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Concurrent ART and laparoscopic surgery for intestinal endometriosis**Akira Shirane**

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Objective: The symptoms of intestinal endometriosis are especially severe such as dyschezia. These symptoms negatively effect on the QOL of the women remarkably. Surgeries are considered when medical therapy does not succeed or in the setting of infertility. We evaluated symptoms, surgical procedures, post-operative recurrence and postoperative pregnancy rate.

Setting: Kurashiki Medical Center.

Patients: The cases who were diagnosed with intestinal endometriosis and had surgeries.

Designs: Retrospective cohort study.

Interventions: Laparoscopic low anterior resection of rectum plus alpha over ten years (from January, 2008 to December, 2017).

Result: We have experienced 23 fertility sparing surgeries (33.9±5.24 years old; mean±SD) which are observed for more than six months. In 18 cases, patients complain of dyschezia. These symptoms significantly improved after surgery in all cases. Recurrences were found in five out of ten cases without hormone therapy, while no recurrence was found in thirteen cases of hormone (dienogest, LEP)-administrated group. Nine cases had a desired conception and seven were successful (two natural, five ART) in pregnancy and five acquired babies.

Conclusion: Many of patients desired babies before surgeries. However, once they have finished surgical treatments, they tended to hesitate to get pregnant for fear of a recurrence. For patients who try to have fecundity-sparing surgery, doctors should provide education regarding the high risk of recurrence and usefulness of the Assisted Reproductive Technology (ART). Moreover, recently we encourage the patients to have preoperative Oocyte Pick Up (OPU) and embryo freeze preservation because of these benefits: (1) Acquire frozen embryos that are more successful than fresh embryos in pregnancy rate, (2) Provide patients the defined motivations toward surgery, (3) Eradicate concerns of postoperative diminished ovarian reserve and (4) Pregnancy is expected under the improved pelvic environment by surgery.

Biography

Akira Shirane has completed his Doctor of Philosophy from University of Tokyo, majoring in Reproductive Medicine. He is a Medical Director at Kurashiki Medical Center in Japan. He also gained experience in Yaizu City Hospital and Toranomon Hospital. He is having teaching experience in laparoscopic suture and ligation instructor and TLH. His interests include laparoscopic surgery, reproductive medicine, obstetrics and gynecology.

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