



Patient Information Leaflet

# Polycystic Ovarian Syndrome (PCOS)

**Produced by:**  
Department of Obstetrics and Gynaecology

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**If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.**

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**Polish:**

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

**Russian:**

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

**Turkish:**

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

**Bulgarian:**

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

**Czech:**

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

**Bengali:**

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টেলিফোনে ইংরেজি কথা কতে জিজ্ঞাসা করুন এবং সাহায্য করুন

## **What is it?**

Polycystic Ovarian Syndrome (PCOS) was first described in 1905 and is a condition which consists of infrequent or absent periods, excessive body hair (hirsutism) and slightly enlarged ovaries containing at least ten cysts 2-8mm in diameter arranged as a ring around the periphery of the ovary. Obesity often brings on or exacerbates the condition.

Although up to 25% of British women examined by ultrasound are found to have polycystic ovaries, only a small proportion of these women develop symptoms.

## **Why does it happen?**

It is not known why some women develop the syndrome but there is an imbalance of the female hormones resulting in the production of many small (less than 10mm diameter) cysts, called follicles, within the ovaries.

In PCOS there is an excess of a hormone called Lutenising Hormone (LH) in relation to another hormone called Follicle Stimulating Hormone (FSH). This imbalance causes lots of egg making cysts (follicles) to form but they die prematurely before they actually form the eggs (atresia) Since both fertility and a normal menstrual cycle rely on a regular release of an egg each month, this leads to slightly larger, cystic ovaries, low fertility and infrequent or absent periods.

As part of the rather complicated hormone imbalance, women also tend to produce too much male hormone (androgen) which may result in abnormal hair growth with male distribution and the formation of acne.

The obesity that is frequently associated with the condition usually aggravates the syndrome.

## **What are the symptoms?**

The usual symptoms are:

- Irregular, infrequent or absent periods.
- Infertility: - because the woman will only occasionally be ovulating (producing an egg).
- Unwanted hair on face, chest, abdomen, arms and legs (i.e. in a male distribution).
- Acne.
- Obesity (often as a cause of the condition).
- Miscarriage: - there is thought to be an increased risk of miscarriage in women with PCOS who do manage to become pregnant. This is caused by the elevated LH hormone.

## **How is it diagnosed?**

The doctor may suspect that polycystic ovarian syndrome is the cause from the symptoms. Blood test for hormones in the first week of the menstrual cycle is used to confirm the diagnosis. An ultrasound scan of the woman's pelvis may confirm the polycystic appearance of the ovaries as described above.

Sometimes the diagnosis can be made during an investigation called a laparoscopy. This involves inserting a special scope into the woman's abdomen under general anaesthetic, allowing the specialist to see the structures inside the pelvis and abdomen. (See separate leaflet) This is useful for purely diagnostic purposes as PCOS should be confirmed by blood testing.

## What is the treatment?

There is no treatment as such for the condition. Symptoms are treated according to individual patient's circumstances.

- **Obesity:** A change in lifestyle, paying particular attention to diet and exercise can control this. Weight loss itself may correct any period problems, regain ovulation and reduce the risk of miscarriage. There is evidence to show that the reduction of excess weight can improve most of the problems related to PCOS by helping to restore the hormone balance, since fat plays a part in the storage of oestrogen hormone.
- **Irregular periods:** If the main concern of the woman is irregular periods, then the usual treatment is the oral contraceptive pill which will almost always restore regular periods. This treatment is obviously not suitable for women trying to conceive.
- **Infertility:** The irregular and infrequent ovulation caused by PCOS can make it difficult to conceive naturally. If weight loss is not successful, ovulation can be stimulated artificially using drugs. If the tablets fail, hormone injections can be used to stimulate the ovaries. Careful supervision by a specialist is necessary as there is a danger that the ovaries become over-stimulated, leading to multiple pregnancy or the potentially life-threatening ovarian hyperstimulation syndrome (OHSS). For women unresponsive to medical treatment, surgery in the form of laparoscopic ovarian diathermy (using heat to cut tissue) can be used on each ovary. This is usually associated with ovulation induction with drugs. The hormone environment can improve but the effect is only temporary usually lasting for six months.

- **Excessive hair growth:** 'Dianette' oral contraceptive pill is usually the first line of treatment. Suppression of male hormone production with tablets such as the oral contraceptive pill or an anti-male hormone drug may reduce excessive hair growth but need to be used for at least 9 months before beneficial effects become apparent. Local cosmetic measures such as depilatory creams, shaving, waxing, bleaching, plucking and electrolysis may prove useful but need to be continually repeated.

### **Associated problems for women with PCOS:**

Women with PCOS are more likely than other women of the same age to have risk factors for cardiovascular disease and to develop diabetes mellitus later in life (particularly in pregnancy). Screening is recommended.

### **Where can I get more information?**

Apart from contacting your GP, the following organisations may be of further help:

#### **CHILD (a self-help group for infertile couples)**

Charter House

43 St Leonards Road

Bexhill on Sea

East Sussex TN40 1JA

Telephone: 01424 732361

Email: [office@email2.child.org.uk](mailto:office@email2.child.org.uk)

Web page: <http://www.child.org.uk>

**Verity, The Polycystic Ovary Self Help Group**  
52-54 Featherstone Street  
London  
EC1Y 8RT

(SAE for information)

Web page: <http://www.verity-pcos.org.uk>

**Please use this space for any notes or questions.**

**If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.**

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

### **We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive  
Isle Of Wight NHS Trust  
St Mary's Hospital  
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.