



Women's Health with Dr. Minoos Hosseinzadeh **Infertility Treatment Options – Part I: Low Tech**

For men and women experiencing infertility, there is hope that the condition can be treated in a number of different ways, depending on the results of specific tests. These tests, previously detailed in the October 2007 issue of *OCPC* magazine, are part of a basic infertility work up. Once testing is complete, and the cause of infertility is determined, various treatment options will be presented – the decision of which to pursue is left to the intended parents.

Exploring Treatment Options – Low Tech Solutions

Treatment options could include lifestyle changes such as weight loss or gain; cessation of tobacco, alcohol and drug usage; minimal caffeine intake; and the adoption of a regular daily exercise routine. In some cases, surgery may be required to remove growths within the uterus such as polyps, fibroids and/or scar tissue. Laparoscopic surgery may be required to diagnose and treat conditions such as endometriosis, which can lead to scar tissue formation, ovarian cysts, tubal damage and blockage – all potential causes of infertility. Other treatment options include ovulation induction and assisted reproductive technologies (ART). A review of ART will be provided in the May 2008 issue.

For patients not experiencing regular periods, ovulation becomes the goal of treatment. In this case, the production of a single egg in response to treatment would signal a favorable response. In patients who are already maintaining regular periods, an egg is produced each month and the goal of treatment would be to increase the number of eggs produced each month. In this case, fertility drugs may be used to cause the development of one or multiple eggs. It is important to remember that as the number of eggs increases, so too does the likelihood of having multiple babies, such as twins and triplets. For this reason, it is very important that patients be monitored during infertility with ultrasound and/or blood work in order to assess fertility drug response. The most common fertility drugs used are:

- **In pill form** – These include Clomiphene citrate and aromatase inhibitors. The pills are usually taken for five days, beginning any time between day two and five of the menstrual cycle.
- **Injectable drugs** – These appear in the form of gonadotropins, and are initiated on the second or third day of the menstrual cycle. These are taken every evening and progress is monitored with blood work and ultrasound. Monitoring ensures that patients do not hyperstimulate, and allows physicians to adjust the dose of the medication if necessary.

Once a patient produces an adequate response, ovulation is ensured by administering an injection of HCG (human chorionic gonadotropin). Ovulation usually occurs 24-36 hours later. The patient will then be instructed to try conceiving at home or come into the office for artificial insemination. In this procedure, the partner's sperm is washed and processed in the laboratory and then placed directly into the uterus. This increases the number of sperm and also places the egg and the sperm in closer proximity.

Achieving Successful Conception

Success rates will be dependant on a number of factors, some of which would include age and individual test results. Once testing is completed, success rates for the various treatment options will be presented by the physician. Traditionally, ovulation induction can be performed for a number of cycles depending on patient age and response. If a patient fails to conceive with ovulation induction, then it may be recommended that the patient proceed to ART. For some patients, the best success comes from proceeding directly to ART. Please refer to the upcoming May 2008 issue of *OCPC*.

OCPC Readers: E-mail questions to *Women's Health with Dr. Minoos Hosseinzadeh* at DrMinoos@OCPCmagazine.com.

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