

Worcester Fertility Clinic Patient Information

Side Effects of Gonadotrophins

There are many types of gonadotrophins used alone or in combination for ovulation induction. These may be used one at a time, depending on the individual, need and availability. During the use of these drugs careful monitoring is required to minimise the risk of side effects as discussed below.

Ovarian Hyperstimulation

This is the most publicised side effect of assisted conception. It can occur at a rate of 1-5% of all treated cycles, as a result of the drug treatment given for the induction of ovulation. Too high a dose of drugs used for induction of ovulation or when the ovaries are oversensitive to the drug can result in excessive stimulation of the ovaries which may be noticed as:

- Pain in the abdomen
- Feeling unwell
- Bloating of the abdomen
- Nausea and sometimes vomiting
- Sudden weight gain
- Decreased urine output

Sometimes fluid might be collecting in the chest or the abdomen leading to difficulty in breathing and abdominal enlargement. The best prevention of ovarian hyperstimulation is to avoid being given the HCG (the injection which triggers ovulation) and to abandon the treatment cycle. Avoid intercourse (getting pregnant) during this cycle.

If you are worried that these symptoms are developing, it is important to contact your GP or Emergency Gynaecology Assessment Unit on 01905 761489. Drink plenty of fluids (4-5 pints) to avoid becoming dehydrated.

Should you require any further information on ovarian hyperstimulation please see our patient information leaflet.

Monitoring of treatment is by ultrasound to ensure that your ovaries are not over reacting to the drugs. If you are producing too many eggs the treatment will be stopped and started again in a few months time but at a reduced dosage of drug.

Multiple Pregnancy

Up to 20% (1 in 5) pregnancies resulting from gonadotrophins are multiple, in contrast to a rate of 1-2% in the general population. While most of these pregnancies are twins, a significant percentage are triplets or higher. High order multiple (pregnancy with more than three babies) pregnancy is associated with increased risk of pregnancy loss, premature delivery, pregnancy induced hyperstimulation, haemorrhage and other significant maternal complications.

During your treatment if it is suspected that you may be at risk of a high order multiple pregnancy (greater than 2-3 pregnancies) your treatment cycle will be abandoned and your regime adjusted.

Ectopic (Tubal) Pregnancies

Within the general population ectopic pregnancies occur at a rate of 1-2% of the time, in gonadotrophin cycles the rate is slightly increased to 1-3%. These can be treated with medicine or surgery. Combined tubal and intrauterine pregnancies (heterotrophic pregnancies) occasionally occur and need to be treated with surgery.

Birth Defects

The rate of birth defects after gonadotrophin cycles is no higher than in the general population, at 2-3%. Furthermore, these children are developmentally no different to their peers.

Adnexal Torsion (Ovarian Twisting)

Less than 1% of the time, the stimulated ovary can twist on itself, cutting off its own blood supply. Surgery is required to untwist or even remove it.

Gonadotrophins and Ovarian Cancer

The risk of ovarian cancer seems in part related to the number of times a woman ovulates. Infertility increases this risk, birth control pill decreases it. Controversial data exists that associates ovulation induction with drugs like gonadotrophins, and the risk of future ovarian cancer. While research is underway to help clarify the issue, the careful use of gonadotrophins is still reasonable; especially considering that pregnancy and breast feeding reduces the risk of cancer.

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাসেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی متبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایڑی ریڈ) تو پیشنت سروسز سے 0300 123 1733 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本 (如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet:_____ Date:_____

Comments:

Thank you for your help.