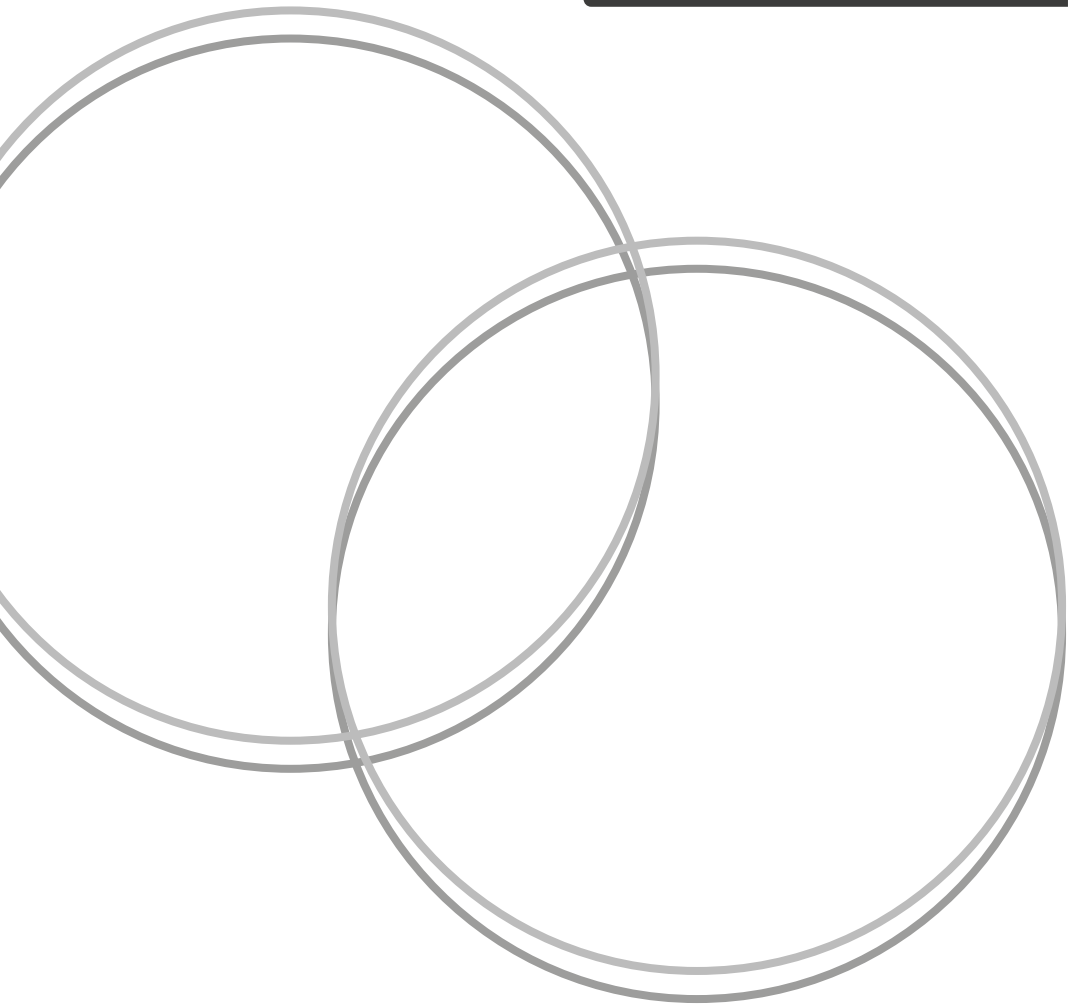
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# Ovulation induction using Gonadotrophin injections

**Information for patients**



# Factors affecting ovulation, requiring Gonadotrophin injections include:

- Polycystic Ovarian Syndrome (PCOS) where Letrozole/Clomid has failed.
- Hypogonadotropic hypogonadism (a condition that prevents ovulation).
- To stimulate spermatogenesis.

# Alternative treatments to ovulation induction:

- Laparoscopic Ovarian drilling
- IVF

# Ovulation induction

In women with reduced fertility, who are not able to release an egg from the ovary effectively, ovulation induction may be required.

Ovulation Induction involves administering medications to stimulate the ovaries to produce eggs. These medications (including follicle stimulating hormone) stimulate the ovaries to produce eggs.

# Options for ovulation induction:

- Letrozole
- Clomiphene Citrate (Clomid)
- Gonadotropin injections (Menopur)

# Gonadotrophin injections

Gonadotrophin medications are used to stimulate the recruitment and development of multiple eggs in women during an ovulation induction cycle. FSH products may be used alone or in combination with human menopausal gonadotropin (hMG) to induce superovulation.

Gonadotrophin injections have a higher risk of multiple pregnancy and ovarian hyperstimulation.

# What preparation is needed?

Prior to starting Gonadotrophin injections, you will need to attend the clinic for a drug appointment, where you will be given your prescription and taught how to give yourself injections.

If your periods do not come frequently (longer than 42 days and a pregnancy test has confirmed you are not pregnant) you will be given a 7 day course of progesterone tablets (Provera 10mg twice a day). Bleeding should start 5 to 10 days after stopping Provera. Day 1 is considered the start of your bleeding before 12 noon.

If you have no period 2 weeks after taking Provera, ring the Pathway Co-ordinator on **01865 231 571** who will arrange a baseline scan.

Please use barrier contraception from day 1 of the cycle.

# Gonadotrophin injections

You will need to contact the Pathway Co-ordinator to book a scan around day 7 of your cycle.

The daily sub-cutaneous injections start on day 2 of your cycle.

# How do I take Gonadotrophin injections?

The daily sub-cutaneous injections start on day 2 of your cycle.

The injection should be given around the same time each day, in the evening.

# How is the treatment cycle monitored?

You will attend the scan clinic around day 7 of your cycle and then every 2 or 3 days for scans. If you are not responding to the injections, then your dose may be increased – you will be advised of this when necessary.

Once your ovary is ready with a mature follicle, you will be asked to have an injection (hCG) to release the egg from the follicle. (This takes about 36 to 44 hours to work). You will be advised on the best time to have intercourse.

# What happens next?

A period will start if you are not pregnant about 2 weeks following the hCG injection.

Contact the clinic to restart treatment and book another scan around day 7 of injections.

If you do not have a period and you have a **positive** pregnancy test, phone and book a 7 week pregnancy scan.

# Are there any side effects?

Gonadotrophins can give headaches, injection site reactions (such as pain, redness, bruising), nausea, vomiting, diarrhoea, abdominal discomfort and bloating.

- Multiple pregnancy – there is a 15 in 100 chance of twins compared with 2 in 1200 in the normal population.
- Ovarian hyperstimulation – this occurs when there are too many follicles produced in the ovary.

  **Symptoms are:**

  - Enlarged painful ovaries which hurt when you sit, bend or walk.
  - Breathlessness, puffiness of ankles, bloated tummy, weight gain.
  - Persistent headache, dizziness, drowsiness, severe malaise.
  - Reduced urine output.

**If you develop any of these symptoms, then you should contact the clinic.**

# Further support and information

### Fertility Advanced Nurse Practitioners

John Radcliffe NHS Fertility Clinic
Telephone: **01865 231 571**

### RCOG OHSS

www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/gynaecology/pi_ohss.pdf

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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