

Treatments

- **Lose weight if overweight.** Losing weight helps to reduce the high insulin levels common in PCOS. And helps to reduce the Testosterone levels. This then improves the chance of ovulation, fertility, menstrual cycles and also reduce hair growth and acne. The increased risk of long term problems such as Diabetes, high blood pressure etc are also reduced
- **Clomifen (Clomid).** Often used to induce ovulation (egg production and release). Up to 60 per cent of women become pregnant after six cycles of treatment with clomifen
- **Metformin.** Used in women who have Insulin resistance and are over weight. Metformin reduces Insulin resistance and may improve fertility. It may be used in combination with Clomifen in overweight women with PCOS.
- **Gonadotrophins (hormone injections).** This is used where Clomifen has failed.
- **Laparoscopic diathermy surgery.** Surgery to the ovaries to make tiny holes in the surface of the ovary to stimulate the ovary.
- **In vitro fertilisation (IVF).** Where all else has failed or is not feasible.

NHS

If you have any questions

Please contact Jasmine Ward on the number below or contact your own GP.

Jasmine Ward: 01935 384385

If you need this leaflet in another format, eg. large print or a different language, please ask a member of staff.

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Polycystic Ovary Syndrome (PCOS)

Yeovil Fertility Unit

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 **Yeovil Hospital**
Healthcare

Polycystic Ovary Syndrome (PCOS) is a syndrome that is common - occurring in one in five women to some degree. It is the commonest hormonal disturbance to affect women. It is a condition that can cause period problems, reduce fertility and can affect hormones, insulin production, heart, blood vessels and appearance.

75 per cent of women with PCOS have difficulty conceiving.

Polycystic means 'many cysts'. In PCOS many small follicles develop in the ovaries and appear as small cysts on ultrasound scan. However, the follicles do not develop fully. Therefore you may not ovulate each month. Some women with PCOS do not ovulate at all. The small cysts eventually disappear only to be replaced by new cysts.

Women with PCOS can have the following characteristics

- High levels of a hormone called luteinising hormone (LH)
- High levels of hormone testosterone (male hormone)
- Irregular or absent periods
- Multiple small cysts on the ovary seen on ultrasound scan
- Difficulty in controlling body weight. Many are overweight or even obese.

Causes

The exact cause is not known but the following factors may play a part:

- Insulin resistance
- Luteinising hormone
- Genetics
- Being overweight

The condition would appear to be inherited but environmental influences are implicated such as the development of obesity leading to increased resistance to the hormone Insulin

Symptoms

For most women PCOS does not cause any problems. In some women some of the following symptoms may be seen and may vary from mild to severe:

- Period problems - irregular or light periods or no periods at all
- Fertility problems - you may not ovulate each month or not at all
- Hair growth - some women may notice excess hair on face, lower abdomen and chest
- Acne which may persist beyond the teenage years
- Scalp hair thinning
- Weight gain - about half of the women with PCOS are obese or overweight
- Depression or poor self esteem

Possible long term increased risks of developing:

- Diabetes
- High blood pressure
- High cholesterol level
- Stroke and heart attacks
- Cancer of the uterus

Tests

- Blood tests are taken to measure certain hormones eg. Testosterone and LH tend to be high in women with PCOS
- Ultrasound scan of the ovaries may detect the typical appearance of PCOS with many small follicles in slightly enlarged ovaries

Prevention

A healthy lifestyle is important to help prevent the condition leading to the long term health problems. Do regular physical activity, eat healthy well balanced diet and do not smoke.