 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGRM 241
		Issue Date	May 2024
	<u>Subject</u> Information on ovarian hyperstimulation syndrome	Next review date	April 2026
		Approved by	HKU-QMH CARE, QMH
		Page	Page 1 of 4

Information on ovarian hyperstimulation syndrome (OHSS)

Question: What is OHSS and what causes OHSS?

Answer: OHSS is a potentially serious complication of fertility treatment, particularly of in vitro fertilization (IVF). Ovarian stimulation is routinely used during IVF and can lead to excessive response of the ovaries leading to OHSS. Over stimulated ovaries are enlarged and release chemicals into your bloodstream. These chemicals will cause fluid shift from your blood vessels into your abdomen, and in severe cases into spaces around the heart and lungs. This can very rarely lead to death in severe cases, especially without proper early treatment.

Question: What are the symptoms of OHSS?

Answer: OHSS can range from mild to severe:

Mild OHSS – mild abdominal swelling, discomfort and nausea.

Moderate OHSS - the abdominal swelling is worse because of fluid build-up in the abdomen. This can cause abdominal pain and vomiting.


Severe OHSS – extreme thirst and dehydration. You may only pass small amount of urine and/or you may experience difficulty in breathing due to building up of fluid in your chest. Formation of blood clot (thrombosis) in the legs or even lungs is a serious but rare complication of OHSS. The symptoms are swollen, tender leg or pain in your chest and breathlessness.

It is normal to have mild abdominal discomfort after egg collection. If you are worried or develop any of the symptoms above, please seek medical advice.

Question: Who gets OHSS and how long does it usually last?

Answer: Mild OHSS is common in women having IVF, affecting nearly one third of them. However, only 1-5% will develop moderate or severe OHSS. The risk is higher in women who are having polycystic ovaries, under 30 years old, having history of OHSS, or getting pregnant in the stimulation cycle especially in case of multiple pregnancy.

Most of your symptoms should resolve in 7-10 days. If you do not get pregnant, OHSS usually resolves by the time your next period starts. If you become pregnant, OHSS can get worse and last up to a few weeks or longer. Therefore, your physician may suggest to use antagonist cycle and agonist trigger, freeze all your embryos and not for embryo replacement in fresh cycle if you are at risk of OHSS. These strategies will effectively minimize the risk of OHSS.

 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGRM 241
		Issue Date	May 2024
	Subject Information on ovarian hyperstimulation syndrome	Next review date	April 2026
		Approved by	HKU-QMH CARE, QMH
		Page	Page 2 of 4

Question: Where should I go in case of suspected OHSS?

Answer: Please attend the Accident and Emergency department of the nearby hospital or attend our daily Reproductive Medicine Clinic at K5N Queen Mary Hospital at 8 AM.

Question: Do I need to be admitted into the hospital because of OHSS?


Answer: Many women with OHSS can be managed as outpatient but you may need hospital admission if you have the below symptoms:

- Abdominal pain not improved by pain killers
- Severe nausea and vomiting
- Very little urine output in a day
- Tender legs (suspected thrombosis)
- Shortness of breath

If your condition is not getting better or if you cannot travel easily between home and hospital for follow-up, you will be admitted for monitoring

After admission, further investigations and treatment may be initiated, such as blood tests, intravenous fluid rehydration. You will be advised to drink to thirst and avoid certain pain-killers (NSAIDs). Your blood pressure and oxygen concentration will be monitored in order to watch out for serious complications. Blood-thinning injections will also be started in view of risk of blood clot-formation with OHSS.

You are advised to avoid bedrest during the period regardless of in-patient or out-patient treatment as there will be risk of blood clot formation with immobilization.

 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGRM 241
		Issue Date	May 2024
	Subject Information on ovarian hyperstimulation syndrome	Next review date	April 2026
		Approved by	HKU-QMH CARE, QMH
		Page	Page 3 of 4

卵巢過度刺激症候群 (OHSS)

問：什麼是 卵巢過度刺激症候群(OHSS)以及 OHSS 的原因是什麼？

答：OHSS 是生育治療過程中潛在的嚴重併發症，特別是試管嬰兒 (IVF)。在 IVF 期間通常使用藥物刺激卵巢，可引起卵巢過度反應，導致 OHSS。過度受刺激的卵巢會擴大並釋放化學物質進入血液。這些化學物質會導致液體從血管轉移到腹部，嚴重時會進入心臟和肺部周圍的空間。在極罕見的情況下，嚴重個案會導致死亡，特別是沒有及早發現和適當的早期治療。

問：OHSS 有哪些症狀？

答：OHSS 症狀可以從輕微到嚴重：


- 輕度 OHSS - 輕微腹脹，不適和噁心。
- 中度 OHSS - 由於腹部液體積聚，腹脹更加嚴重。這可能導致腹痛和嘔吐。
- 嚴重 OHSS - 極度口渴和脫水。你可能只會排出少量尿液和 / 或會因胸部積水而導致呼吸困難。在小腿或甚至肺中形成血凝塊（血栓形成）是 OHSS 的嚴重併發症，但甚少發生。症狀是腿部腫脹，疼痛或胸部疼痛和呼吸困難。

抽取卵子後有輕微的腹部不適是正常的。如果你擔心或出現以下任何症狀，請尋求醫生診視。

問：誰會患上 OHSS，通常持續多長時間？

答：在接受 IVF 療程的女性中，輕度 OHSS 是很常見，有近三分之一會受影響。然而，其中只有 1-5% 會產生中度或嚴重 OHSS。以下的女性患有 OHSS 的風險較高：患有多囊卵巢，30 歲以下，有 OHSS 病史或在刺激週期懷孕的女性，特別是在多胎妊娠的情況下。

大多數症狀應在 7-10 天內消退。如果你沒有懷孕，OHSS 通常會在你下一個月經週期開始時已消退。如果你懷孕了，OHSS 會變得更嚴重，會持續數週或更長時間。因此，如果你有 OHSS 風險，你的醫生可能會建議在拮抗劑週期採用激動劑扳機，並冷凍你所有胚胎，而不在新鮮週期中進行胚胎移植。這些策略會有效地減低 OHSS 的風險。

 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGRM 241
		Issue Date	May 2024
	Subject Information on ovarian hyperstimulation syndrome	Next review date	April 2026
		Approved by	HKU-QMH CARE, QMH
		Page	Page 4 of 4

問：如果懷疑 OHSS 我該怎麼辦？

答：請到就近醫院的急症室，或早上八時到 K5N 輔助生育門診就醫。

問：我是否需要因 OHSS 入院？

答：許多患有 OHSS 的女性，祇需接受門診治療，但如果你有以下症狀，可能需要入院進行監測：

- 止痛藥無法改善腹痛
- 嚴重的噁心和嘔吐
- 一天內尿量很少
- 腿部腫脹，疼痛（疑似血栓形成）
- 呼吸急促

如果你的病情沒有好轉，或者你回來醫院覆診有困難，你將需要入院進行監測。

入院後會有進一步的檢查和治療，如血液檢查，靜脈補充液。我們建議你適量飲水以解渴，和避免服用某些止痛藥（NSAIDs）。我們將監測你的血壓和氧氣濃度，從而得知是否有嚴重的併發症。考慮到 OHSS 血栓形成的風險，也會開始給你抗凝血注射。

無論是住院治療還是門診治療，你在此期間需要避免太多臥床休息，因為會增加血栓形成的風險。