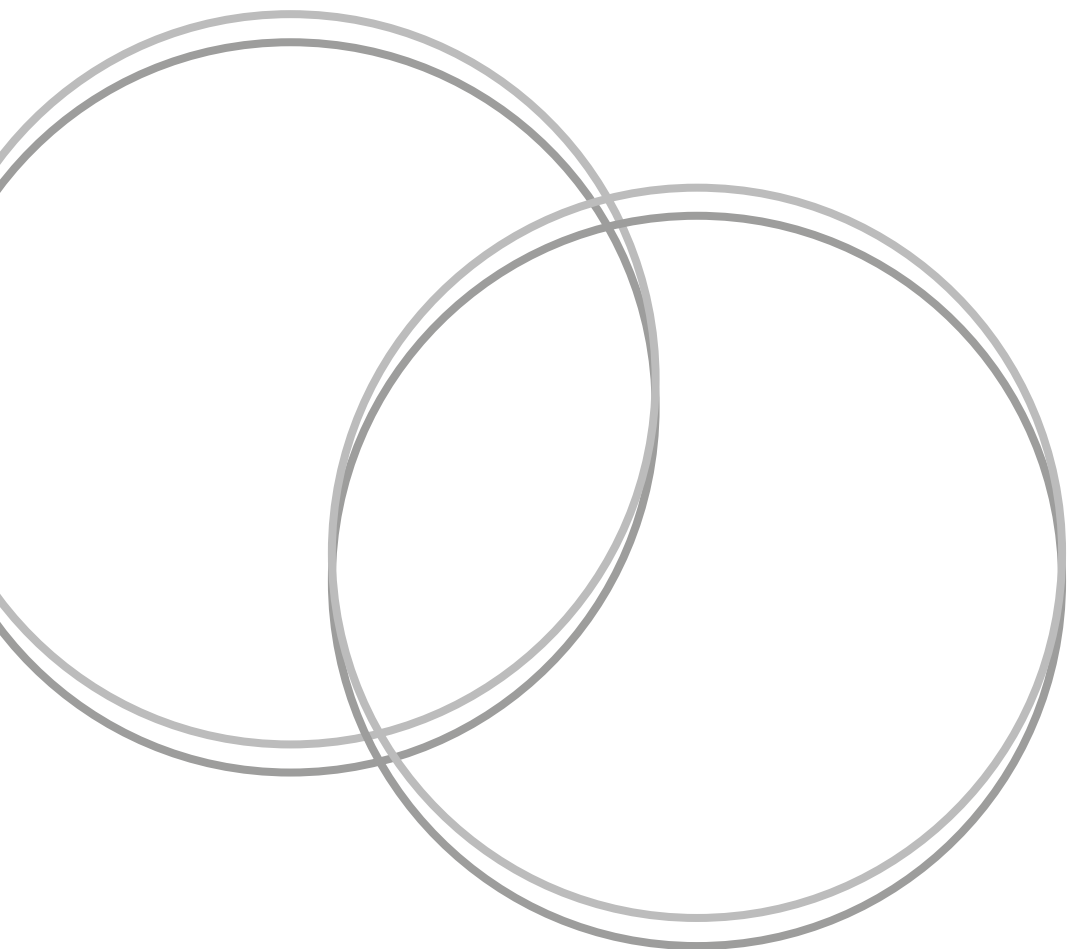




Oxford University Hospitals
NHS Foundation Trust

Ovulation Induction

Information for patients



Factors affecting ovulation

Factors affecting ovulation (when an egg is released from the ovary) account for around 25% of reduced fertility in women.

Factors affecting fertility include:

- Polycystic Ovarian Syndrome (PCOS), the most common cause
- Thyroid or pituitary gland disease
- Weight gain or loss
- Endometriosis.

Ovulation induction

In women with reduced fertility, who are not able to 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 act to increase follicle stimulating hormone (FSH) causing the ovaries to produce eggs.

