



**599 WEST STATE STREET  
SUITE 301  
DOYLESTOWN, PA 18901  
215 489-2066**

## **OVULATORY MEDICATIONS**

Anovulation, the lack of ovulation, is the most common reason why couples cannot conceive. The workup of anovulation begins with a complete history from the patient. Blood work is obtained checking FSH, LH, Prolactin, TSH, T4, and sometimes Testosterone, androstenedione, and DHEA-S levels. A transvaginal ultrasound is typically done on day 12 or 13 of your cycle looking at the number and sizes of the follicles contained within the ovary. Home urinary LH kits are helpful at times, but not always accurate. Basal body temperatures are typically not done in the 21<sup>st</sup> century. Once all of the workup is done and the diagnosis of an anovulation syndrome is made, a plan of action is formulated. The exact treatment varies depending on many factors.

There are two major medical therapies to encourage women to ovulate. These are oral medications and injectable medications. The most common medication used in ovulation induction is clomiphene citrate (Clomid). It is a pill that works as an estrogen in some parts of the body, and an antiestrogen in others. This medication is given on days 5 thru 9 of your cycle, hopefully producing an 18-22 mm follicle on day 12 or 13 and ultimately bringing on ovulation on day 14 or 15. Other oral medications include metformin and letrozole.

Injectable medications include a class of medications known as gonadotropins. The most common ones are Pergonal, Fertinex, Gonal F, Repronex, and a host of others. These medications are purified FSH and/or LH. They work directly on the recruitment of follicles. Depending on the dosage we give and your particular response anywhere from 1 to 20 follicles may be produced. The cost and medical risk of injectables are increased over Clomid and therefore require a different level of workup.

Prior to starting injectable gonadotropins the following checklist needs to be completed.

- Review of medical history of both partners
- Semen analysis reviewed
- Blood work redrawn
- Please check with your insurance company for coverage (most do not cover these medications)
- Laparoscopy preformed (to insure that there is no tubal blockage or endometriosis)
- Signed consent form
- Office visit with Kamela one week **PRIOR** to starting the medications

Once this checklist is completed you may begin ovulation induction with gonadotropins. The monitoring of these cycles is much more intense and requires frequent blood work (every 2-3 days) and more frequent ultrasounds. However, the results are typically better than those with oral medications. Unfortunately, with increased results there are also increased risks. Most notably ovarian hyper-stimulation syndrome (OHSS) and multiple pregnancy (15%). OHSS can be severe requiring hospitalization, medications, and

sometimes surgery. Multiple pregnancy rates approaching 15% have been reported, and if more than 3 embryos are conceived multi-fetal reduction may be warranted.