



## POLYCYSTIC OVARIAN SYNDROME (PCOS)

Patient information to assist informed consent

**P**olycystic ovarian syndrome (PCOS) is a hormonal disorder with a wide range of symptoms and signs. PCOS occurs in up to 10 of every 100 women of child-bearing age in Australia and New Zealand. PCOS can start around puberty.

As a gynaecologic disorder, PCOS is a leading cause of impaired ovulation, infertility and excessive production of male hormones (androgens). PCOS can have a major effect on the reproductive, metabolic and cardiovascular health of affected women. A woman's emotional wellbeing and mental health can also be affected.

Doctors are not certain about its causes, and they regard PCOS as treatable but not curable. Early diagnosis, careful treatment planning and information are important to help protect women and girls with PCOS from adverse long-term effects and to assist with healthier living.

The aims of treatment are to restore regular menstruation, improve metabolic function, achieve ovulation and facilitate pregnancy, as desired.

PCOS may cause symptoms and signs such as:

- disruptions of the menstrual cycle, including irregular, heavy or absent periods or spotting between periods
- slightly enlarged or "lumpy" ovaries with many small follicles in them, known as "polycystic" ovaries; these follicles are fluid-filled cavities that

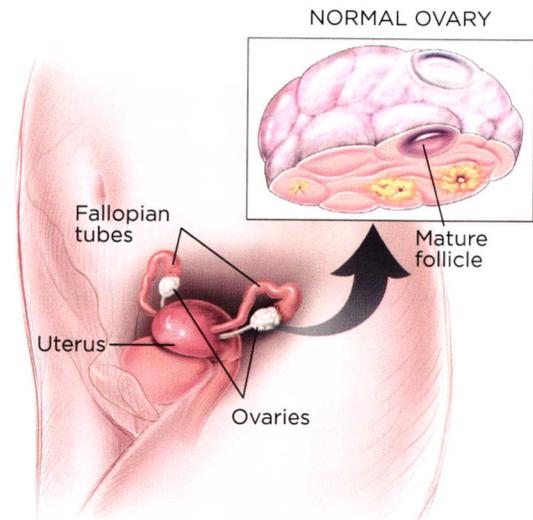
surround immature egg cells (these cysts do not cause pain, do not burst and do not usually require surgery)

- difficulty in becoming pregnant due to irregular ovulation
- pregnancy problems such as gestational diabetes, pregnancy-related high blood pressure, or premature labour
- excessive hair growth (hirsutism), which may occur on the face, chest, back, lower abdomen or thighs
- oily skin, acne and pimples
- obesity and difficulty losing weight
- sleep apnoea (brief periods of not breathing while asleep, which is linked to being overweight)
- high blood levels of cholesterol and fats
- fatty liver, which may be linked to liver disease
- mood disorders, which may need treatment in some patients
- insulin resistance, which occurs in seven out of 10 women with PCOS. Insulin is a hormone made by the pancreas that helps the cells of the body to use sugar. High levels of insulin in PCOS patients make weight loss more difficult and can stop ovulation.

Long-term issues may include:

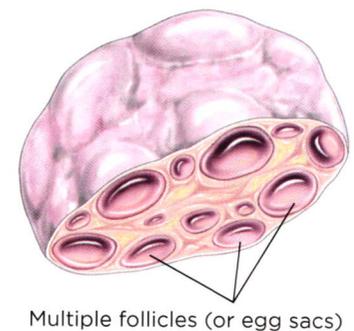
- depression, anxiety and body-image problems
- type 2 (adult-onset) diabetes
- cardiovascular disease and high blood pressure

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An ovary contains immature eggs, each housed within a tiny sac (follicle). One egg reaches maturity per month and bursts from its follicle (ovulation) to travel down the fallopian tube.

### CROSS SECTION OF A POLYCYSTIC OVARY



### TALK TO YOUR DOCTOR

The aim of this pamphlet is to provide general information. It is not a substitute for advice from your doctor and does not contain all the known facts about PCOS. Read this pamphlet carefully, and save it for reference. Use this pamphlet only in consultation with your doctor.

Terms in this pamphlet may need further explanation by your doctor, who will be pleased to answer questions. It may be helpful to make a list of questions. If you have concerns about treatment, recovery or complications, discuss them with your doctor.

Your doctor cannot guarantee that treatment will meet all of your expectations or that treatment has no risks. You may wish to seek a second opinion from another specialist.

#### IMPORTANT: Fill in all details on the sticker below.

**Dear Doctor:** When you discuss this pamphlet with your patient, remove the sticker and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some doctors ask their patients to sign the sticker to confirm receipt of the pamphlet.