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# Asherman's Syndrome: Preventing the Heartache of Iatrogenic Infertility

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Asherman's syndrome is a scarring of the uterus that can become so extensive, the uterus can be scarred shut or become a solid mass of scar tissue, completely incapable of carrying a fetus.

Asherman's syndrome is iatrogenic (medically caused) by operative procedures on the uterus such as operations to remove fibroids or polyps, termination of pregnancy and cesarean section.

The most common cause is dilation and curettage (D and C), a very frequently used procedure where the contents of the womb are either scraped out or suctioned out. This is done during termination and after a miscarriage or childbirth complications.

About 6.4 percent of women develop Asherman's syndrome when they are given a D and C for retained products of conception (an incompletely expelled miscarriage) and the figure is much higher for terminations. Without medical treatment, many women with Asherman's syndrome will be unable to become pregnant again. (1)

## Prevention

Although there is no way to prevent Asherman's syndrome, you can reduce the risk of getting it, by:

- Only having a cesarean in a true medical emergency and not solely for reasons such as breech presentation. The Society of Obstetricians and Gynaecologists in Canada have already taken a stand against this and say that women should no longer be automatically given cesareans in situations like this.

Apart from the 2.8 percent of women in one study that developed Asherman's syndrome after cesarean, the operation actually has a three times higher maternal death rate compared with vaginal birth. (2, 3, 4)

- Consider a natural miscarriage if you are in the first trimester. The body can usually expel the contents of the womb without any medical assistance and there is less risk of

adverse effects from anaesthetics. However, there is a small risk of excessive bleeding (around 2 in 100). (5)

- Consider putting your baby up for adoption instead of termination. Asherman's syndrome and infertility occurs after 13 percent of terminations and the risk increases the more you have.
- Ask your doctor to medically evacuate the uterus, i.e., use drugs like misoprostol instead of a D and C. This can be used to manage a miscarriage, hemorrhaging after birth and a retained placenta. (1, 6)
- If a D and C cannot be avoided, it could be done with ultrasound guidance so the doctor does not continue to scrape after all the tissue has been removed. This could minimize damage. (1)

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