

A guide to superovulation treatment

What is superovulation treatment?

The aim of superovulation treatment is to stimulate the ovaries to produce a single mature follicle/egg. Ovulation can then be induced by the administration of another drug (Gonadotrophin).

In a normal menstrual cycle, several follicles (little sacs of fluid, each containing 1 egg) begin to grow in each ovary. One (but occasionally more) grows enough to ovulate. We use fertility drugs to stimulate ovulation in patients with irregular cycles and to induce multiple follicular growth in patients with normal cycles.

Who can benefit from this treatment?

This treatment is for women with Hypogonadotrophic Hypogonadism or Polycystic Ovary Syndrome. It may also be used for women who fail to respond to anti-oestrogen treatment (Clomiphene citrate).

It is important for you to be as healthy as possible. You should be an acceptable weight for your height, your tubes should be checked to make sure they are not blocked and your partner's semen analysis should also be checked before treatment starts.

The treatment

The treatment is started between days 3 - 5 of your cycle. You will either be given an injection or shown how to inject yourself daily with the follicle stimulating drug.

Using fertility drugs can increase the risk of multiple pregnancy and over stimulation of the ovaries. Therefore, strict monitoring of each cycle is necessary to reduce these risks. We monitor the treatment by ultrasound scans and blood tests as necessary.

When the biggest follicle reaches 17mm in diameter, with no more than 2 others of this size, an injection of a different hormone (Human Chorionic Gonadotrophin - HCG) is given to induce ovulation.

Sometimes, the ovaries respond inadequately to the drugs and the treatment cycle needs to be stopped. A further attempt may then be arranged.

Some women need intra-uterine insemination with this treatment. This is when the partner's prepared sperm is inseminated into the uterus, approximately 36 hours after the HCG injection is given. A separate information sheet is available for this procedure from the Fertility Unit.

Follow-up

Following the treatment, if you do not have any bleeding for 5 days after your period is due, you should perform a pregnancy test and inform the Fertility unit of the result.

If you do have a period following treatment, please telephone the Fertility Unit to arrange a review and possible further treatment.

Are there any side-effects?

The injections may sometimes cause a little inflammation at the site. Some patients experience joint pains, but this is rare.

The two main problems associated with this treatment are multiple pregnancy and ovarian hyperstimulation. These risks can be greatly reduced by our monitoring systems. We always stop the treatment when more than three follicles of 17mm in diameter or more develop - and advise against intercourse. This reduces the risk of multiple pregnancy and hyperstimulation.

What is ovarian hyperstimulation?

This condition arises when the ovaries have been over stimulated. There are three degrees:

- *Mild hyperstimulation* - refers to enlargement of the ovaries with cyst formation. You may experience abdominal discomfort, heaviness, swelling and pain. You are advised to rest and take painkillers such as Paracetamol. This is not serious.
- *Moderate hyperstimulation* - The abdominal discomfort is more severe as the cysts enlarge. Nausea, vomiting and diarrhoea may be present. Although patients with moderate hyperstimulation do not require treatment, close monitoring in hospital is needed, just in case it progresses to severe hyperstimulation.
- *Severe hyperstimulation* - This is **very rare**, but when it does occur, it is serious. Fluid may accumulate in the abdomen and chest, causing difficulty with breathing and there may be changes in blood clotting, which can lead to thrombosis. If this happens you will need to stay in hospital for correction of fluid abnormalities.

Multiple pregnancy

With the use of drugs to stimulate the ovaries and ovulation there is a greater risk of multiple pregnancy and birth, usually twins or triplets. There are many complications associated with multiple pregnancy, including a greater risk of:

- complications during pregnancy and birth
- premature birth
- low birth weight
- disability
- neonatal death

The clinic will discuss with you the pros and cons of using drugs to stimulate the ovaries. These risks can be greatly reduced by our monitoring systems. We always stop the treatment when three follicles of 17mm in diameter or more develop and advise against intercourse because of the risk of fertilising multiple follicles and achieving multiple pregnancy.

Alternative treatment options

Your consultant has recommended this treatment as being the best option. Any alternatives, including not having the treatment, will have been discussed with you as they depend on your individual circumstances.

Useful contacts

Human Fertilisation and Embryology Authority

10 Spring Gardens
London
SW1A 2BU

Telephone: 020 7291 8295

Website: www.hfea.gov.uk

Email: enquiriesteam@hfea.gov.uk

Infertility Network UK

Charter House
43 St Leonards Road
Bexhill on Sea
East Sussex
TN40 1JA

Helpline: 01424 732361

Supportline: 0121 3235025

Website: www.infertilitynetworkuk.com

If you experience any of the symptoms - to any degree of hyperstimulation or if you have any queries, or require further information please telephone the Fertility Unit on 01332 785643 (Monday to Friday, 8.30am - 2.30pm) and speak to one of the Fertility Sisters.

Alternatively, please telephone the Gynaecology Assessment Unit on 01332 785637 (Monday to Friday, 9.00am - 4.30pm).

Out of hours, please telephone Ward 209 on 01332 788209 or 01332 785017 and ask for the nurse in charge.

Alternatively please contact your GP.

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