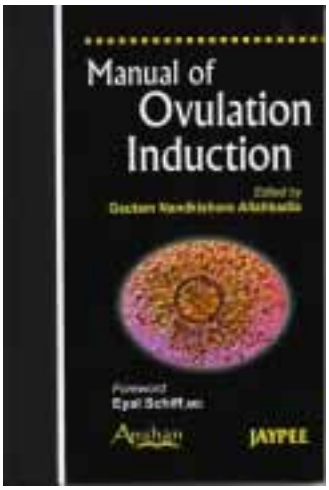

MANUAL OF OVULATION INDUCTION

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KEY SELLING POINTS

- Up to date discourse on all known ovulation stimulation protocols and induction strategies
- A valuable reference for gynaecologists, IVF professionals, academics and post graduate medical students

BOOK INFORMATION

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For many years it has been known that pituitary gonadotropins are in control of menstrual cycle dynamics and ovulation. Over thirty years ago the introduction of medications that were capable of inducing ovarian function through indirect or direct gonadotropin stimulation revolutionized the treatment of reproductive disorders in both men and women.

This book covers all aspects of ovulation induction that a clinician needs to know including all known current stimulation protocols and induction strategies. It is directed at all gynaecologists, infertility professionals, both medical and paramedical including postgraduate students.

Contents: Regulation of Gonadotropin Secretion; Human Ovulation and Transvaginal Sonography; Clomiphene Citrate for Ovarian Stimulation; Tamoxifen Citrate for Ovulation Induction; Ovulation Induction: Traditional Superovulation with Gonadotropins; Combination Protocols Using Clomiphene Plus Gonadotropins; Step-up Protocols; Ovulation Induction; Step-down Protocols; Monitoring of Stimulated Cycles; Ovarian Stimulation Protocols for IUI; Cancelled Cycles in Poor Response – What Next? Induction of Ovulation in Hypogonadotropic Hypogonadism: Pulsatile GnRH or Gonadotropins? Management of

Hyperprolactinemia; Ovulation Induction and Thyroid Dysfunction; Induction of Monofolliculogenesis in Patients with Poly Cystic Ovary Syndrome; Adjunctive Glucocorticoids in ovulation Induction for Polycystic Ovarian Syndrome; Metformin Treatment of Clomiphene-Resistant Polycystic Ovary Syndrome; Laparoscopic Ovarian Drilling for Surgical Induction of Ovulation in Polycystic Ovarian Syndrome; Ovarian Hyperstimulation Syndrome; The Role of Gonadotropin-Releasing Hormone Agonists in Ovulation Induction; Role of GnRH Agonists as an Ovulation Trigger; Depot GnRH Agonists in Gonadotropin Induced Cycles; Clinical Application of Recombinant Follicle Stimulating Hormone; Poor Responders in Assisted Reproductive Technology: A Blueprint for Management; Luteal Phase Support in Controlled Ovarian Hyper-Stimulation Protocols; Current Status of GnRH Antagonists in ART; Route of Administration of Gonadotropins and Ovarian Response; The Use of LH in ART Cycles; Induction Protocols of the 200's using r-hLH and r-hCG; Fine-tuning the Role of GnRH Antagonists in ART Programs

If a woman is not ovulating by herself then ovulation induction may be required. The most common causes of failure to ovulate are stress, weight fluctuations and Polycystic Ovarian Syndrome (PCOS). Other causes may include disorders of the pituitary gland, thyroid gland and raised prolactin levels. In some cases failure of ovulation is due to the ovarian failure. This may occur following treatment for cancer or may be the start of the menopause - premature ovarian failure. If a woman has an irregular menstrual cycle, monitoring with ultrasound scans (follicle tracking) and hormone assessments Manual of Intrauterine Insemination and Ovulation Induction - October 2009.Â Intrauterine insemination (IUI) and ovulation induction (OI) are oft en combined in order to increase the effectiveness of infertility treatment. The reason most frequently given for combining OI with IUI to treat male-factor infertility is to maximize the possibility of pregnancy by increasing the number of preovulatory follicles. However, unless the female partner is anovulatory or has luteal deficiency, there is conflicting evidence on whether oral OI drugs do increase pregnancy rates in IUI cycles. On the other hand, there is undeniable evidence that IUI does improve pregnancy rates in man Ovulation inducation medications can help a woman to ovulate more regularly, increasing her chance of getting pregnant. These medicines, sometimes called â€œfertility drugs,â€ may also improve the lining of the womb or uterus (endometrium). In some situations, these medicines may be used to cause multiple eggs to develop at once.Â The ovulatory phase begins with the LH surge and ends with ovulation (release of the egg from the dominant ovarian follicle). As ovulation approaches, estrodiol levels rise and trigger the pituitary gland to release a surge of LH. About 32 to 40 hours after the onset of this LH surge, ovulation occurs. The Luteal Phase. The luteal phase begins after ovulation and generally lasts about 12 to 16 days.