

Possible Complications

Possible Complication of OI (Ovulation Induction)

Multiple pregnancies

To most infertile patients this seems like a bonus but unfortunately carrying more than one pregnancy does carry increase risks to both mother and babies and it is preferable to avoid this from happening.

On average 10% of patients will have multiple pregnancies despite careful monitoring of which the majority will be twins.

In addition to monitoring and changing the dose of drugs used, occasionally your doctor may have to cancel a cycle if stimulation is excessive.

Hyperstimulation

Occasionally your ovaries over reacts to what your doctor thinks is a low starting dose of your OI medication. Multiple eggs start to develop. This could lead to medical complications and where possible needs to be prevented. This could also lead to cancellation of a cycle.

Possible Complication of IUI (Intrauterine Insemination)

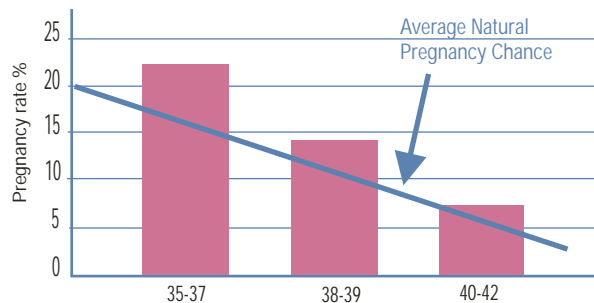
Pelvic Infection

This is a very rare complication of insemination of sperm. Any fever or severe pain after insemination needs to be reported to the clinic.

Success Rates

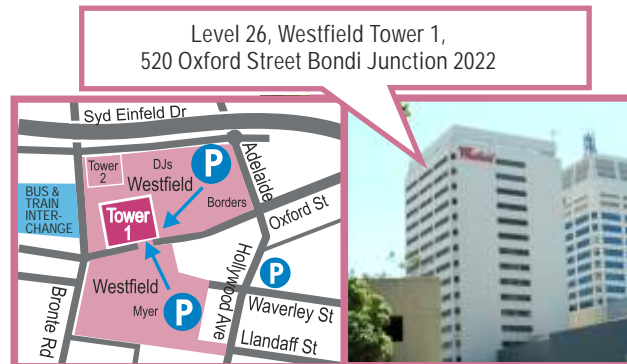
The graph below indicates the success that would be generally expected with assisted conception treatment (donor insemination DI, ovulation induction OI or intrauterine insemination IUI) with a healthy female. As treatments are highly individualised, success can be quite varied.

Average ongoing pregnancy rate for DI, OI and IUI indicating effects of age.



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What is IUI (Intrauterine Insemination)?

IUI (Intrauterine insemination) is the injection of sperm into the uterus by means of a sterile catheter passed through the cervix. The aim of this procedure is to get more sperm into the uterus and tubes than would normally swim in following normal intercourse and so improve the chances of conception. In order to do so sperm has to be prepared in the laboratory. This preparation may improve the sperm's motility and quality in addition to increasing the concentration.

When is IUI Indicated?

- Abnormalities of sperm including low count, poor motility, reductions in morphology.
- Patients requiring donor sperm.
- Problem with the cervical mucus.
- Stress affecting normal timing of sexual intercourse
- Inability to undertake normal sexual intercourse
- Abnormalities of ovulation requiring medication- IUI improves the outcome

When is IUI contraindicated?

- Moderate and severe male factor infertility. IVF and ICSI are the better options.
- If the female reproductive anatomy is not normal. This applies to uterus tubes and ovaries eg pelvic inflammatory disease or endometriosis
- Moderate Endometriosis

IUI combined with OI (Induction of Ovulation)

This is the most commonly used successful option. The drugs used to induce ovulation include Clomiphene Citrate (Clomid or Serophene) and gonadotropins (Puregon and Gonal F).

Clomiphene

It is taken in tablet form, which makes it very user friendly but in most circumstances better control and pregnancy rates especially with IUI can be obtained with gonadotropins, which require injections. In addition it is not recommended that more than 3 to 4 back to back cycles are undertaken.

Gonadotropins

This medication is given by daily injections. This initially seems frightening to patients but once shown how to do so virtually all of them easily adapt. This type of medication gives the clinician more control over the process and may help in reducing multiple pregnancies.

Both clomiphene and gonadotropins require regular monitoring with blood tests and transvaginal ultrasounds.

A final trigger injection of HCG is needed to finalise egg maturation and cause ovulation usually 40 to 48 hours later.

