Ovulation Induction with Letrozole

LONDON PRIVATE GYNAECOLOGY

Individualised Evidence-Based Care

This leaflet explains what ovulation induction is, why it may be recommended and what to expect before, during and after treatment with Mr Subramanian.

What is ovulation induction?
Ovulation induction is a fertility treatment used to help women who are not ovulating regularly or who do not ovulate at all.

Normally, one ovary releases an egg approximately once a month. Ovulation is necessary for pregnancy to occur, as the egg must meet a sperm within the fallopian tube before travelling to the womb to implant. Women who do not ovulate regularly may find it difficult to conceive. This is particularly common in women with polyendocrine metabolic ovarian syndrome (PMOS), formerly polycystic ovary syndrome (PCOS), although there are other causes of ovulatory dysfunction.

Ovulation induction uses oral medication to stimulate the ovary to release an egg, increasing the chance of conception. It is a much less invasive treatment than in vitro fertilisation (IVF) and is often recommended as a first-line fertility treatment.

Letrozole is widely used for ovulation induction, although this use is outside its original UK product licence (off-label). It is recommended by national and international fertility guidelines and has been used safely and successfully for many years.

Why is ovulation induction recommended?
Mr Subramanian may recommend ovulation induction if investigations show that you are not ovulating regularly.
Before treatment begins, we may recommend a HyCoSy (hysterosalpingo-contrast sonography) to confirm that at least one fallopian tube is open, as fertilisation requires an egg and sperm to meet within the fallopian tube. This investigation can be performed by Mr Subramanian in clinic.

Alternatives
Depending on your individual circumstances, alternatives may include:
- Expectant management (trying to conceive without treatment)
- Lifestyle modification, including weight optimisation where appropriate
- Treatment of underlying hormonal conditions
- Gonadotrophin (hormonal) injections
- In vitro fertilisation (IVF)

Mr Subramanian will discuss the most appropriate treatment for your individual circumstances.

Before treatment
Before starting treatment, you may require:
- A pelvic ultrasound scan
- Hormone blood tests
- A HyCoSy to assess your fallopian tubes
- A semen analysis for your partner (if not already performed)

If you have not had a period recently, Mr Subramanian may prescribe medication to induce a withdrawal bleed before treatment begins. In these circumstances, we may perform a pregnancy test if appropriate.

During treatment
Ovulation induction is usually performed using an oral medication called letrozole, which stimulates the ovary to develop and mature an egg. The tablets are usually taken once daily between day 2 and day 6 of your menstrual cycle, although your treatment plan may vary depending on your individual circumstances.

During treatment, you will be monitored with one or more ultrasound scans to assess your response and measure the size and number of developing follicles (fluid-filled sacs within the ovary that contain an egg). This helps us identify the optimal time for ovulation and ensures that a safe number of follicles have developed.

Once a mature follicle has developed, you will be prescribed a trigger injection (human chorionic gonadotrophin, hCG). This medication mimics the body's natural luteinising hormone (LH) surge and causes the egg to be released (ovulation), allowing intercourse to be accurately timed to maximise the chance of conception.

After ovulation, you will usually be prescribed Cyclogest (progesterone pessaries taken vaginally). Progesterone supports the lining of the womb (endometrium) during the second half of the menstrual cycle (the luteal phase), which may help to create a favourable environment for implantation and support an early pregnancy.

Your doctor will advise you when to have intercourse during the treatment cycle. You should avoid unprotected intercourse before your first monitoring scan, as we first need to confirm that an appropriate number of follicles are developing. If more than two mature follicles develop, proceeding with intercourse may significantly increase the risk of a multiple pregnancy, and we may recommend cancelling the treatment cycle.

Duration of treatment
Treatment is usually given for up to six ovulation induction cycles, although the exact duration depends on your response and whether pregnancy occurs. Regular monitoring allows the dose to be adjusted where necessary.

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Benefits
Ovulation induction can:
- Restore ovulation in women who do not ovulate regularly
- Increase the chance of natural conception
- Avoid the need for more invasive fertility treatments such as IVF in some women

Possible side effects
Many women experience few or no side effects. However, you may experience some of the following:
- Mild abdominal bloating or pelvic discomfort
- Hot flushes
- Mild headaches
- Fatigue
- Nausea
- Mood changes

The side effects are ordinarily short-lived and mild in nature.

Risks
Ovulation induction is generally very safe, but treatment is associated with some risks.

Multiple pregnancy
Treatment with letrozole slightly increases the chance of a multiple pregnancy (usually twins) compared with natural conception. Multiple pregnancies carry increased risks for both the mother and babies, including premature delivery, gestational diabetes and pre-eclampsia. However, the risk with letrozole is generally less than 5%, particularly when treatment is carefully monitored with ultrasound scans.

Cycle cancellation
If more than two mature follicles (fluid-filled sacs within the ovaries which contain eggs) develop during treatment, we may recommend cancelling the cycle to reduce your risk of multiple pregnancy.

Failure to ovulate
Some women do not respond adequately despite increasing medication doses. The dose may need to be adjusted over one or more treatment cycles to identify the dose that produces ovulation. We also may see variability from month to month in the same patient regarding the dose and time required to induce ovulation.

Failure to conceive
Although ovulation may occur successfully, pregnancy is not guaranteed and additional fertility treatment may be recommended if conception does not occur.

Chances of success
Most women who respond to treatment will ovulate successfully, although pregnancy rates vary depending on age, the cause of infertility and other individual factors. Mr Subramanian will discuss your expected chances of success based on your own fertility assessment.

What happens if treatment is unsuccessful?
If pregnancy has not occurred after approximately six cycles of ovulation induction, Mr Subramanian will review your response to treatment and discuss further options. These may include further investigations or assisted conception treatments such as IVF.

Follow-up
Regular follow-up appointments will be arranged during treatment to review your response, discuss scan findings and plan subsequent treatment cycles.

When to seek medical attention
Seek medical advice promptly if you experience:
- Severe abdominal pain or significant abdominal swelling
- Heavy vaginal bleeding
- A positive pregnancy test associated with severe pain or bleeding
- A positive pregnancy test associated with one-sided pelvic pain or shoulder-tip pain
- Any symptoms that concern you

How do I make an appointment?
You can make an appointment either by emailing us at **info@londonprivategynaecology.co.uk** or contacting **07379 271915** and we will be happy to assist you with appointments, scheduling and any questions you may have.

How to book or ask a non-urgent question

Email:
info@londonprivategynaecology.co.uk

Phone: 07379 271915

If you have urgent symptoms after surgery, use the hospital discharge number you have been given. If you cannot get advice promptly, contact NHS 111 or go to A&E. Call 999 for chest pain, severe shortness of breath, collapse, or very heavy bleeding with faintness.

Outpatient appointments:
- The Medical Chambers Kensington, 10 Knaresborough Place, London, SW5 0TG
- HCA Healthcare UK Chelsea Outpatients, 272 King's Road, London, SW3 5AW
- 86 Harley Street, London, W1G 7HP

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