

Clinical Pearls for IUI



- Dr. Kanthi Bansal

- Being one of the most popular treatment modality in infertility, IUI remains the simplest, easiest and inexpensive option along with the benefit of being painless, precise and atraumatic technique.
- An ideal set-up for IUI must have USG with TVS probe, Ovulation kits, Semen Collection Room & Semen Processing Lab, all under one roof. Quality control should be maintained at all steps.
- Complete work up of infertility (Semenogram, mid luteal progesterone, HSG/SSG/Laparoscopy) Indication & adequate counseling are important for selection of patients for IUI treatment.
- Age, BMI, Duration of infertility, Cause of infertility are other factors affecting success of IUI
- Pre-requisites of IUI include at least one fallopian tube be patent, ovaries be capable of ovulating, post-wash sample have at least 5 million motile sperms, endometrium must be free from pathology
- In anovulatory patients, it is aimed to have monofollicular development & in ovulatory patients 2-3 follicles is optimum.
- IUI can be done in a natural cycle or a stimulated cycle (Controlled Ovarian Hyperstimulation COH). Antagonist is used to prevent endogenous LH surge in selected cases
- Stimulation Protocols for IUI include CC + hCG, CC+hCG/GnRh-a, Tamoxifene, Letrozole, CC+Gonadotropins +hCG/GnRh-a, Gonadotropins +hCG/GnRh-a
- Adjuvants like Aspirin, Oestrogen have no beneficial effects according to Cochrane database.
- GnRH -agonist is given instead of hCG, for triggering ovulation in cases where OHSS is predicted
- The best results are obtained when the timing of ovulation is perfect. A Base line TVS on D2/3, Serial Follicle monitoring D8/9 onwards, additional benefit by color Doppler study and administration of Inj.hCG 5000 I.U, when follicle size has reached 18-22mm improve IUI results
- IUI is done 24-36 hrs after hCG administration or 24 hrs after LH Surge
- Although luteal support is not necessary in all cases, but it has to be given if GnRH-a are used. In CC treated cases, Inj.HCG given for triggering ovulation supports luteal phase
- Period of abstinence is an important factor to improve male semen parameters. Sexual abstinence of at least 2 days prior to IUI 88% Pregnancy Rate while no abstinence →46% Pregnancy Rate
- In cases of normal semen parameters, Swim-up technique for sperm wash should be used and in cases of oligoasthenospermia, Density Gradient is the method of choice
- In situations of highly viscous semen samples, mechanical liquefaction / collection of semen in container with media is advocated
- IUI gives best results in first 3-4 attempts
- IUI Success rates are 2-15%.
- Pregnancies resulting from IUI occur during early treatment cycles. 88 % of pregnancies occur in the first 3 cycles of IUI & 95.5% within the first 4 cycles
- Failure of 4 - 6 trials of IUI with COH is an indication for IVF

DOCTOR'S DAY 1st July 2010

- 8.30 pm to 9.15 pm : Dinner
9.15 pm to 9.30 pm : **Felicitations of seniors and star galaxy of successful kids in board exam (SSC & HSC)**
9.30 pm to 10.00 pm : Panel Discussion

- Subject : **Role of omega 3 fatty acids and micro nutrients in pregnancy**
Moderator : **Dr. Atul Munshi**
Panelist : **Dr. Hemant Bhatt ♦ Dr. Manoj Pandya**
Dr. Rajesh Soneji ♦ Dr. Harshad Ladola
Prog. Coordinator : **Dr. Anil Mehta**



(Please inform AOGS office with copy of mark sheet of students securing 90% marks or above in SSC or HSC exam before 25th June 2010 to be felicitated on doctor 's day.)

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