Endometrial Scratch Information

Aim

To explain what an endometrial scratch involves, why it may help, when it is performed and how.

Why might it help?

Research has suggested that minor local injury to the endometrium (womb lining) may improve embryo implantation and therefore pregnancy rates from IVF/ICSI in the month after. Early evidence confirmed this in woman having a hysteroscopy (looking inside the womb with a camera), but more recently “Endometrial Scratching” has also been shown to be of benefit and avoids the need for a surgical procedure and possible anaesthetic.

We are uncertain as to how this improves outcome but there are many theories. The healing response to this minor injury may improve the immune environment in the uterus or may better allow the womb lining to stay at the correct stage of development when the embryo is implanted. It may also positively affect certain genes important for implantation within the womb.

Who should have it?

There is no good evidence of benefit in all women having treatment. In those who have had previous cycle failures where other potential reasons for failure (apart from embryo quality) are being considered your doctor may recommend an endometrial scratch.

When is it done?

It should be done in the week prior to your period after which will be starting stimulation drugs. These is no evidence of any benefit once bleeding has started and beyond that it may do more harm then 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.

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.

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 daily at either 09.15, 16.00, 16.15 or 16.30.