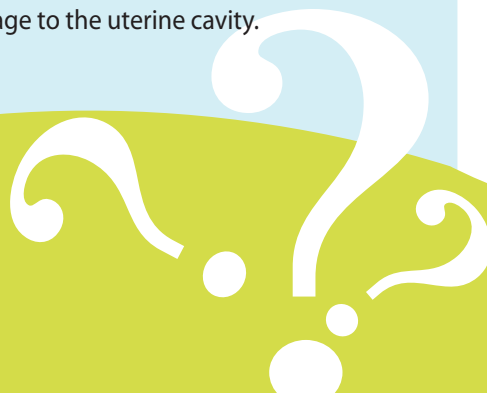


What is Asherman's Syndrome?

Asherman's Syndrome (AS) is the term used for intrauterine adhesions or scar tissue that can form after any type of uterine surgery, especially myomectomy (fibroid removal) and dilation and curettage (D&C), including those done because of retained placenta following childbirth or miscarriage. It can also occur from an infection inside the uterus, such as those caused by tuberculosis or pelvic inflammatory disease.

As the adhesions develop within the uterus, they will sometimes block the cervical opening, which causes menstrual flow to diminish or stop altogether. Thus, Asherman's Syndrome should be suspected if you have had a D&C or any other type of uterine surgery where your periods following the procedure became lighter or stopped. The condition can be mild with thin, filmy adhesions or it can be severe and cause irreversible damage to the uterine cavity.



What do I do next?

Get Informed Ask Questions

There are many women in the world with Asherman's Syndrome who do not realize they have the condition. Unfortunately, these numbers are growing each day and the condition is either not diagnosed or is misdiagnosed.

If you suspect that you have Asherman's Syndrome, find a doctor who specializes in the treatment of it. It is important that you find a physician who possesses significant experience in treating Asherman's Syndrome, as this decision could directly impact the outcome of your treatment. There are many options for your treatment, and by doing your homework, you will find the right doctor to work with you in developing a plan for your care and treatment.

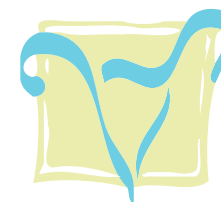
Read Research

Consider joining the
**Asherman's Syndrome
International Support Group**

online at:

<http://groups.yahoo.com/group/Ashermans>

Visit our web site at:
www.ashermans.org



Asherman's Syndrome

It's no longer a
question of
WHAT IF.

With knowledge,
it's answering
WHAT NOW.

Diagnosing & Treating Asherman's Syndrome

Asherman's Syndrome is diagnosed through three primary procedures: sonohystogram, hysterosalpingogram, and hysteroscopy. During a sonohystogram, also known as a saline infusion sonogram, a small catheter is placed into the uterine cavity through the cervix and saline solution is injected through the catheter to fill the uterine cavity. Once the saline solution has filled the uterine cavity, a transvaginal ultrasound is done to view any scarring or adhesions that may be present.

The term "Asherman's Syndrome" was coined by an Israeli doctor of the same name who wrote about the connection between D&Cs and scarring of the uterus in the late 1940s.

Asherman's Syndrome can also be detected through the use of hysterosalpingogram (HSG), a radiographic study of the uterus where a special fluoroscopic dye, visible on x-rays, is injected through the cervix and into the uterus. A series of x-ray images are then taken as the dye flows into the uterus and uterine tubes. These images are then reviewed for filling defects, areas where the dye did not flow, indicating the presence of adhesions or other uterine anomalies. This test can also determine whether the uterine tubes are open or blocked.

The most accurate diagnostic test for determining the presence of intrauterine adhesions and scar tissue is hysteroscopy. During this procedure, the uterus is filled with either saline solution or carbon dioxide gas.

Once this is done, a hysteroscope (a thin telescope) is inserted through the cervix into the uterus so a physician can view the interior of the uterus and any adhesions or scarring present.

Hysteroscopy is the only direct method for diagnosing Asherman's Syndrome. This means that the doctor performing the test is using his/her eyes to visualize the exact location and appearance of the adhesions present in your uterus. Sonohystograms and hysterosalpingograms allow a physician to view an image of the uterus through means other than direct visualization—either ultrasound or x-ray.

There are two basic forms of Asherman's Syndrome. The first type comprises adhesions that can be seen as bands of tissue between opposing endometrial surfaces within the uterine cavity. The second type comprises scarring on the uterine walls either where scraping took place during a D&C or where infection invaded the endometrium.

Once diagnosed, the first step in treating Asherman's Syndrome is determining the severity of the condition. You should consult a qualified physician familiar with Asherman's Syndrome, usually a reproductive endocrinologist, and discuss your options.

Treatment usually involves surgery to remove the scar tissue within the uterus so it is vitally important to find a skilled surgeon with experience in treating Asherman's Syndrome. He/she may choose to do a hysteroscopy and, depending on the extent of your adhesions or scarring, may also perform a simultaneous laparoscopy. Laparoscopy allows for direct visualization of the outside of the uterus from the abdominal cavity. At the end of your surgery, your surgeon may also insert a balloon catheter or Cook uterine stent to keep your uterine walls separated during the healing process. Following surgery, estrogen is prescribed to help encourage proliferation of the endometrium, which promotes healing. In addition, antibiotics may be prescribed to prevent infection.

www.ashermans.org

Will I be able to conceive after AS?

The severity of your condition and the treatment you receive will determine the likelihood of future conception. A normal uterine cavity and endometrial lining are necessary in order to conceive and maintain a pregnancy. Scar tissue within the uterine cavity can interfere with conception and also increase the risk for miscarriage.

Some women with milder cases require a single surgical procedure while women with severe cases often require multiple surgeries to remove their adhesions. After your surgery, you will need follow-up tests, usually another HSG, to verify if any adhesions have returned, if additional surgery is required, and if your uterine tubes are open and clear. Your doctor will then monitor your endometrial lining and menstrual cycles. He/she may also prescribe supplemental hormone therapy before suggesting pregnancy. Success rates for pregnancy are best when adhesions are minimal. However, if scar tissue is extensive and has replaced most of the uterine cavity, your chances of successful conception and pregnancy will probably be lower.

The Answers are Out There