



# ***Gonadotrophin therapy***

***Information for patients***

**Fertility Clinic  
Aberdeen Maternity Hospital**



This form of treatment has been recommended as the next step for you. It involves the use of hormone injections, which directly stimulate the ovaries.

### ***Preparation***

This treatment is most effective when you are neither overweight nor underweight. There is a dietitian available on request if you have any queries.

Vitamin supplements are not required if you eat a balanced healthy diet but we do advise you to take **folic acid**. Folic acid has been proven to reduce some birth defects. The Department of Health advises all women who are actively planning a pregnancy to take a **400 microgram folic acid tablet daily**. You can get these over the counter at any chemist.

You have a better chance of achieving a pregnancy if neither of you smoke, nor over-indulge in alcohol. If either of you would like any help to stop smoking please ask the clinic or your GP. Advice on alcohol intake is also available.

Hormone replacement therapy may be required if you do not normally have periods and have low oestrogen levels. This would be prescribed for a 3 month period before the gonadotrophin treatment starts.

## ***Information***

Normally the ovary responds to hormone signals from the pituitary gland to produce a follicle that contains an egg. The follicle gradually grows until the egg matures, then the follicle bursts and the egg is released. This is called ovulation. At the moment you are not releasing enough hormones to make this happen regularly.

The treatment involves you having daily hormone injections. You will be shown how to inject yourself and any anxieties you may have will be fully discussed. The drugs will be supplied by the Fertility Clinic.

As a result of these daily injections, follicles should develop on your ovaries. This is monitored by regular internal scans and blood tests. Since each follicle may contain an egg it is important that we know how many follicles there are before giving an injection which triggers ovulation.

## ***Treatment programme***

### **1. Baseline blood and scan**

These are carried out when you are about to start your first cycle of treatment.

The baseline tests will tell us if you have ovulated recently, or if your ovaries are currently producing an egg. Any rise in your hormones or in the activity of your ovaries would mean your treatment being delayed. Your baselines would then be repeated a week later.

If, at this scan the lining of your womb (endometrium) is significantly thickened, then a course of hormone tablets will be given to bring on a period.

## **2. Stimulation of the ovaries**

This involves daily injections.

The injections can be done by you or your partner and at a time convenient to you. The time of day must be the same throughout your treatment cycle.

We will show you how to carry out these injections. The dose varies from individual to individual. Clinic staff will advise you of the appropriate dose for you. We will also advise you on the storage and disposal of your drugs, needles, syringes, etc.

## **3. Monitoring**

On the **5th day** of injections you must attend the clinic between 8.00 and 8.45 am, Monday to Friday, or 9.00 and 9.45 am, Saturday / Sunday, when a blood sample will be taken. A scan may also be performed.

The clinic will phone you early afternoon with the results. We will give you further instructions about your injection doses and the timing of your next blood sample and scan.

The number of visits to the clinic depends on how you respond to the drugs. On average, treatment takes 2 to 3 weeks, which involves approximately 10 to 14 visits to the clinic. However this may vary. The aim is to have one or two good-sized follicles that are producing appropriate levels of hormones.

#### **4. Ovulation**

When the follicles and hormones indicate the egg is mature, the final hormone injection is given. This hormone (hCG) triggers the release of the egg. The timing of this injection determines the timing of your intra-uterine insemination (usually 24 to 48 hours after the hCG injection).

#### **5. Timing of intercourse**

You will be given advice on the best time for intercourse.

#### **6. Post ovulation monitoring**

You need a blood test 6 days after the injection of hCG. This blood test will tell us whether or not you have ovulated. It will **not** tell us if you are pregnant. This blood test can be carried out at the clinic or at your GP surgery.

#### **7. Outcome**

Your period is due to start, if no pregnancy has occurred, 14 to 16 days after your hCG injection. If it does, phone the clinic within 48 hours and, if you feel ready to start your next cycle, baselines can be arranged.

If your period has not started 19 to 21 days after your hCG injection, phone the clinic to arrange a pregnancy test, or you can do a home pregnancy test. Please do not do a pregnancy test too soon as the hormones used in your treatment may give a false positive test.

## 8. Success rates

Over a course of 3 cycles of treatment, one third of women would be expected to conceive.

## 9. Risks / side effects

### *Side effects of drugs*

Usually very little. Occasionally there is some redness or pain at the injection site.

Very rarely you may develop a slight rash. More common side effects can be hot flushes or headaches.

### *Overstimulation*

We want to encourage your ovaries to produce 1 or 2 reasonable follicles. If you produce more than 2, then to minimise the risk of multiple pregnancy (triplets, quads) and any risks to your own health, your treatment would be cancelled for that cycle. This would be discussed fully with you at that time.

### *Ovarian Hyperstimulation Syndrome (OHSS)*

**Every attempt will be made to prevent OHSS.**

The ovarian response to the stimulation drugs varies from person to person. Occasionally the ovaries respond too briskly and produce too many follicles and / or high hormone (oestrodial) levels. This not only increases the risk of a multiple pregnancy, but also could have quite a severe effect on your health. In severe cases of OHSS you may need to be admitted to hospital and monitored carefully for several days.

Careful monitoring by ultrasound and blood tests reduces the risk of OHSS, but cannot prevent it. If you are over-responding to your treatment then we may need to cancel your cycle. If your cycle is cancelled it is very important that you avoid pregnancy by either using barrier contraception (condoms) or not having intercourse. Ovulation may still occur and pregnancy would dramatically increase the severity of OHSS.

Occasionally OHSS can develop **after** ovulation. If you develop the following symptoms it is important that you let the clinic staff know. They will arrange any appropriate management:

- bloated / painful abdomen
- nausea / vomiting
- thirst
- breathlessness
- frequency of passing urine

#### *Multiple pregnancy*

The use of fertility drugs means you will be at higher risk of multiple pregnancy. As a clinic, we have a duty to minimise the risk of multiple pregnancy.

**Without** fertility drugs 1 in 80 pregnant women will have twins.

**With** these fertility drugs 1 in 5 pregnant women will have twins.

**We will give you a separate leaflet about the risks of multiple pregnancy.**

## ***Parking***

Car parking is available but at times can be very busy. Please allow extra time for this. There is no charge for parking.

***Contact telephone number***

**Fertility Clinic**

**☎ (01224) 552719 ☎**

**Seven days a week**

**8am to 4pm**

In an **emergency** outwith these hours, contact Rubislaw Ward, Aberdeen Maternity Hospital on (01224) 552062 and let them know you are on the gonadotrophin programme through the NHS Fertility Clinic.

Rubislaw do not deal with general queries, only with emergencies such as symptoms of OHSS.



**This leaflet is also available in large print and on computer disk.**

**Other formats and languages can be supplied on request. Please call Quality Development on (01224) 554149 for a copy. Ask for leaflet 0305.**

Feedback from former patients helped us to develop this leaflet. If you have any comments or suggestions about how we can improve this leaflet, please let us know.

Fertility Centre  
Aberdeen Maternity Hospital  
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