



THE GYNAECOLOGY GROUP

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PATIENT LEAFLET - POLYCYSTIC OVARY SYNDROME (PCOS)

MORE INFORMATION CAN BE FOUND AT WWW.THEGYNAECOLOGYGROUP.CO.UK

WHAT IS POLYCYSTIC OVARY SYNDROME?

Polycystic ovary syndrome (PCOS) is a condition which can affect a woman's menstrual cycle, fertility, hormones and aspects of her appearance. It can also affect long-term health.

WHAT ARE POLYCYSTIC OVARIES?

Polycystic ovaries are slightly larger than normal ovaries and have twice the number of follicles (small cysts).

Polycystic ovaries are very common affecting 20 in 100 (20%) of women.

Having polycystic ovaries does not mean you have polycystic ovary syndrome. Around 6 or 7 in 100 (6–7%) of women with polycystic ovaries have PCOS.

WHAT ARE THE SYMPTOMS OF PCOS?

The symptoms of PCOS can include:

- irregular periods or no periods at all
- difficulty becoming pregnant (reduced fertility)
- having more facial or body hair than is usual for you (hirsutism)
- loss of hair on your head
- being overweight, rapid increase in weight, difficulty losing weight
- oily skin, acne
- depression and mood swings.

The symptoms may vary from woman to woman. Some women have mild symptoms, while others are affected more severely by a wider range of symptoms.

PCOS is a cause of fertility problems in women. You may still become pregnant even if you do not get periods. If you do not want to become pregnant, you should seek advice from your GP about contraception.

WHAT CAUSES PCOS?

The cause of PCOS is not yet known. PCOS sometimes runs in families. If any of your relatives (mother, aunts, sisters) are affected with PCOS, your own risk of developing PCOS may be increased.

The symptoms of PCOS are related to abnormal hormone levels. Hormones are chemical messengers which control body functions. Testosterone is a hormone which is produced by the ovaries. Women with PCOS have slightly higher than normal levels of testosterone and this is associated with many of the symptoms of the condition.

Insulin is a hormone which regulates the level of glucose (a type of sugar) in the blood. If you have PCOS, your

body may not respond to the hormone insulin (known as insulin resistance), so the level of glucose is higher. To prevent the glucose levels becoming higher, your body produces more insulin. High levels of insulin can lead to weight gain, irregular periods, infertility and higher levels of testosterone.

HOW IS PCOS DIAGNOSED?

Women with PCOS often have different signs and symptoms and sometimes these come and go. This can make PCOS a difficult condition to diagnose. Because of this, it may take a while to get a diagnosis.

A diagnosis is usually made when you have any two of the following:

- irregular, infrequent periods or no periods
- more facial or body hair than is usual for you and/or blood tests which
- show higher testosterone levels than normal
- an ultrasound scan which shows polycystic ovaries.

When a diagnosis is made, you should be referred to a gynaecologist (a doctor who specialises in caring for a woman's reproductive system) or an endocrinologist (a doctor who specialises in the hormonal system).

HOW IS PCOS TREATED?

There isn't a cure for PCOS – your treatments aim to control symptoms of the condition. For some women their symptoms go away without any treatment but for most women, their symptoms get worse until they reach the menopause.

Self-help treatments

Your gynaecologist is likely to suggest that you make some lifestyle changes, such as eating a healthy, balanced diet and exercising regularly, to help control your symptoms, reduce insulin resistance and improve your fertility. Stress can make your symptoms worse so managing your stress levels and finding time to relax can also help control your symptoms.

If you have excess hair, you can control this with hair removing creams or by bleaching, shaving or waxing. Laser treatment and electrolysis can give longer-lasting results – see a qualified professional for these procedures.

Medicines

A number of medicines are available that can help treat the different symptoms of PCOS, which include the following:

- Over-the-counter treatments that contain benzoyl peroxide (eg PanOxyl) can help reduce acne. If over-the-counter treatments don't help, speak to your doctor. He or she may prescribe antibiotic tablets or creams to treat your acne.
- Oral contraceptives (eg Dianette) can stop your ovaries from producing too much testosterone, so improve both acne and excess hair.
- Metformin is a medicine that increases the sensitivity of muscle cells to insulin (reduces insulin resistance). This means your body needs less insulin to control your blood sugar levels. Reduced insulin levels in the blood means your ovaries will produce less testosterone. As the testosterone levels drop, symptoms such as excess hair and irregular periods will improve and your ovaries will start to release eggs and your fertility will improve.
- Fertility medicines including clomiphene citrate and tamoxifen can stimulate your ovaries to release eggs. You can take these for up to a year. If clomiphene citrate makes you ovulate but you don't become pregnant after six months, your doctor might suggest intrauterine insemination (this is when sperm is placed directly into your womb). If fertility medicines don't help improve your fertility, your doctor may offer hormone therapy or surgical treatment. You can also consider assisted conception, such as IVF (in vitro fertilisation), egg donation or surrogacy.

Always ask your doctor for advice and read the patient information leaflet that comes with your medicine.

Surgery

If medicines, such as clomiphene citrate, haven't worked for you, your doctor may suggest surgery to control PCOS symptoms and improve your fertility, for example laparoscopic ovarian drilling. This is a type of keyhole procedure that destroys the tissue on your ovaries that produces testosterone. As levels of testosterone fall, your PCOS symptoms should improve and your ovaries should start to release eggs again.