



OVARIAN HYPERSTIMULATION SYNDROME (OHSS)

Women contemplating ovarian stimulation should be aware that the procedure carries risks that are comparable with the risks of elective surgery. OHSS is a potential threat to every woman undergoing ovarian stimulation during ovulation induction or IVF treatment. The fertility medications used to stimulate your ovaries may cause side effects. Excessive stimulation of the ovaries is called ovarian hyperstimulation. OHSS may be classified as mild, moderate or severe.

INCIDENCE OF OHSS

Despite careful monitoring during treatment, a small number of women (about 3-5% of all treatment cycles) may develop OHSS.

The symptoms usually begin 3-5 days after the hCG (Ovidrel or Pregnyl) trigger injection, provoked by each injection of hCG. Sometimes the symptoms may be delayed, occurring up to 7 days after the embryo transfer.

MILD OHSS

The majority of women diagnosed with OHSS will experience a mild form of the syndrome, which invariably resolves within a few days. Mild OHSS is a relatively common side effect of ovarian hyperstimulation. Women may complain of abdominal discomfort, a bloated feeling, nausea, slight weight gain and mild abdominal swelling. Approximately 70% of women will recover from their symptoms within 1-2 weeks.

In a small proportion of women, the degree of abdominal discomfort can be quite pronounced. 20% of women diagnosed with moderate OHSS symptoms may take up to 2-4 weeks to resolve. If a pregnancy occurs, recovery from

the syndrome may be delayed. It may take up to ten weeks for the symptoms to resolve if you are pregnant. Later the pregnancy can be expected to proceed normally.

SEVERE OHSS

Very rarely, in about 1-2% of women, the symptoms may become so severe, hospitalisation is necessary. Women will experience progression of symptoms including nausea, vomiting, marked abdominal pain, diarrhoea and dehydration. Fluid accumulates in the abdominal cavity and chest, causing abdominal swelling and shortness of breath. There is a reduction in the amount of urine produced. These symptoms require constant monitoring by the Doctor, whilst the woman is in hospital. Women diagnosed with severe OHSS may take up to 4-6 weeks to recover from their symptoms.

MANAGEMENT OF OHSS

Most women with mild symptoms of OHSS respond well to drinking plenty of oral fluids, including electrolyte replacement drinks (2 to 3 litres daily) and by taking simple analgesia to assist with pain management. Symptoms are self limiting and will resolve spontaneously.

Hospitalisation is required for the treatment of severe OHSS and is aimed at restoring the woman's fluid and electrolyte balance, controlling pain, preventing clot formation and in some very serious cases, termination of pregnancy. Occasionally very serious complications associated with severe OHSS develop, including blood clotting disorders, kidney and liver impairment and twisted ovary (ovarian torsion).

WOMEN AT RISK OF DEVELOPING OHSS INCLUDE:

- Women with polycystic ovaries
- Younger women (<35 years of age)
- Women who develop high estrogen hormone levels and a large number of follicles or eggs in response to ovarian stimulation

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- Women whom have had administration of a GnRH agonist
- Women whom have been prescribed low dose hCG injections (Ovidrel or Pregnyl) for luteal phase support
- Women with a slim build
- Women who have developed OHSS during previous ovulation induction or IVF treatment

TREATMENT OPTIONS IF YOU ARE AT RISK OF DEVELOPING OHSS

If you're at risk of developing OHSS during ovulation induction or IVF treatment, your doctor might suggest several options to prevent or minimise symptoms of OHSS including;

- Coasting. Your Doctor will advise you to reduce or stop ovarian stimulation injections whilst continuing your synarel nasal spray, for a few days before egg collection. This allows your estrogen levels to decline to an acceptable level before proceeding to egg collection.
- Proceeding with the egg collection but freeze all of the resulting embryos (In a freeze-all cycle, the eggs are collected and fertilised then cryopreserved). Because pregnancy or further hormone injections will worsen the risk of OHSS, a freeze-all cycle is a safer option. This gives the ovaries time to settle down before attempting pregnancy at a later date. The woman can return for treatment and have the frozen embryos transferred back to her uterus. A frozen embryo transfer cycle does not require any stimulation of the ovaries.
- Withholding hCG administration and cancelling your treatment cycle. The potential risk for development of OHSS is considered too great by your Doctor. Your Doctor will tailor your future treatment aiming to minimise, or prevent this syndrome potentially developing again.



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