

**Patient
Information**

Intracytoplasmic Sperm Injection (ICSI)

Introduction

This leaflet will answer some of the questions you may have about Intracytoplasmic Sperm Injection (ICSI) treatment.

ICSI treatment is recommended for patients who have few sperm, sperm that are not moving well, or who have in the past failed to achieve fertilisation.

About ICSI

ICSI involves injecting a single sperm into the centre of the egg, using a very fine needle. This gives poor quality sperm a chance of achieving fertilisation. However, there is a risk that the egg may be damaged during the procedure. This would result in the egg being unusable.

During your treatment, the eggs will be collected in the same way as normal IVF treatment. The semen sample will be requested after the egg collection procedure. Due to the specialist nature of the equipment used, the expertise and the extra time needed to carry out these techniques, there will be an additional charge to the routine IVF.

Success rates

Results show that ICSI gives an average fertilisation rate of 70 in 100, with about 8 in every 100 eggs being damaged during the procedure. The success of this form of treatment depends on the severity of the sperm disorder and also on the number of mature eggs available.

Pregnancy rates after ICSI are similar to those achieved with conventional IVF.

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Gynaecology

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Risks

There are many reasons why a man might have a very low sperm count. The cause is sometimes genetic which means that a subfertile man might pass the same type of subfertility on to his son. New techniques like ICSI can help a couple achieve a pregnancy despite a very low count.

There is concern about the possibility of passing a genetic problem on to children. Studies on an increased risk of birth defects in babies born from ICSI have shown conflicting results.

Some studies show a slight increase in abnormalities and others show no difference to the normal rate. However, it does seem that abnormalities in the sex chromosomes (the X and Y chromosomes) may happen slightly more often.

Please visit the fertility website www.hfea.gov.uk for more information.

Contact information

If you have any questions, please feel free to contact the fertility nurses through 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: support@gdass.org.uk

Website: www.gdass.org.uk

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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?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

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