Endometrial Scratch Information

What is endometrial scratching?

In order to have a successful pregnancy, an embryo needs to ‘implant’ in the womb; if it doesn’t, the woman will need to start her cycle again. Most embryos don’t implant because they’ve been unable to develop fully to the implantation stage or because of a developmental mismatch between the stage of the embryo and the lining of the womb. However, in a small number of cases an embryo won’t implant because the lining of the womb isn’t providing them with the right environment.

Endometrial scratching is carried out before IVF and is intended to correct problems with the womb lining. During the procedure the lining of the womb (the endometrium) is ‘scratched’ using a small sterile plastic tube.

The theory is that this procedure triggers the body to repair the site of the scratch, releasing chemicals and hormones that make the womb lining more receptive to an embryo implanting. Some also suggest the treatment may activate genes that make the womb lining more receptive to an embryo implanting.

Are there any risks?

There is a small risk that if you have an infection within your cervix before ‘scratching’, this may cause the infection to spread up into the uterus. We review screening tests already done and treat as necessary.

What’s the evidence for endometrial scratching?

Early results suggest that endometrial scratching could increase pregnancy rates, although stronger evidence is needed to prove this. There’s currently a large clinical trial underway in the UK called Endometrial Scratch Trial which will give us further evidence.

Lister opinion:

We await further trials with interest but based on current evidence (Vitagliano et al, Fertil Steril, 2018) we would consider offering those with 2 or more failed cycles where embryos were of top quality an endometrial scratch. The evidence of benefit after 1 failed cycle is more limited at present so is not routinely recommended although any potential physiological mechanism of benefit may still apply. Should you require further information please speak to one of our doctors or embryologists.

The HFEA “traffic light rating” for the use of endometrial scratching is “amber”, suggesting there is a growing body of evidence which is showing promising results but where further research is still required.

You can read more about the HFEA traffic light system on fertility “add ons” in the information provided in your cycle packs or on the following link https://www.hfea.gov.uk/treatments/explore-all-treatments/treatment-add-ons/.

A fertility “add-on” is an “optional extras that you may be offered on top of your normal fertility treatment, often at an additional cost. They’re typically emerging techniques that may have shown
some promising results in initial studies but haven’t necessarily been proven to improve pregnancy or birth rates.”

**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. We ideally recommend avoiding unprotected intercourse from your period to a scratch.

**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.