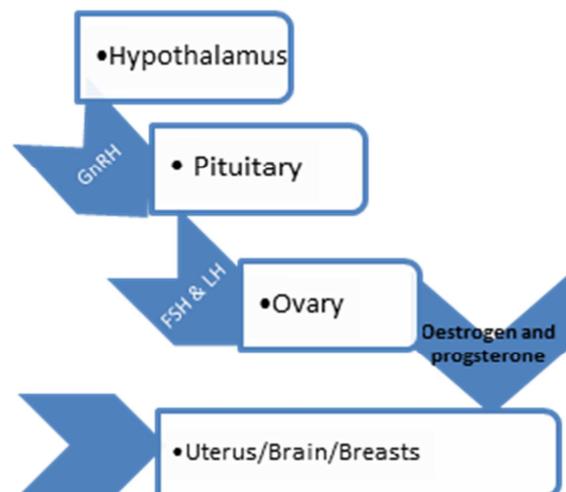


# Ovulation Induction with Clomiphene

**Obstetrics & Gynaecology  
Women & Children's Services  
Scunthorpe General Hospital**

**This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries you may have.**



# Information for patients and visitors

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## Introduction

This leaflet is to help you understand how Clomiphene may be used to help you. Nearly 1 in 6 couples will require some form of sub-fertility assistance. Ovulation disorders account for 10-15% of all sub-fertility patients.

## What are the common causes for failing to ovulate?

- Polycystic ovaries (PCO) or Polycystic ovary syndrome (PCOS)
- Reduction in ovarian reserve
- Hyper-prolactinaemia
- Hypo or hyper thyroidism

## What are Clomiphene citrate tablets for?

Clomiphene citrate is used to help women to develop and release mature egg.

## How does it work?

Given early in the menstrual cycle, clomiphene suppresses the amount of naturally circulating oestrogen. This 'deceives' the pituitary gland (in the brain) into secreting increased amount of follicular stimulating hormone (FSH) and luteinizing hormone (LH). These hormones subsequently stimulate the ovary to ripen a follicle and release an egg ready for fertilisation.

## How should this medicine be used?

Clomiphene is to be taken as a tablet form by mouth:

- Start the 50 mg tablet on 2nd day of your menstrual cycle until the 6th day of the menstrual cycle (1st day of the cycle is the day when you start your period)
- Take one tablet a day, preferably at the same time every day

## What if I have no menstrual cycle?

Many women undergoing this treatment do not have a natural cycle and this has to be induced with progesterone tablets. If you do not have a cycle or bleed extremely infrequently, such as every 2 or 3 months, you are advised the following:-

- Take a pregnancy test. If the test is negative, start Provera tablets for 5 days, as prescribed and await your period (likely to arrive in the next 3-14 days)
- Then on the 2nd day of the period take Clomiphene tablets for 5 days (from day 2-6 of your menstrual cycle)



# Information for patients and visitors

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## When is the best time to have sexual intercourse?

The best time to have intercourse is from 5 days after the last Clomiphene tablet (day 10 in the cycle) every other day for one week; although it is recommended, when trying to achieve a pregnancy, to have regular sexual intercourse 2-3 times per week.

## Response to Treatment

Approximately 70% of ladies treated with Clomiphene will ovulate and 40% will go on to conceive. Most women who will ovulate do so during the first three months of treatment.

Normally no more than six treatment cycles of Clomiphene treatment is given and, if pregnancy is not achieved during this time, then other methods of ovulation induction should be considered.

