Asherman Syndrome

Asherman Syndrome is a condition where bands or thin strings of scar tissue (intrauterine adhesions) form inside the uterus.

What causes intrauterine adhesions?

Intrauterine adhesions may form following:

- Pregnancy complications such as retained placenta after birth, postpartum haemorrhage requiring surgery or caesarean birth.
- Miscarriage, stillbirth and abortion (usually when surgery such as a dilatation and curettage was required to remove retained pregnancy tissue).
- Infection in the uterus at the time of childbirth, miscarriage or surgery.
- Other uterine surgery such as removal of fibroids, polyps and thickened lining of the uterus.

Surgical procedures and infections may lead to inflammation of the lining of the uterus, which become intrauterine adhesions. The chance of developing the condition is higher if you have had more than one miscarriage, repeated procedures on your uterus – although most women who have this type of surgery or infection, do *not* go on to develop Asherman syndrome.

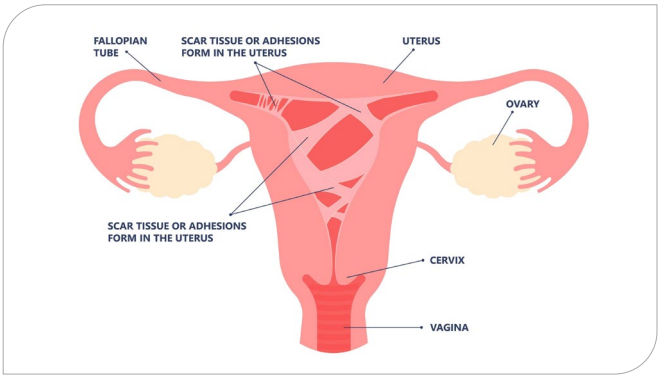
What are the symptoms of intrauterine adhesions?

It is important to note that whilst some women with intrauterine adhesions may experience symptoms, others may not have any. Symptoms may include:

- Changes in periods (such as lighter or no bleeding).
- Painful periods.
- Difficulty becoming pregnant, or recurrent miscarriages.

Intrauterine adhesions are not common and they can usually be treated. With the right care, many women go on to have improved symptoms and, if they wish, healthy pregnancies.

If you have any of the symptoms listed above and are concerned about having intrauterine adhesions, you should speak with your doctor.



How is it diagnosed?

Your doctor/s will begin by asking you about your medical history, including your pregnancy history and any surgery you've had, and symptoms. Because other conditions such as hormonal irregularities, or polycystic ovary syndrome (PCOS) may cause similar symptoms, your doctor/s will consider all possible causes before recommending tests.

To investigate whether you may have intrauterine adhesions the following tests may be arranged:

Pelvic ultrasound: A 2D (2-dimensional) ultrasound is often the first test offered may suggest adhesions but may also help to rule out other conditions such as polyps and fibroids. A 3D (3-dimensional) ultrasound may also be offered.

Hysterosalpingography (HSG): This is an X-ray test where contrast dye is pushed via a syringe and narrow tube into the uterus to outline the inside of the uterus and uterine (fallopian) tubes to see if any adhesions are present.

Saline sonohysterography (saline infusion hysterography or sonohysterogram): This is also an ultrasound test, but fluid is pushed into the uterus during the ultrasound to make scar tissue more visible.

Hysteroscopy: A thin telescope is passed through the cervix into the uterus, allowing your doctor/s to see scar tissue (adhesions) directly. Hysteroscopy is the most accurate test as it allows a complete assessment of the lining of the uterus.

How is it treated?

Intrauterine adhesions are usually treated surgically via a hysteroscope which is used to view and guide removal of the scar tissue (adhesions). Your doctor/s will talk with you about what treatment might mean for you. After discussion, you should feel that you understand the potential benefits and risks, including the chance of scar tissue reoccurring.

Hysteroscopic treatment is generally safe and effective, but it is a specialised procedure that may not be offered by all specialists. It may need to be repeated, and the outcome depends on how much scar tissue is present.

Recovery and monitoring after treatment

Hysteroscopic surgery is usually day surgery. Mild cramping or light bleeding for a few days is common. Your doctor/s will advise you about rest, pain relief, and when you can return to normal activities, including sex.

Follow-up is important. You may need another appointment - and sometimes a repeat hysteroscopy - to check that scar tissue has not returned. Your doctor/s will also review your periods and, if relevant, discuss plans for pregnancy.

Many women notice improvements after treatment, such as more regular periods or less pain. If you are hoping to become pregnant, your doctor can guide you on the best timing and support.

What happens if I choose not to treat it?

If you do not have symptoms that bother you, or are not planning to try for pregnancy in the future, you may choose not to have treatment. In this case, your doctor can support you with doing further testing and helping you decide if treatment is ever needed later on.

Can it be cured?

For many women, Asherman Syndrome is a life-long condition. Changes from scar tissue which involve the deeper layers of the uterus are likely to remain to some extent even after surgery. Mostly treatment reduces scar tissue inside the uterus and cervix, which may improve symptoms.

Future pregnancy and fertility

Treatment for intrauterine adhesions can improve fertility for some women, but it is not the only factor that affects the ability to become pregnant. If you are planning for a future pregnancy, talk with your doctor/s about what treatment may mean for you and your individual circumstances.

Prevention and risk reduction

The scar tissue is often caused by necessary surgical procedures, such as treatment for a retained placenta (curettage), so it cannot always be prevented. In some situations, however, the risk may be reduced by the surgical technique used. For example, suction aspiration instead of sharp curettage after a miscarriage. If you need treatment in the future, talking with your doctor/s about your history and preferences can help you make informed decisions about your care.

Support and next steps

You may feel concerned about your fertility, frustrated if there has been a delay in the diagnosis, or you may feel angry that a previous surgery or pregnancy outcome may be related to a new problem. Understanding what can cause the condition may also help you make sense of your own experience and feel more supported in the next steps.

Living with intrauterine adhesions can be challenging - both physically and emotionally. You do not need to go through it alone. Support is available to help you manage your health, your fertility, and your wellbeing.

Your healthcare team: Your doctor/s and midwives are your first point of contact. They can answer questions about your treatment, follow-up, and future pregnancy plans.

Fertility specialists: If you are planning a pregnancy, or have had difficulties conceiving, a fertility clinic can offer extra support and options.

Counselling and mental health services: It is common to feel worried, sad, or uncertain after diagnosis or treatment. Talking to a counsellor, perinatal psychologist, or your GP can help. Services like *Beyond Blue* and *PANDA* (Perinatal Anxiety & Depression Australia) also provide support.

Peer support groups: Connecting with other women who have experienced intrauterine adhesions can reduce feelings of isolation. Online groups may be a helpful source of shared experiences and encouragement.

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