

## **Endometrial Scratch Information**

### **What is endometrial scratching?**

In order to have a successful pregnancy, an embryo needs to 'implant' in the womb; if it doesn't, the woman will need to start her cycle again. Most embryos don't implant because they've been unable to develop fully to the implantation stage or because of a developmental mismatch between the stage of the embryo and the lining of the womb. However, in a small number of cases an embryo won't implant because the lining of the womb isn't providing them with the right environment.

Endometrial scratching is carried out before IVF and is intended to correct problems with the womb lining. During the procedure the lining of the womb (the endometrium) is 'scratched' using a small sterile plastic tube.

The theory is that this procedure triggers the body to repair the site of the scratch, releasing chemicals and hormones that make the womb lining more receptive to an embryo implanting. Some also suggest the treatment may activate genes that make the womb lining more receptive to an embryo implanting.

### **Are there any risks?**

This is an intrusive and potentially painful procedure, with some patients experiencing some blood loss. It is not common for patients to have an infection after the scratch but there is a small risk that if you have an infection within your cervix before 'scratching', this may cause the infection to spread into the uterus. Your clinic can treat this if necessary. Endometrial scratching does not carry any additional known risks for the child born as a result of fertility treatment.

### **What's the evidence for endometrial scratching?**

A number of high-quality studies have been completed to date with conflicting results. Further evidence is needed before the benefits of endometrial scratching can be confirmed.

Studies investigating endometrial scratching focused on patients undergoing IVF or ICSI, and therefore these ratings do not apply to patients undergoing IUI. In addition, there were no moderate/high quality studies explicitly investigating patients with RIF, therefore there is no evidence that endometrial scratching is beneficial for this patient group either.

Lister opinion:

Based on the existing body of data, we would offer scratching to patients with recurrent implantation failure in order to try to enhance pregnancy and live birth rates, after making you aware of the heterogeneous data on the subject.

We would consider offering those with 2 or more failed cycles where embryos were of top quality. The evidence of benefit after 1 failed cycle is more limited at present so is not routinely recommended although any potential physiological mechanism of benefit may still apply.

A further information sheet on endometrial scratch is available.

The HFEA "traffic light rating": is "amber" for increasing chances of having a baby for most patients, which means that it is not clear whether this add-on is effective at improving the treatment outcome due to the conflicting evidence. The rating is 'Grey' for patients with recurrent implantation failure

(RIF), which means that, HFEA cannot rate the effectiveness of this add-on for improving the chances of having a baby for patients with RIF, as there is insufficient moderate/high quality evidence.

You can read more about the HFEA traffic light system on fertility “add ons” in the information provided in your cycle packs or on the following link: <https://www.hfea.gov.uk/treatments/treatment-add-ons/endometrial-scratching/>

A fertility “add-on” is an “optional extras that you may be offered on top of your normal fertility treatment, often at an additional cost. They’re typically emerging techniques that may have shown some promising results in initial studies but haven’t necessarily been proven to improve pregnancy or birth rates.”

### **When is it done?**

It should be done in the week prior to your period after which will be starting stimulation drugs. There is no evidence of any benefit once bleeding has started and beyond that it may do more harm than good by disturbing the womb lining in the run up to embryo transfer.

### **Could this affect the chances of getting pregnant naturally in that month?**

In most women where a scratch is being performed, the chances of natural conception is very small and often couples will be on the contraceptive pill which will also make pregnancy unlikely. However, in the unlikely event of a fertilised egg naturally having implanted that could lead to a pregnancy the scratch may stop this occurring. We ideally recommend avoiding unprotected intercourse from your period to a scratch.

### **How is it done?**

It is very similar to an embryo transfer procedure which you would have previously have had. However, in contrast to the transfer (where we do not want to disturb the lining) we will be gently moving the instrument within the uterus for a few seconds.

- You should come with a **partially full bladder**.
- If no recent Chlamydia result you will need **prophylactic Antibiotics**.
- Consider taking some simple analgesia such as ibuprofen beforehand (or Paracetamol if contraindicated) as can cause period-like cramps on occasion.

### **How do I book?**

Please call the nurses or liaise with your doctor who will book it for you at the appropriate time of your cycle. It is performed Mon-Fri at either 09.00, 16.00, 16.45.