 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology		Document No.	OGRM210
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促性腺激素促排卵治療參考資料

問：甚麼是“促性腺激素促排卵治療”？它包括哪些步驟？

答：它步驟如下：

- (1) 用促性腺激素刺激卵巢的卵泡發育；
- (2) 作超聲波檢查來監測卵巢對藥物的反應；
- (3) 依照醫生的指示，在排卵時進行性交。

問：哪種不孕症的夫婦可以用這個方法治療？

答：這個治療方法只適用於盆腔正常和輸卵管通暢的婦女，主要用來治療口服藥物也未能引致排卵的不孕症。

問：甚麼情況可能會導致治療失敗？

答：這些情況包括：

- (1) 卵巢對促性腺激素反應不佳。
- (2) 夫婦未能按醫生的指示進行性交。
- (3) 卵巢有太多成熟卵泡。如果超過兩個卵泡發育，便有發生多胎妊娠的高風險，因而要終止治療。

問：用這個方法治療會有較多機會多胎妊娠嗎？

答：多胎妊娠發生率大約是百分之十。

問：用這個方法懷孕後，胎兒畸型的機會大些嗎？

答：沒有證據。


問：用這個方法治療有併發症嗎？

答：一般來說，用這個方法治療相當安全，很少出現併發症。可能出現的併發症包括：

- (1) 多胎妊娠。
- (2) 卵巢過度刺激症[病人可出現腹脹和腹痛、嘔吐、卵巢腫大、腹水及胸腔積液等]。
- (3) 藥物刺激卵巢可能會稍微增加卵巢癌的風險，但證據尚無定論。

問：如果是多胎妊娠，有沒有方法減少胎兒的數目？

答：是有的。對胎兒數目多於兩個，可選擇減胎手術，但有機會引致其他胎兒小產。


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接受促性腺激素促排卵治療注意事項

請仔細閱讀以下促性腺激素促排卵治療的過程。如果你有疑問，請向醫護人員查詢。你的合作對治療的成功十分重要。

(Affix patient's label)
Patient's name &
ID number

1. 你的第一次治療在 _____ 年 _____ 月。你可能需要服用藥來誘發月經。
2. 請你在這個月份經期的第二天開始，準時在早上七時半到達瑪麗醫院 K 座五樓北，進行陰道超聲波掃描和抽血驗雌激素水平。
☐ 如果經期的第二天是星期六或星期日，請在星期一到達瑪麗醫院。
☐ 如果檢驗報告不正常，你可能需要數天後再檢驗。
3. 如果一切正常，從你週期的第三或第四天開始，你需要每天接受促性腺激素注射，以刺激卵巢內卵泡發育。你可以在診所或自行注射。
4. 注射五天後，你需要在醫生指定日子進行超聲波掃描來監測你的卵巢對藥物的反應。當你的卵泡成熟時，你需要打 hCG 針誘導排卵。打 hCG 針誘導排卵當天，要抽血驗雌性荷爾蒙水準。你需要在打 hCG 針當天及次天晚上和你丈夫性交。在整個排卵治療，你可以與丈夫定期性交。
5. 打 hCG 針第三天起，你需要口服兩個星期的孕激素，作黃體期支持。可能有需要抽血監察你的荷爾蒙水平。
6. 如果治療失敗，你會在打 hCG 針後大約十四天來月經。你可在經期第二天回來覆診，再進行新的治療週期。一般最多可治療 六個 週期。如超音波顯示卵巢還有水泡，你需要延遲接受治療。在特殊情形下，治療可能提早取消。
7. 如果你還有問題，可以致電 2255-3657 查詢。可留下口訊，工作人員會儘快回覆。

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Information on Gonadotrophin for Ovulation Induction

Question: What does the treatment involve?

It involves:

Answer:

- 1) use the drug gonadotrophin to stimulate the development of a single follicle in the ovary;
- 2) monitoring of ovarian response by pelvic ultrasound;
- 3) sexual intercourse around ovulation as instructed by the doctor.

Question: Which types of women can be helped by this therapy?

Answer: This therapy can only be performed for women whose pelvic organs are normal and the fallopian tubes are patent. It is mainly used to treat those women who fail to ovulate even after oral fertility drugs.

Question: What are the conditions that may lead to failure of this therapy?

Answer: These include –

- 1) poor response to the drug stimulating the ovaries;
- 2) failure to have intercourse as instructed by doctor;
- 3) excessive response – if more than 2 follicles develop, the treatment will be stopped because of the high risk of multiple pregnancy.

Question: Is there a higher chance of multiple pregnancies?

Answer: Yes. The incidence of multiple pregnancies is around 10%.

Question: If a woman conceives with this therapy, will there be a higher chance of fetal abnormalities?

Answer: There is no such evidence.


Question: Will there be any complications associated with this therapy?

Answer: In general, the treatment procedures in this therapy are fairly safe and the complication rate is low. The possible complications include:

- 1) multiple pregnancy;
- 2) ovarian hyperstimulation syndrome (Patient may develop abdominal distention and pain, vomiting, ovarian cysts, fluid in the abdomen and the lung etc.);
- 3) fertility drugs may slightly increase the risk of ovarian cancer but the evidence is not conclusive.

Question: Is there any way to reduce the number of fetuses in case of multiple pregnancies?

Answer: Yes. There is an option of selective fetal reduction which can be considered in those carrying 3 or more fetuses. The procedure, however, is not without any risk and may result in loss of all fetuses.

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Instruction Sheet for Gonadotrophin for Ovulation Induction

Please read the following instructions carefully and make sure that you understand what you have to do. The success of this treatment depends very much on your cooperation.

(Affix patient's label)
 Patient's name &
 ID number

1. Your first treatment cycle will be started in ____ (mm) ____ (yy). You may require to take tablets to induce vaginal bleeding.
2. On Day 2 of your period in the treatment cycle, you have to come to K5 North, Queen Mary Hospital at 7:30 in the morning to have a vaginal pelvic scan and to check the baseline hormone.
 - ☐ *If Day 2 falls on Saturday or Sunday, you can come up on Monday.*
 - ☐ You may be asked to repeat the tests if the hormone level is still high or a cyst of the ovary is seen in the scan
3. Usually you can start on Day 3 or 4 onwards to receive daily injections to stimulate the follicle in the ovaries. You can have the injections in the clinic or by yourself.
4. After 5 days of injection, ultrasound scans may be repeated to monitor the response to stimulation. You will be informed of the time of injection of hCG to induce ovulation when the follicle is mature. Female hormone level will be measured on the day of hCG injection. You should have intercourse with your husband the same and the following nights. You can have regular sexual intercourse with your husband throughout the treatment.
5. From the third day after the hCG injection, you will be given two weeks of oral progesterone tablets to support the luteal phase. Blood may also be taken later to monitor your hormonal levels.
6. If the cycle fails, menstruation will return about 14 days after the hCG injection to induce ovulation. You can come back on Day 2 of the period to proceed further treatment cycles. However, if ultrasound scanning shows the presence of cysts of the ovaries, you may have to postpone the treatment. In general, a maximum of six treatment cycles may be offered. (Treatment may be stopped earlier in certain situations.)
7. If you still have any query, please call us at 2255-3657 and leave a message. Our staff will call back as soon as possible.