

INTRAUTERINE INSEMINATION (IUI) PATIENT INFORMATION

1 INTRAUTERINE INSEMINATION

IUI is generally used as a fertility treatment for unexplained infertility. IUI can also be used with donor sperm.

2 WHAT IUI INVOLVES

Treatment involves gently stimulating the ovaries with injectable fertility drugs so that they produce no more than 2 mature follicles which contain ova (eggs) and treating the male partner's semen so that it is concentrated and contains the most healthy and active sperm. A hormone injection is administered which causes the egg(s) to be released from the ovaries and prepared sperm is then inseminated into the uterus at the time of ovulation.

3 DRUGS USED TO STIMULATE THE FEMALE PARTNER'S TREATMENT CYCLE

The drugs used during an IUI treatment cycle are given in the following order:

3.1 Suprecur:

Suprecur suppresses the normal production of fertility hormones in your body. This is given subcutaneously (i.e. just under the skin, usually into the abdomen) in injection form once a day from day 2-3 of your cycle.

3.2 Gonadotrophins:

These injections stimulate follicles to develop on the ovaries and are given daily from day 2 or 3 of your cycle until your follicles have reached an optimum size.

3.3 Human Chorionic Gonadotrophin (hCG):

This is also given in injection form when your follicles are close to maturity. The hCG injection (also known as trigger shot) is usually administered 36 hours prior to your insemination, it helps to mature the eggs and release them from your follicles. Once this injection has been administered we can then plan your insemination.

3.4 Cyclogest Pessaries:

Following insemination cyclogest vaginal pessaries are to be inserted twice daily providing additional support. If you are pregnant, the cyclogest pessaries should be continued until you have attended the Unit for your first pregnancy ultrasound scan.

4 ARE THERE ANY SIDE EFFECTS TO LOOK OUT FOR?

The drugs used in IUI will stimulate your ovaries to grow more follicles than they would in a natural cycle. This may cause slight abdominal discomfort and this is a normal side effect. You may also notice a slight weight gain and some mood swings. Again, these are normal. If you notice increased discomfort and swelling of your abdomen, and feel generally unwell, then your ovaries may be slightly over stimulated and may have over-reacted to the drugs used and have developed a condition known as Ovarian Hyperstimulation Syndrome (OHSS).

4.1 Ovarian Hyperstimulation Syndrome (OHSS)

This syndrome, more commonly found in IVF treatment, is triggered either by the drugs administered to mature and release the eggs (The Human Chorionic Gonadotrophin HCG) or by the hormone HCG naturally produced in pregnancy. In the vast majority of cases, it is less likely to occur in IUI treatment. We try to prevent OHSS from happening and aim to treat it early if we suspect it might be developing.

If you are at increased risk of OHSS you will be informed and given further information from the WFI healthcare professionals.

5 ULTRASOUND SCANS

These are used to monitor the growth of follicles which will hopefully contain the eggs and also the growth of the endometrium (lining of the uterus or womb) into which an embryo may implant. You will be scanned between days 1-3 and further scans arranged as required. Scans used in IUI are internal scans and involve inserting a small probe- into the vagina so that the ultrasonographer can get a clear image of both follicles and the endometrium. This can be uncomfortable and we ask that you have an empty bladder which does help reduce any discomfort.

6 WHY MAY TREATMENT BE CANCELLED?

Occasionally this happens because of one of the following:

- The follicles may not have grown sufficiently, and/or the lining of the womb is measuring less than required.
- There are too many mature follicles and the risk of multiple pregnancy is very high. In this situation the nurse or doctor will discuss the scan results with you. Normally the current treatment cycle would be cancelled and you would not be given your injection of the hCG (the drug that matures the follicles).
- You have over-responded to the follicle stimulating hormone injections
- Your follicles have ruptured too soon and ovulation has occurred; this can be seen on the ultrasound scan.
- When cycles are cancelled for over response and high risk of multiple pregnancy you will be advised to use protection during intercourse during the cycle

7 HOW IS THE IUI PROCEDURE CARRIED OUT?

Insemination is carried out in the Fertility Clinic. If we are using your partner's sperm he will be asked to produce a sample on the morning of the procedure which will be prepared by our embryology team. Preparation of the sample normally takes a few hours and you will be given a time to return for your insemination procedure. Following your admission to the clinic you will be taken into the theatre area for the procedure and the sperm sample and the quality of the sample to be used in your treatment will be checked with you. The nurse will insert an instrument called a speculum into the vagina (the same instrument used in cervical smear tests). This gives a view of the cervix into which a fine catheter is passed. Once the catheter is in place, the partner's semen is placed into the uterus. Actual insemination should be painless and is completed in a few minutes. We ask you to stay lying down for a short time afterwards.

8 WHAT HAPPENS AFTERWARDS?

In the two weeks up to when your period is due, try to carry on life as normally as you are able, unless you are advised differently by the nurse or doctor in the clinic. If your treatment has not been successful, your period will normally start 14 days after the IUI. You may find that your period may start a few days earlier, or a few days later. Please carry out a home urine pregnancy test with the first urine sample in the morning on the date that is given to you by the clinic and contact the clinic with the result of this test.

9 WHAT IF I AM PREGNANT?

A viability ultrasound scan appointment will be booked for you, normally during the 7th or 8th week of pregnancy. The scan will show:

- *The number of embryos
- *That the embryo has implanted in the correct part of the uterus
- *That the embryo is 'viable' - this means that a heartbeat can be seen on the screen.

Following your ultrasound scan if a viable pregnancy is reported you will be asked to contact your GP surgery to arrange for your ante natal care to be provided.

10 ARE MY CHANCES OF CONCEIVING A MULTIPLE PREGNANCY HIGH?

With any type of fertility treatment that involves the use of fertility drugs there is a small increase in the change of a multiple pregnancy than within a naturally achieved pregnancy. As the number of follicles is monitored during an IUI cycle this chance remains relatively low.

11 WHAT ABOUT MISCARRIAGE?

The miscarriage rate is no higher than for naturally conceived pregnancies.

12 WHAT ABOUT SEX DURING THE WEEKS UP TO TREATMENT?

The quality of sperm can be reduced if your partner does not ejaculate on a regular basis. Because of this it is not a good idea to avoid intercourse during the weeks leading up to your IUI in the hope of 'saving sperm'. It is best to have intercourse as normal, unless you are otherwise advised. Your partner should not ejaculate for 48 hours prior to producing his semen sample for IUI treatment.

13 IS THERE ANYONE I CAN TALK TO?

Our fertility counsellor offers confidential counselling to anyone undergoing fertility investigations or treatment within the clinic. The Counselling Team can be contacted via telephone on 01639 862077 where a voicemail message can be left and a member of the team will re-contact you at the earliest opportunity. You may also raise a request to see one of our counsellors with a member of the WFI Team.