Options for Ovulation Induction

- Letrozole
- Clomiphene Citrate (Clomid)
- Gonadotrophin injections
- Laparoscopic ovarian drilling.

Letrozole vs Clomiphene Citrate

Studies have shown that using Letrozole for ovulation induction results in better rates of ovulation, pregnancy and live birth compared to Clomiphene citrate. Letrozole is also associated with a reduced chance of multiple pregnancy and, unlike Clomiphene citrate, has no negative effects on the womb lining.

The table below shows the possible outcomes for ovulation induction with Letrozole and Clomiphene citrate.

Outcome	Letrozole	Clomiphene citrate
Clinical pregnancy rate	359 per 1000	264 per 1000
Live birth rate	314 per 1000	214 per 1000
Miscarriage	191 per 1000	201 per 1000
Ovarian hyperstimulation syndrome (OHSS)	5 per 1000	5 per 1000

How do I take Letrozole or Clomiphene citrate?

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 10 mg twice a day). Bleeding should start 5 - 10 days after stopping Provera. Day 1 is considered the start of your proper bleeding before 12 noon.

Medications

You will be prescribed Letrozole or Clomiphene Citrate.

Letrozole

Start taking 5mg (they come in 2.5mg tablets) of letrozole once a day on days 2,3,4,5 and 6 of your cycle.

Clomid

Start taking 50mg of clomiphene citrate once a day on days 2,3,4,5 and 6 of your cycle.

How is the treatment cycle (a cycle of Letrozole or Clomid) monitored?

A treatment cycle is a month that you are taking the medication.

The treatment cycle will be monitored by a transvaginal (internal) scan, usually between day 11-14 of your cycle, depending on its length.

On the first day (day 1) of your period (proper bleeding before 12 noon) please ring 01865 231571 option 3 then option 5 to arrange the date and time of your scan. OR email Fertility. appointments@oxnet.nhs.uk. Please refrain from having unprotected sex from that day until you have a scan confirming you have responded appropriately.

When might the treatment cycle be cancelled?

If the ultrasound scan shows that you have developed more than 2 follicles (over-response) then your cycle will be cancelled as there is an increased risk of a high order multiple pregnancy such as triplets. Your dose will then be adjusted for your next cycle.

How do I know if I have ovulated?

You should arrange to have a progesterone blood test at your GP 7 days from when you have or are predicted to have a mature follicle(s) and ovulation is expected. A level above 16 nmol/L confirms that you have ovulated.

If you have not ovulated (a level below 16nmol/L), then please ring the NHS fertility clinic for advice regarding future cycles.

- If your progesterone blood test confirms ovulation then please take a pregnancy test 10 days after having this blood test taken.
- If your pregnancy test is negative, then restart Letrozole / Clomiphene citrate from day 2 of your next period to start a new cycle of treatment.
- If your pregnancy test is positive then please call the NHS fertility clinic to update us.

Are there any side effects?

Letrozole and Clomiphene citrate are generally safe and are widely used. The main risk to consider is the 6-10% chance of twin pregnancies with these medications. The risk of triplets or higher order pregnancies is <1% .

- Some people do notice some mild side-effects such as gastrointestinal disturbance, hot flushes, headache, back pain and breast tenderness.
- Serious problems are rare but if you develop visual disturbance you should stop taking the medication and inform us. There is also a rare risk of ovarian hyperstimulation (OHSS) where the ovaries become enlarged causing symptoms of abdominal discomfort and bloating.
- Traditionally, it was thought that fertility treatment could increase the risk of ovarian cancer, hence it was limited to 12 cycles, but a recent Danish study , showed “No convincing association was found between use of fertility drugs and risk of ovarian cancer” .

Further Support and Information

Fertility Advanced Nurse Practitioners

John Radcliffe NHS Fertility Clinic

Tel: 01865 231571

option 3 then option 5

National Institute of Clinical Excellence (NICE)

www.pathways.nice.org.uk/pathways/fertility

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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Oxford University Hospitals NHS Foundation Trust
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