



Cycle Monitoring

Definition: We rely on ultrasound and hormone testing, as well as the use of ovulation prediction kits (OPKs) to evaluate your menstrual cycle. This cycle monitoring allows us to track your menstrual cycle and determine if and when ovulation is occurring. In addition, the information gathered during cycle monitoring is used by our fertility specialists to determine the dosage and proper timing of fertility medications.

Purpose:

- a) Monitor your menstrual cycle, using blood tests, urine tests and ultrasounds;
- b) Determine the correct time for procedures (when applicable);
- c) Manage medication dosage (when applicable); and
- d) Track for ovulation.

Process:

- 1) Please call the clinic at (905) 634-4440 and choose the booking line on the first day of your period (full bleeding, not spotting). Your name will be placed on a list and your chart will be reviewed by a physician. A receptionist or nurse will call you back latest by 3pm on your cycle day two to let you know if there is a spot available to move forward with your treatment cycle that month.
- 2) Please follow your checked plan below. We require that infectious disease screening for you and your partner (if applicable) has been completed within one year, before treatment start. If you want to know when your screening needs to be repeated, please ask a nurse.

	For natural monitoring (no medication) book for Cycle Day 10 monitoring (unless otherwise instructed).
	For a cycle with oral medication book for Cycle Day 10 monitoring (unless otherwise instructed) Please take ___ pill(s) of your medication from day 3 to day 7.
√	For a cycle with injections (FSH) book for cycle day 3 monitoring. At this visit, you may pick up your medication. Injection teaching videos can be viewed on our website.
* When booking your first appointment, please let reception know if you are monitoring for an intercourse cycle or insemination cycle.	
*Please be prepared to attend approximately 1-3 visits during your monitored cycle. The number of visits will depend on your individualized cycle plan.	

If at any point during Cycle Monitoring you have any questions about the process or your individual treatment, please call one of our nurses at 905-634-4440. We strive to make cycle monitoring morning appointments as efficient as possible. To ensure that all patients can finish their visit safely and in a timely manner, these monitoring

appointments will be brief. You will meet with a nurse on your first cycle monitoring visit, and she will give you your treatment plan. You will be provided with all your medications for the cycle, during that visit. If you require more medications during your cycle, you must call the clinic to make arrangements to pick-up more medication. In depth questions will be answered at follow-up appointments with your primary physician.

3) At your Cycle Monitoring Appointment:

- a. Upon entry to the clinic,
 - i. You will proceed to check-in with the receptionist
 - ii. Don't forget your health card! You will be asked to swipe it at the front desk.
- b. Blood draw
 - i. A Phlebotomist (blood technician) will draw your blood for testing which will analyze your hormone levels;
 - ii. Your blood test results will be reviewed in the afternoon
 - iii. Nursing will only call you if there are changes to your cycle plan.
- c. Pelvic Ultrasound
 - i. A sonographer (ultrasound technician) will call you for your ultrasound;
 - ii. Our reception staff will notify you if a FULL bladder is required for your first cycle monitoring visit;
 - iii. The ultrasound will assess your ovaries and uterus;
 - iv. After your ultrasound on your first visit, you will be directed to a room to meet with a nurse. For every subsequent visit, you will leave directly after your ultrasound.
 - v. A nurse will call you after your visit only if your results need to be reviewed with you or if changes to your plan are made.

4) After 3 cycles of your treatment plan if you are not pregnant we recommend that you:

- a. **Re-assess your treatment plan**
- b. If you do not already have a plan for your subsequent treatment step, please book an appointment with your primary physician.
- c. If you have questions about your treatment, please book an appointment with your primary physician
- d. If you have a treatment plan and would like to continue with your plan, you may do so without an appointment with your primary physician.

*You may be asked to see your primary physician sooner in some circumstances

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.