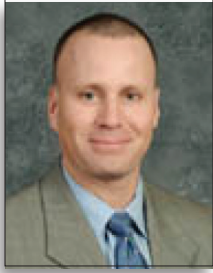


The Role of Minimally Invasive Surgery for Infertility



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Fewer and fewer reproductive endocrinologists are performing surgeries these days. In fact, many fertility specialists are not operating at all, other than performing oocyte retrievals. This should not be taken to mean that surgery to correct pathology isn't necessary or beneficial. A comprehensive infertility evaluation includes semen analysis and ovarian reserve testing, along with an assessment of the uterus and endometrial cavity to rule out conditions such as Asherman's syndrome (intrauterine

adhesions), polyps, fibroids, and Müllerian anomalies. Additionally, tubal patency or abnormalities can be evaluated using a hysterosalpingogram (HSG). Due to the negative impact of distal tubal occlusion and hydrosalpinx on ART outcomes—even when conception bypasses the fallopian tubes—patients at higher risk for tubal disease should undergo evaluation of both their fallopian tubes and endometrial cavity. Since 30% of patients with tubal disease have no antecedent history for PID, tubal evaluation by HSG should be included not just for high-risk patients but also for patients that are not successful, despite the transfer of good quality embryos. Salpingectomy in these cases improves pregnancy outcomes back to baseline. IUDs prevent pregnancy through an intra-uterine pathology that creates a hostile environment for embryo implantation. Therefore, removal of significant intra-uterine pathologies, similar to removing an IUD is going to have a beneficial impact on implantation.

Evaluation for infertility should be complete and include an evaluation of endometrial abnormalities for everyone and tubal pathology for indicated patients can reveal abnormalities that can lead to better reproductive outcomes. Surgery for infertility remains an important option, we just need to evaluate our patients appropriately and optimize outcomes.