

# PATIENT SUMMARY NOTES

*for discussion between patient and health professional*



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## FERTILITY PROBLEMS

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**The following notes are designed to provide initial guidance for people who are encountering fertility problems and who want to know what action to take and what forms of treatment may be available and appropriate.**

### **When should I start worrying?**

If you have regular sexual intercourse and you have been unsuccessfully trying for 12 months, you should see a doctor or another healthcare professional.

If the woman is over 35 years, then you should not wait longer than six months.

And if the woman has no menstrual cycle, she should not wait at all.

### **What should I bring to my doctor?**

Preferably the husband and the wife should go for the first visit together.

The woman should bring a list of:

- the age when she had her first menstruation,
- dates of last years menstruations,

Man and woman should bring a list of:

- serious diseases in the past,
- all medications which they are taking.

### **Which tests will the doctor do?**

Unless there are clear reasons why you do not get pregnant, the doctor will want to know if an egg is released every month (with BBTC or hormone tests), if the sperm is sufficiently healthy (with a sperm test) and if the fallopian tubes are open (with an HSG or a laparoscopy).

### **What is a sperm test, or a semen analysis?**

A sperm sample, which is produced during masturbation, is being checked for the number of sperm cells, the form of the sperm cells and their movement.

### **What is a BBTC: basal body temperature chart?**

The BBTC is the temperature of the body right after awakening in the morning. It should be taken before getting up. That temperature rises slightly after ovulation (the release of an egg), when compared to the time before ovulation.



### **Which other tests can be done to check the menstrual cycle and the ovulation?**

Hormone determinations in the blood: FSH and LH to check the hormone activity of the brain (the hypothalamus and the pituitary); and estradiol and progesterone to check the activity of the ovary.

### **What is an HSG: a hysterosalpingogram?**

A procedure during which a doctor puts a liquid into the opening of the uterus, and then through the uterus and into the fallopian tubes. On an X-ray picture or ultrasound this liquid shows the shape of the lining of the uterus and the tubes and the openness of the tubes can be seen.

### **What is a hysteroscopy?**

During a hysteroscopy the doctor brings a small telescope via the vagina, through the cervix, into the uterus to inspect the shape and the lining of the uterus.

### **What is a laparoscopy?**

An operation, usually under anesthesia, during which the doctor puts a small telescope through the navel to inspect the organs inside the abdomen.

### **Are these all the tests or is there more to be investigated?**

Usually a combination of these tests form a complete fertility evaluation, but depending on the results, the doctor may want to do more.

### **How long does a “fertility work-up” take?**

A complete fertility evaluation can take a minimum of four weeks, but sometimes a couple and/or the doctor want to take more time and go slower.

### **What kinds of treatment are available?**

That depends on the results of the tests. There can be many reasons for fertility challenges, but the most common ones are mentioned below.

If there problems with the ovulation and/or the menstrual cycle, the treatment will consists of **hormones** which regulate the ovulation.

If serious semen problems are found, then usually the doctor will propose either **IVF** or **ICSI**, or artificial insemination.

In case of problems with the fallopian tubes, the most common treatment is **IVF**.

### **What is hormone treatment?**

Treatment with hormones usually consists of pills and/or multiple injections, during which the doctor will do hormone tests on the woman's blood, and/or ultrasound checks. You may want to talk to your doctor about effects and side-effects of these drugs.

### **What is pelvic surgery?**

Operations can be performed to remove scar tissue in the abdomen, to open blocked fallopian tubes, or to remove endometriosis or ovarian cysts that can interfere with fertility.

**What is artificial insemination?**

When the man's sperm needs to be concentrated or need help getting into the uterus and fallopian tubes or if donor sperm needs to be placed in the vagina or uterus, then artificial insemination is used. Inseminations are timed to a woman's ovulation.

**What is IVF?**

IVF, or In-Vitro Fertilization, or test tube baby, is a procedure where the ovaries are encouraged to produce multiple eggs at the same time. Hormone injections are used to do this. The doctor then removes the eggs from the ovary, by passing a needle through the vaginal skin into the ovary under the guidance of ultrasound, and then fertilizes the eggs in the laboratory with sperm from the man or a donor. A few days later the fertilized egg(s) is (are) then put back into the uterus using a fine tube or catheter.

**What is ICSI?**

During ICSI, or Intra-Cellular Sperm Injection, the sperm cells are not put next to the egg for fertilization in the laboratory, but are injected directly into the egg.

**What is an ultrasound?**

This is a test during which a small probe is placed on the abdomen or in the vagina. The probe uses sound waves to form a picture of the internal organs and this picture is displayed on a television screen. With this picture your doctor or healthcare professional can see what is going on inside your abdomen without doing an operation.

**Why not go straight to IVF?**

Since there are many different reasons for fertility problems, it is advised to go through a complete fertility evaluation, before deciding on a treatment. Very often the problem can be solved with easier and cheaper treatments than IVF.