drilling is undertaken using a specialised form of focused heat called electrocautery or diathermy. The ovaries are identified and several small holes made in each ovary.

What to expect after Surgery?

If you have a laparoscopy procedure, you can usually go home the same day and resume light activities within 24-48 hours. Your return to normal activities will also depend on how quickly you recover from surgery, which may take a few days or as long as 2 to 4 weeks.

What are the risks?

Frequent risks include: bruising of the skin, scars; post operative shoulder-tip pain. There is small risk of scar tissue forming around the ovary. Serious risks include: Damage to bowel, bladder, major blood vessels and failure to gain entry to abdominal cavity (in these circumstances it may be necessary to perform major surgery though a large incision). The overall risk of complications from diagnostic laparoscopy is approximately 2 in 1000. 5 women in every 100000 undergoing laparoscopy die as a result of complications.

All these risks are much higher in women who are overweight or who have had previous surgery with resultant internal scar tissue.