## How will I know if the treatment is working?

### In first treatment cycle:

- A blood test will be performed on **day 21** of the cycle to measure the progesterone level. This will enable us to see if you have ovulated. Please ring the Gynaecology Department and leave a message for sub-fertility team at **03033 302290** that you had your blood test. Please leave your name, date of birth, address and a contact phone number on the message
- If you ovulate but do not conceive and you start your period, the same dose of Clomiphene is repeated in the following 2 cycles :-
- Expect a period 4-5 weeks after taking the Clomiphene tablets. If bleeding does not occur by 6 weeks after your last Clomiphene tablet, you should have a pregnancy test. If you are pregnant, you should report to your GP
- If your pregnancy test is negative, repeat the test in one week to confirm the result
- If you are not pregnant, start another cycle of Clomiphene treatment at the same dose
- A further blood test to measure the amount of progesterone in your blood will be needed on day 21 of your cycle. Please ring the Gynaecology Department and **leave a message for sub-fertility team on the number stated above**, that you had your blood test. Please leave your name, date of birth, address and a contact phone number on the message
- If progesterone level in your blood confirms ovulation, the same dose of Clomiphene is repeated in the following cycles
- Keep your review appointment after 3 cycles of Clomiphene, unless a conception occurs beforehand

## Information for patients and visitors

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### In third treatment cycle:

- If your progesterone level remains low, this indicates that you are still not ovulating in response to the treatment.
- Should the higher dose of 100 mg be required you will be informed of this by a member of your medical team. This will again, need to be taken daily for 5 days
- A further progesterone level will be needed on day 21 of your cycle. Please ring the Gynaecology Department and leave a message for sub-fertility team on the number stated above, that you had your blood test. Please leave your name, date of birth, address and a contact phone number on the message
- If the progesterone level confirms ovulation, the same dose of Clomiphene can be repeated in the following cycle
- If your progesterone level remains low, this indicates that you are still not ovulating in response to the treatment:
  - **Do not increase the dose yourself**
  - **Ultrasound monitoring is usually not required**
  - **It is important to have regular sexual intercourse during treatment**

### Risks of Clomiphene

- **Multiple pregnancy:** Sometimes the ovary will respond more than desired and will produce more than one follicle. This means that there would be an increase in the risk of a multiple pregnancy (5% as opposed to 1% risk in the normal population)
- **Cyst formation:** Sometimes the follicles fail to rupture and release the eggs. They can enlarge and form painful and tender fluid filled sacs that very uncommonly would rupture or bleed with in. This happens commonly in nature also but when occurring after treatment would be seen as a risk of treatment
- **Ovarian hyperstimulation:** Sometimes the ovary produces too many eggs, leading to a condition called ovarian hyper-stimulation syndrome. The risk with Clomiphene is theoretically increased although it is rarely seen

### Side Effects of Clomiphene

- Visual disturbance – blurred / double vision / visual spots or flashes – If it occurs, please discontinue medication and inform your doctor
- Other side effects include headaches, hot flushes, breast discomfort and abdominal bloating. These are rarely severe enough to require discontinuation of therapy



## Information for patients and visitors

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### What is the association with ovarian cancer?

Prolonged use of Clomiphene (more than 12 cycles of treatment) may increase the risk of ovarian cancer and for this reason it is generally not used for more than 12 cycles of treatment. However, the results of appropriately conducted research have been reassuring once family history and other important features have been taken into account.

### Metformin

PCOS can be associated with a resistance to insulin, leading to the body producing excessively high levels of insulin. Metformin lowers the blood sugar level, in turn reducing the excessively high insulin.

The use of this drug is limited to obese women with PCOS who have not responded to weight reduction and clomiphene induction of ovulation. It is also important to realise that the investigation is still at a very early stage and long-term effects of Metformin are not known.

### Side Effects of Metformin

The most common side effects are diarrhoea, nausea, vomiting and abdominal bloating. This medication is gradually increased in dosage to limit the side effects.

### What are the alternatives?

The alternative to this is referral to a tertiary sub-fertility centre for management.

### References

NHS Choices: <http://www.nhs.uk/conditions/infertility/pages/treatment.aspx>

Infertility Network UK: [www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)

### Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: [nlq-tr.PALS@nhs.net](mailto:nlq-tr.PALS@nhs.net)

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

**Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.**



# Information for patients and visitors

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