 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGRM214
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### 促性腺激素刺激排卵和宮內授精治療參考資料

問: “促性腺激素刺激排卵和人工授精” 包括哪些步驟?

答: 促性腺激素刺激排卵 步驟如下: 用促性腺激素刺激卵巢的卵泡發育; 作超聲波檢查來監測卵巢對藥物的反應;  
宮內授精 在排卵時期進行, 首先要收集丈夫的精液, 然後在實驗室洗精, 再將精子注入子宮內腔。

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, 主要用來治療輕度男性不孕症、最小和輕度子宮內膜異位症及原因不明的不孕症。

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) 卵巢有太多成熟卵泡, 便有多胎妊娠的危險, 因而要終止治療。
- (3) 丈夫取不到精液。

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 10-20%

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。 有可能出現的併發症包括:

- (1) 多胎妊娠;
- (2) 卵巢過激症 (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) 授精後可能發生盆腔感染。
- (4) 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, 可選擇性減胎手術, 但有機會引致其它胎兒小產。


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### 接受程序刺激排卵和宮內授精治療注意事項

請仔細閱讀以下程序刺激排卵和宮內授精治療的程序。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。
2. 請你在這個月份經期的第二天，于早上七時半到達瑪麗醫院 K 座五樓。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藥物注射，以刺激卵巢內卵泡發育。你可以自行注射。
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，便會安排你打 hCG 誘導針排卵和進行人工授精的時間。打 hCG 針當天，要抽血驗雌激素水平。
5. 在人工授精前兩小時，你的丈夫將精液送到瑪麗醫院的化驗室進行精液處理。
6. 打 hCG 針第三天起，你需要口服兩個星期的孕激素藥丸，作黃體期支持。 可能有需要抽血監察你的荷爾蒙水平。
7. 如果治療失敗，你會在打排卵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。如超音波顯示卵巢還有水泡，你需要延遲接受治療。一般最多可治療 三個週期。在特殊情形下，治療可能提早取消。
8. 如果你還有問題，可以致電 2255-3657 查詢。留下口訊，工作人員會儘快回覆。

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## Information on Ovarian Stimulation with Gonadotrophin and Intrauterine Insemination

**Question:** What do “ovarian stimulation” and “intrauterine insemination”? involve?

**Answer:** Ovarian stimulation with gonadotrophin involves:

- 1) use of gonadotrophin to stimulate the development of follicles in the ovaries;
- 2) monitoring of ovarian response by regular pelvic ultrasound examinations.

Intrauterine insemination involves collection of husband’s semen, sperm washing in the laboratory, and injection of the washed semen into the womb around the ovulation time.

**Question:** Which types of infertile couples can be helped by this treatment?

**Answer:** This treatment may be useful for those couples suffering from infertility due to mild male factors, minimal/mild endometriosis or when no cause can be identified.

**Question:** What are the conditions that may lead to failure of this treatment method?

**Answer:** These include –

- 1) poor response to the drug stimulating the ovaries;
- 2) too many follicles develop and the treatment will be stopped because of the high risk of multiple pregnancy;
- 3) failure of the husband to collect semen.

**Question:** Is there a higher chance of multiple pregnancies?

**Answer:** Yes, the chance of having multiple pregnancies is around 10-20%

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

**Answer:** There is no such evidence.


**Question:** Will there be any complications associated with this treatment?

**Answer:** In general, the treatment procedures 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) pelvic infection after the insemination procedure and
- 4) 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 Ovarian Stimulation with Gonadotrophin and Intrauterine Insemination

*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 co-operation.*

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

1. Your first treatment cycle will be started in \_\_\_\_\_ (mm) \_\_\_\_\_ (yy)
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 basal 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 gonadotrophin injections to stimulate the follicles in the ovaries. You can have the injections by yourself.
4. After 5 days of injection, ultrasound scanning will be performed to monitor the response to stimulation. You will be informed of the time of injecting hCG to induce ovulation when the follicles are mature and then intrauterine insemination will be arranged accordingly. Hormone level will be measured on the day of hCG injection.
5. Your husband has to submit a semen sample to our semen laboratory two hours before the insemination procedure.
6. 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.
7. 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 later. In general, a maximum of THREE treatment cycles may be offered. *Treatment may be stopped earlier in certain situations.*
8. 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.