# Ovulation Induction Using Gonadotrophin Injections







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#### What is this leaflet about and who is it for?

This leaflet is produced to tell those women undergoing ovulation induction treatment exactly what is involved.

# Why am I having it?

Women need ovulation induction if they do not produce eggs (ovulate), or they ovulate unreliably. Using tablets is not always effective and some women need to use gonadotrophin injections to stimulate the body's hormones to help the ovary to produce eggs. Women who are overweight and do not ovulate may have raised levels of insulin in their bodies and reducing this insulin by medication may help their ovaries to produce eggs.

# What preparation is needed?

To ensure the best response to treatment and for your safety there is a Body Mass index (BMI) upper limit of 30 prior to starting treatment (BMI = Body Weight in kilograms divided by the person's height in metres squared). If your BMI is over 30 you will be given help and advice to reach the required lower weight before starting treatment.

If you do not have regular periods and if it has been more than 35 days since your last period, we will carry out a pregnancy test. If this is negative, then we will give you tablets to make you have a period before you can start your treatment. The tablet is called provera and you take one tablet twice a day for 5 days. Usually within two weeks a period will start, and you commence a gonadotrophin injection between days 2-5 of your cycle.

If you have no period two weeks after provera, ring the clinic and we will arrange another pregnancy test.

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# What is the procedure?

#### Gonadotrophins

You will attend the unit on day 2-4 for a scan to assess your ovaries. You will be prescribed Follicle stimulating hormone (FSH) injections. These injections stimulate the ovaries to produce eggs.

You will attend again after 7 days 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 to produce an egg, you will be given an injection (hCG) to release this egg. This takes about 36-44 hours to work. You will be advised on the best time to have intercourse.

#### **Gonadotrophins and Metformin tablets**

Metformin is a tablet that reduces insulin levels in the body, thus helping the gonadotrophin injection in stimulating the ovaries to produce eggs. You will take metformin every day. You will attend the unit on day 2-4 for a scan to assess your ovaries. You will be prescribed Follicle stimulating hormone (FSH) injections.

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You will attend again after 7 days 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 to produce an egg, you will be given an injection (hCG) to release this egg. This takes about 36-44 hours to work. You will be advised on the best time to have intercourse.

# How do I organise my scans?

On the first day of your period, you need to contact Leicester Fertility Centre on 0116 258 5922 to arrange an ultrasound scan. You will need to inform the staff which treatment you are having.

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# What happens next?

A period will start if you are not pregnant about day 28-34 of your cycle.

Contact the unit to restart treatment by booking a new Day 2-4 scan. We will continue for up to 6 cycles of treatment.

If no period comes after about 38-40 days, then you may carry out a home pregnancy test and contact the unit with the result.

#### What side-effects are there?

#### **Gonadotrophins**

Headaches, injection site reactions (pain, redness, bruising), nausea, vomiting, diarrhoea, abdominal discomfort, and bloating.

#### Metformin

Diarrhoea or upset stomach.

#### **Both**

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:

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

If you develop any of these symptoms, then you should contact the Fertility Specialist Nurse on 0116 258 5922.

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# What follow-up care is available?

If you get pregnant on this treatment, please contact the Fertility Centre to arrange an ultrasound scan.

If you are unsuccessful after 6 months of treatment, then a follow up appointment will be made for you to discuss your next options.

We understand that this is a very difficult time for you emotionally. Should you wish to access any supportive counselling regarding your treatment or your fertility you may contact the counsellors on 0116 258 5922.

#### Is there an alternative?

For women who are overweight (BMI greater than 25) losing weight may help your ovaries to respond to treatment. If you do not respond to the hormone injections, then you may need an operation called laparoscopic ovarian drilling or move on to IVF treatment

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# Our commitment to patients

We are constantly striving to improve our services to patients, and we will welcome your comments or suggestions for improvement.

#### Leicester Fertility Centre Contact Details

Tel: 0116 2585922

E-mail: LFCinfo@uhl-tr.nhs.uk

**Website:** www.leicesterfertilitycentre.org.uk

#### Useful addresses

Human Fertilisation and Embryology Authority: www.hfea.gov.uk

NICE guidelines: www.nice.org.uk

NHS - Response line: 111.nhs.uk / 111

NHS - Smoking helpline: 0300 123 1044

Fertility Network UK: www.fertilitynetworkuk.org / 0121 323 5025

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# Do you feel that you are at risk of verbal or physical abuse? If so, you may find the following numbers useful:

Domestic Violence Helpline:

United against violence & abuse (UAVA)

Helpline: 0808 802 0028

Email: info@uava.org.uk

Text support: 07715 994 962



This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

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### Questions

f you have any questions write them down here to remind you what to ask when you speak to your consultant.	
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## Today's research is tomorrow's care

We all benefit from research. Leicester's Hospitals is a research active Trust so you may find that research is happening when you visit the hospital or your clinic.

If you are interested in finding out how you can become involved in a clinical trial or to find out more about taking part in research, please speak to your clinician or GP.

If you need information in a different language or format, please call the number(s) below or email <a href="mailto:equality@uhl-tr.nhs.uk">equality@uhl-tr.nhs.uk</a>

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مدرجہ نیل نمبر پر ٹیلی فون کریں۔

على هذه المعلومات بلغة أخرى، الرجاء الاتصال علي رقم الهاتف الذي يظهر في الأسفل જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

0116 258 4382 or 0116 250 2959

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