

# Patient Information

## **Gonadotrophin ovulation induction**

#### Introduction

The information in this leaflet is for women who are not ovulating on their own. Ovulation induction is a kind of fertility treatment where a daily injection of a hormone is taken to stimulate the ovary for eggs to grow.

#### How do I start treatment?

You and your partner will be given a kit which will include an injector pen. You will be shown how to use the injector pen.

You will start the injections, usually on day 2 of your period and continue them every day.

If you have no periods, you will be given Provera<sup>®</sup> to stimulate menstruation.

An ovulation hormone drug is given to make you ovulate, which usually happens around 36 hours later. We then ask you to have intercourse that evening and again the following night to increase your chances of becoming pregnant.

#### **Ultrasound scans**

You will have a scan around day 8 of your cycle to see how your ovaries are reacting. Scans may be repeated as often as 3 times a week until your ovaries are releasing eggs.

You may also have a blood test to measure your oestrogen levels.

#### **Outcome**

If you do not have a period at the usual time, take a pregnancy test. Whatever the result is, please contact Mrs Reddy's secretary or the fertility nurses for advice.

Reference No.

GHPI1085 12 23

Department

**Gynaecology** 

Review due

December 2026



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#### **Risks**

There are 2 main risks of ovulation induction:

- Multiple pregnancies; a 10% risk.
- Ovarian Hyperstimulation Syndrome (OHSS). This is rare and your treatment would be cancelled if we think you are at risk.

#### Success rate

Success depends on many factors; a woman's age, the normal sperm count of your partner and the function of your fallopian tubes. If the semen sample is of poor quality, we may suggest Intra Uterine Insemination (IUI) combined with ovulation induction.

#### **Contact information**

If you have any questions, please contact the fertility nurses via Mrs K Reddy's secretary on the number below:

#### **Cotswold Fertility Unit**

Tel: 0300 422 3128

Monday to Friday 8:00am to 4:00pm Website: www.cotswoldfertilityunit.co.uk

#### **Gloucestershire Domestic Abuse Support Service (GDASS)**

This is a county-wide service offering a variety of support programmes for women and men over 16 years old who are experiencing domestic abuse.

Tel: 01452 726 570

Monday to Friday, 9:00am to 5:00pm

#### **Domestic Violence Helpline**

Tel: 0808 2000 247 (24 hours) Email: <a href="mailto:support@gdass.org.uk">support@gdass.org.uk</a> Website: <a href="mailto:www.gdass.org.uk">www.gdass.org.uk</a>

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#### **Patient** Information

### Making a choice

# **Shared Decision Making**

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



## Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

- 1. What are my options?
- 2. What are the pros and cons of each option for me?
- 3. How do I get support to help me make a decision that is right for me?

Ask 3 Questions is based on Shepherd HL, et al. Three questions that path Patient Education and Counseiling, 2011;84: 379-85







AQUA

Armenting Gustry Alliers

https://aqua.nhs.uk/resources/shared-decision-making-case-studies/