



Patient and Family Education

Basic Ovulation Monitoring & Intra Uterine Insemination

BASIC OVULATION MONITORING (BOM) involves doing a series of vaginal ultrasound scans(usually 1-3)and /or self test urine ovulation strips to predict when ovulation may occur.

Intrauterine Insemination (IUI) is a fertility treatment that uses a catheter to place highly concentrated amount of active motile sperm directly into the womb (also called artificial insemination). The goal of IUI is to deliver sperm to reach the fallopian tubes around the time of ovulation to increase the chance of fertilisation.

Why do you need this procedure?

IUI can be used as a fertility treatment for any of the following conditions:

- Mild reduction in sperm count or quality.
- Unexplained subfertility.
- Sexual dysfunction where there is difficulty with penetration.
- When the spouse is away and hence intercourse is not possible.
- You or your spouse has subfertility.
- Other indications deemed medically suitable by your doctor.

The sperm to be inseminated may come from your husband or from a donor if you have opted for one.

The rate of conception with IUI is about 5 -10%.

What does it involve?

Prior to initiating IUI treatment, you and your husband or the donor of the sperm have to undergo blood tests and screening for infectious diseases. In addition, you may have to have:

- Assessment of patency of the fallopian tube (a tube through which eggs pass from an ovary to the uterus) and assessment of cavity of the womb. This

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could be performed via ultrasound, X-ray, or surgery. IUI is not suitable for women in whom both fallopian tubes are blocked.

- Blood tests and ultrasound to assess your ovarian reserve to help gauge how well you will respond to the hormonal medication.

Your doctor may give you oral fertility related medication to take during your menses. This is to stimulate the ovaries and increase the chance of egg production, thereby increasing the chance of achieving pregnancy. A transvaginal ultrasound scan is used to monitor the growth of the follicles. A follicle is a fluid-filled structure in the ovary that contains a developing egg. Sometimes, we would ask you to use urinary kits to predict ovulation. The hormone, Human Chorionic Gonadotropin (hCG), may be administered to stimulate the release of eggs from the follicles when the follicles are of sufficient size to synchronise the insemination. This process may take 2 to 3 weeks. Afterwards, IUI will be timed accordingly.

Your husband must deliver his semen sample to the Hospital (the SingHealth institution where the Procedure is performed). The semen sample will be processed by the laboratory in order to separate the semen from the seminal fluid and select active motile sperm. A speculum is used to visualise the neck of the uterus and a catheter is then used to inject the processed sperm directly into the uterus. You may be given a course of antibiotics if you are at risk of infection.

IUI is scheduled only on working days. The development of the egg is not predictable and hence if the procedure cannot be performed during working days, you will be guided for timed intercourse.

Before the Surgery

Husband

1. On IUI day, your husband is required to produce a sperm sample in the container provided.
2. He must bring it personally together with his NRIC or passport for verification.
3. This MUST reach CARE before 9am.
4. The laboratory takes about 2 hours to process the sperm.

Wife:

1. The IUI procedure will be done in the late morning on the same day.
2. Please do not pass urine before the procedure unless instructed. You may request for an MC if needed and you can go home after the procedure.

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Duration of Procedure

Approximately: 5 to 10 minutes

Precautions for procedure

Please inform your doctor if you have any medical illnesses. Before the procedure, please inform your doctor if any of the following are applicable:

- You have a history of allergy or reaction to any medications or drugs.
- You have a history of bleeding or clotting disorders.

Please check and confirm whether all medications, including supplements you are taking for other ailments are suitable to be taken in early pregnancy.

Risks of Procedure

Complications will be explained to you by your surgeon before surgery. You will be required to sign an informed consent prior to surgery.

The potential risks are:

Too many follicles developing	Insufficient follicular development
Inability to perform intrauterine insemination	IUI day coincides with non-working days
Uterus lining not developed	Missed ovulation
Multiple pregnancy	Ovarian Hyperstimulation Syndrome (OHSS)
Adverse drug reaction	Bleeding
Infection	Uterine perforation
Risks associated with older patients	Risks of ectopic pregnancy, miscarriage and foetal abnormality

Care after Surgery

Refer to post gynaecological outpatient procedures Patient and Family Education sheet.

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Activity / Rehabilitation

- You are advised to rest and avoid strenuous activities or prolonged standing for the rest of the day.
- Subsequently, you may resume normal activities as tolerated.
- Avoid swimming for at least 2 weeks or until bleeding or discharges have stopped.

Nutrition / Diet

- There are no restrictions on your diet.

Safe and effective use of medication

- Take prescribed medications as instructed by pharmacist.

Special Instructions

- Some light vaginal spotting or bleeding is expected after a Gynaecological procedure. This usually decreases over time and with rest.
- Use sanitary pad to prevent staining your underwear.
- Avoid using tampons until your next menstrual period or until after bleeding and discharges stops.
- Do not douche after the procedure.

When and how to seek further treatment

Seek urgent medical consultation with your doctor at the O&G Centre during office hours or at the Department of Emergency Medicine of Singapore General Hospital after office hours if any one of the following conditions occurs:

- Fever of 38 °C and above.
- Excessive vaginal bleeding.
- Bleeding is bright red with blood clots.
- Severe abdominal pain.
- Foul smelling discharge from the vagina.
- Any other abnormal or prolonged symptoms, which may cause concern.

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