



Wake Forest University Baptist  
**MEDICAL CENTER**®  
*Center for Reproductive Medicine*

## **CONSENT FORM GONADOTROPIN OVULATION INDUCTION**

### **DESCRIPTION**

There are a variety of gonadotropins (fertility drugs given by injections) available for ovarian stimulation (the process of increasing egg production within the ovaries). You will be prescribed one or a combination of the following: Follistim™, Gonal-F™, Bravelle™, and Repronex™. Gonadotropins come in glass ampules, vials, or in cartridge form. You will be responsible for learning to mix and give yourself once daily (evening) or twice daily (morning and evening) injections or appointing someone to do so for you.

### **HOW THE DRUG WORKS**

Gonadotropins are given to act directly upon the ovaries to stimulate the follicles on the ovaries to grow and mature. The follicles are fluid filled cavities that house the eggs and produce estrogen (a natural hormone that causes necessary monthly changes within the uterus). Once the follicles have reached maturity another drug called human chorionic gonadotropin (HCG) must be given to cause the follicles to release the eggs (ovulation). The hormone increase from this injection acts like the body's natural response and triggers the release process or ovulation.

### **REASONS FOR THE DRUG**

Gonadotropins can be used in women that fail to ovulate or conceive after a fertility drug called Clomiphene Citrate is used. Couples with a history of infertility and have no problems with their tubal anatomy and who have failed simpler forms of therapy are usually good candidates for these injectables.

## THE PROCESS

**You are to call with the first full flow day of your period. Start weighing yourself daily beginning with a baseline weight prior to starting injections.**

You will be provided instructions on how to mix and administer your daily injections. When you call with your first flow day, we will decide on a starting dose and provide you with that dose and instructions to get you through approximately 4-5 days of treatment.

We will then bring you in for a transvaginal ultrasound (ultrasound probe placed in the vagina requiring an **empty** bladder) to get measurements of each follicle (fluid filled sacs housing the eggs) on each ovary. We will also draw blood from your arm to run an estradiol level. The estradiol is a blood test measuring the amount of estrogen. Estrogen is the hormone produced by the ovary that increases in value as the size of the follicles increase.

You will then be free to return to work. We will call you later that day once we have obtained the results of your blood work from the lab and reviewed this information with the doctor.

After both the estradiol level and the measurements of the follicles have been reviewed by the physician, you will be called with your next dosing schedule and return appointment. You will have an average of 3 ultrasounds and 3 estradiol levels drawn during your course of therapy.

Once the follicles have reached the size that would categorize them as mature, we will then instruct you when to stop taking your gonadotropin injections and advise you when to take your hCG injection (human chorionic gonadotropin). This is an intramuscular injection that will mimic the body's natural hormonal surge and cause ovulation. Once you have taken the injection you will ovulate approximately 36 hours later.

## ADVERSE REACTIONS

Side effects associated with this therapy may include but are not limited to local skin irritation, swelling and/or pain at the injection sites, headaches, hotflashes, irritability, abdominal or pelvic pain, weight gain, nausea & vomiting, breast discomfort, abnormal uterine bleeding, ovarian pain, constipation, nerve damage from improper injections