

# Polycystic ovary syndrome



*Obstetrics & Gynaecology*

patientinformation



The Rotherham  
NHS Foundation Trust

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Slovak

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Ak vy alebo niekto koho poznáte potrebujete pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani

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Arabic

عربي

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اُردو

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers\*

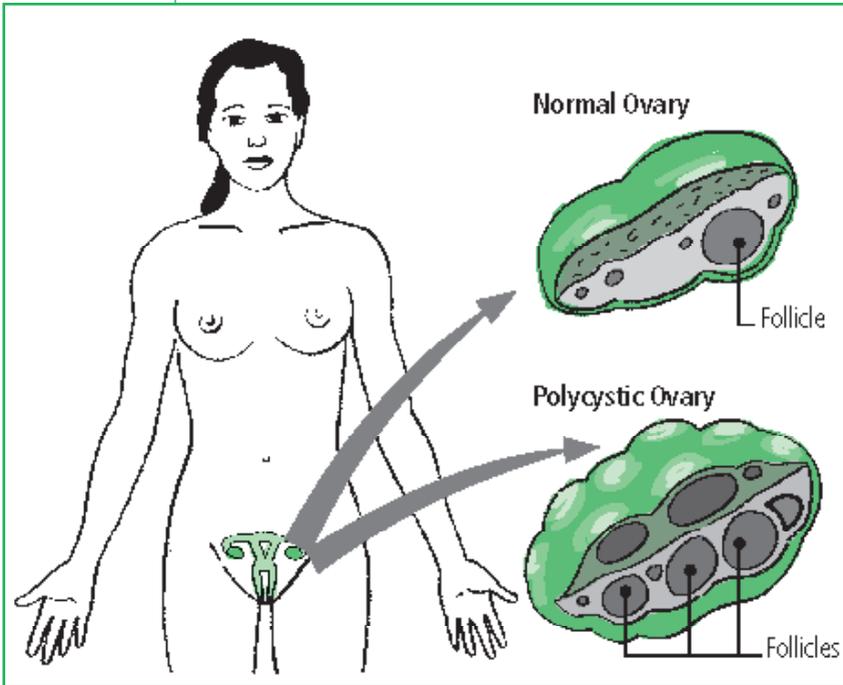
### \*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

## Polycystic ovary syndrome

### 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. This information is about the effects on your long-term health and also specific treatment options.



### What are polycystic ovaries?

Polycystic ovaries are slightly larger than normal ovaries and have almost 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 to 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.

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### 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.

- 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 may 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).

In Rotherham, we have a joint gynaecology-endocrinology clinic.

### How is Polycystic ovarian syndrome treated?

#### Irregular periods

If your main concern is the symptom of 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. The oral contraceptive pill can also help the treatment of the acne and hirsutism (more body hair than usual). There is some evidence to show that reduction of excess weight can improve most of the problems related to polycystic ovarian syndrome by helping to restore the normal hormone balance, since fat plays a part in the production of certain hormones.

### **Infertility**

The irregular and infrequent ovulation caused by PCOS can make it difficult to conceive. But remember, you are much less likely to become pregnant if you are obese. If you are obese or overweight then losing weight is advised in addition to other fertility treatments.

Ovulation can be stimulated artificially using drugs. The most commonly used drug is clomiphene (Clomid) which is taken in tablet form for 5 days. Another drug called Letrozole can also be used to induce ovulation. If the tablets fail, hormone injections such as Menopur or Puregon can be used to stimulate the ovaries. Careful supervision by a specialist is necessary as there is a danger that the ovaries become overstimulated, 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 or drilling can be used to burn part of the ovary, thereby correcting hormonal imbalance and allowing ovulation to occur.

### **Metformin**

A medicine called Metformin, which reduces insulin resistance in people with diabetes, It also helps to decrease testosterone level (male hormone level). This may help to restore ovulation and lessen hair growth. Although Metformin is not weight-loss drug, it may help with weight loss. If you were proscribed Metformin, please use it as follows:

### **Metformin Tablets to take with or without food**

**1st week take      1 tablet daily**

**2nd week take      2 tablets daily**

**3rd week take      3 tables daily**

**Continue on 3 tablets daily. More supplies from your GP.**

### **Excessive hair growth**

Local techniques like depilatory creams, shaving, waxing, bleaching, plucking and electrolysis may prove useful but need to be repeated. Suppression of male hormone production with tablets like the oral contraceptive pill (Dianette) or an anti-male hormone drug like cyproterone acetate may reduce excessive hair growth if used for at least 9 months.

### **What could PCOS mean for my long-term health?**

You are at greater risk of developing the following long-term health problems if you have PCOS:

#### **Insulin resistance and diabetes**

If your blood glucose does not stay normal, this can lead to diabetes. One or two in every ten (10 to 20%) women with PCOS go on to develop diabetes at some time. Untreated, this causes damage to organs in the body.

If you have PCOS, your risk of developing diabetes is increased further if you:

- Are over 40 years of age
- Have relatives with diabetes
- Developed diabetes during a pregnancy (known as gestational diabetes)

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- Are obese (body mass index or BMI over 30)

### **High blood pressure**

Women with PCOS tend to have high blood pressure, which is likely to be related to insulin resistance and to being overweight, rather than the PCOS itself. High blood pressure can lead to heart problems and should be treated.

