

FSH MEDICATION PROFILE

Why is it ordered?

Follicle Stimulating Hormone (FSH) is a man-made form of a hormone that occurs naturally in the body. This hormone works by stimulating ovaries to assist with egg development and maturation. *Examples of medications your doctor may order that contain FSH include Puregon, Gonal-f or Menopur.*

How it works?

FSH is given in the form of a subcutaneous injection. A nurse will give you your treatment plan during your first visit on cycle day 3. You will start your injections on cycle day 3 after 4 PM. You can access injection teaching videos on our website. You will stay on the injections until ovulation. We will monitor your cycle through bloodwork and ultrasound appointments while you are on the FSH injections and you will participate in ovulation monitoring using ovulation prediction kits (OPKs) when instructed to do so. OPKs can be purchased at drug stores or online. Please follow the instruction on the package. The number of required visits varies depending on your response during the cycle. The ultrasound will show us the number and size of follicles in the ovary. Inside each follicle should be an egg (oocyte). When the follicle(s) reach a mature size the physician will either wait for ovulation by having your take OPKS, assessing your bloodwork for an LH surge or prescribe a medication called Ovidrel to cause the egg(s) to be released. Please do not do an early home pregnancy test if you received Ovidrel as this medication may give you a false positive result if done too early. If an insemination (IUI/DI) is planned, it is done the day after positive OPK result, LH surge or Ovidrel injection.

What are the risks?

The incidence of multiple pregnancies following FSH therapy with timed intercourse or insemination is between 10 and 20%. The majority of these are twins, but triplets and quadruplets occur in less than 5% of pregnancies. It is extremely important that you are aware of the possibility of a multiple birth. Please also discuss this risk with your partner if applicable. Please note that there is a risk of cycle cancellation if you produce too many follicles during stimulation. The incidence of birth defects with FSH therapy is no higher than it is in the general population.

What are the side effects?

- Headache; which may be relieved by Tylenol if you are not allergic.
- Pain, swelling or rash at the injection site; may be relieved by applying ice or heat to the site.
- Gastrointestinal complaints may be relieved by avoiding specific foods that bother you
- Other minor side effects include fever, breast tenderness, and abdominal discomfort.

What happens after ovulation?

There is evidence that taking Progesterone suppositories after ovulation improves outcome following an FSH treatment plan. You should pick up Progesterone suppositories during cycle monitoring. These suppositories should be taken twice a day (am and pm) vaginally or rectally starting 3-4 days post positive OPK, LH surge/Ovidrel/IUI. Please note, while on the suppositories you may experience heavy vaginal discharge, bloating, cramping, spotting and breast tenderness. If you are pregnant, you will continue taking the progesterone suppositories until approximately 10 weeks of pregnancy. If you are not pregnant, you will stop using the suppositories for that cycle. The suppositories may delay a period for those who are not pregnant.