

PROTOCOL FOR GONADOTROPHIN TREATMENT

The first appointment will include a transvaginal ultrasound scan of the uterus and ovaries to exclude ovarian cysts or other abnormalities and measure endometrial thickness.

A senior member of the fertility nursing team who has been passed as competent in this role by Mr Pampiglione will interpret the results of the ultrasound scan.

The couple will receive a full oral explanation of the programme from a member of the fertility nursing team who has been passed as competent in this role by Mr Pampiglione, this will include the possible side effects and complications of the treatment, e.g. ovarian hyper stimulation and the risk of multiple pregnancy.

The fertility nurse will demonstrate the method of self-administration of the drugs to be used and ensure that the couple are confident in this technique before leaving the unit.

Oligomenorrhoea/Amenorrhoea

In the cases of the patients with oligomenorrhoea or amenorrhoea the thickness of the endometrium will be taken into account and Provera 10mg for 7 days will be issued to those with an endometrial thickness >5mm. These patients will be advised to do a pregnancy test prior to starting the Provera.

Prescriptions

A prescription for the Gonadotrophins drugs (Menopur or Gonal F) and HCG (Pregnyl) will be issued.

The standard starting dose for the gonadotrophins will be 50iu unless *otherwise advised by a senior member of the fertility team* starting on the 2nd day of menstruation.

Ultrasound Scans

The patient will be booked for an ultrasound scan around the 8th -10th day of her cycle. *These ultrasound scans will be carried out by the designated sonographer or by a senior member of the fertility nursing team that has been passed as competent in this role by Mr Pampiglione.*

Patients will see one of the fertility nursing team after every ultrasound scan. *The results will be interpreted and subsequent ultrasound scans booked by a senior member of the team that has been passed as competent in this role by Mr. Pampiglione.*

Oestrogen Levels and Drug Increases

Oestrogen levels will be monitored on a regular basis and in particular when considering increasing the dose of the gonadotrophins. Dose increases will only rise by 37.5iu unless otherwise instructed by Mr. Pampiglione. *Only those passed as competent by Mr. Pampiglione may increase a patient's dose.*

hCG

There are strict criteria for giving hCG to reduce the risk of multiple pregnancy.

These are:

There should be no more than 3 follicles of 16mm or over and no more than 10 follicles >10mm in total.

If patients have more than 3 dominant follicles then the hCG is withheld. The patient will be advised to use a barrier contraceptive until she menstruates to avoid the possibility of a multiple pregnancy. She must also be given clear advice regarding the possibility of ovarian hyper stimulation syndrome. This will no be counted as one of her six cycles. stimulation syndrome. This will no be counted as one of her six cycles.

Patients will be advised to have intercourse at least twice in a 48 hour period following the last injection. They will also have clear instructions on what to expect following the HCG injection and how to book another cycle if the cycle is unsuccessful.

Pregnancy

Following a successful cycle the patient will have an ultra sound scan booked for her at 6/40 weeks. These appointments will take place in the Fertility outpatients' clinic.

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