### **Heart disease in later life**

Developing heart disease is linked to health conditions like diabetes and high blood pressure. If you have a high cholesterol level you may be advised to take medication (statins) to reduce the risk of heart problems. If you are trying for a baby, you should seek specialist advice about the use of statins.

### **Cancer**

With fewer periods (less than three a year), the endometrium (lining of the womb) can thicken and this may lead to endometrial cancer in a small number of women.

There are different ways to protect the lining of the womb using the hormone progestogen. Your doctor will discuss the options with you. This may include a five-day course of progestogen tablets used every three or four months, taking a contraceptive pill or using the intrauterine contraceptive system (Mirena). The options will depend on whether you are trying for a baby. PCOS does not increase your chance of breast, cervical or ovarian cancer.

## **Sleep Disturbance**

If you or your partner note any snoring, women with polycystic ovaries may develop obstructive sleep apnoea. Speak to your GP.

## **Depression and mood swings**

The symptoms of PCOS may affect how you see yourself and how you think others see you. It can lower your self-esteem. Remember counselling is available if you require it.

## **What can I do to reduce these health risks?**

### **Have a healthy lifestyle**

The main ways to reduce your overall risk of long-term health problems are to:

- Eat a healthy balanced diet. This should include fruit and vegetables and whole foods (like wholemeal bread, whole grain cereals, brown rice, wholewheat pasta), lean meat, fish and chicken. You should decrease sugar, salt, caffeine and alcohol (14 units is the recommended maximum units a week for women)
- Eat meals regularly especially including breakfast
- Take exercise regularly (30 minutes at least three times a week)

Your GP or specialist nurse will provide you with full information on eating a healthy diet and exercise. You

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can also be seen by a dietician at Rotherham hospital or be referred to weight management programmes.

You should aim to keep your weight to a level which is normal (a BMI between 19 and 25). BMI is the measurement of weight in relation to height. If you are overweight, it would be helpful to lose weight and maintain your weight at this new level. If you are obese (BMI greater than 30), discuss strategies for losing weight, including weight-reducing drugs, with your GP, practice nurse.

### **The benefits of losing weight include:**

- A lower risk of insulin resistance and developing diabetes
- A lower risk of heart problems
- A lower risk of cancer of the womb
- More regular periods
- An increased chance of becoming pregnant
- Reduction in acne and a decrease in excess hair growth over time
- Improved mood and self-esteem

### **Have regular health checks**

Once you have a diagnosis of PCOS, you will be monitored to check for any early signs of health problems.

Women with PCOS over the age of 40 should be offered a blood sugar test once a year to check for signs of diabetes. If you are obese (BMI over 30) or have a family history of diabetes, you may be

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If you have not had a period for a long time (over 3 months), it is advisable to see your doctor. You may be offered a referral for further tests which may include an ultrasound scan. Discuss with your doctor how often you should have your blood pressure checked and whether you should have blood tests for cholesterol levels.

### Is there a cure?

There is no cure for PCOS. Medical treatments aim to manage and reduce the symptoms or consequences of having PCOS. Medication alone has not been shown to be any better than healthy lifestyle changes (weight loss and exercise). Many women with PCOS successfully manage their symptoms and long-term health risks without medical intervention. They do this by eating a healthy diet, exercising regularly and maintaining a healthy lifestyle.

### Useful contacts

#### **The Polycystic Ovary Self Help Group**

[www.verity-pcos.org.uk](http://www.verity-pcos.org.uk)

#### **Infertility Network UK**

Charter House

43 St Leonards Road

Bexhill on Sea

East Sussex

TN40 1JA

Telephone: 0800 008 7464

Website: [www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com).



## How to contact us

### Gynaecology & Infertility Clinic / Greenoaks

Telephone 01709 427641

### Fertility Nurse Specialist

Telephone 01709 427641

### Counsellor

Telephone 01709 427636

### Switchboard

Telephone 01709 820000

## Useful contact numbers

**If it's not an emergency,  
please consider using a  
Pharmacy or call NHS 111  
before going to A&E.**

### NHS 111 Service

Telephone 111

### Health Info

Telephone 01709 427190

### Stop Smoking Service

Telephone 01709 422444

### UECC (A&E)

Telephone 01709 424455

**For GP out of hours,  
contact your surgery**

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline Long-term Consequences of Polycystic Ovary Syndrome (November 2014).

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## Useful websites

[www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.gov.uk](http://www.gov.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)

[www.verity-pcos.org.uk](http://www.verity-pcos.org.uk)

## Easyread websites

[www.easyhealth.org.uk](http://www.easyhealth.org.uk)

[www.friendlyresources.org.uk](http://www.friendlyresources.org.uk)

[www.easy-read-online.co.uk](http://www.easy-read-online.co.uk)

## We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

### Patient Experience Team

D Level

Rotherham Hospital

Moorgate Road

Rotherham

S60 2UD

Telephone: 01709 424461

Monday to Friday

9.00am until 4.00pm

Email: [your.experience@nhs.net](mailto:your.experience@nhs.net)





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