

The Fertility Center

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Ovulation Induction Consent

We, _____ consent to ovulation induction. We understand that ovulation induction with follicle stimulating hormone (FSH/HMG) medications include the following risks: multiple gestation (15-25%), ovarian hyperstimulation with its potential severe and life-threatening complications, an increased chance of ectopic (tubal) pregnancy (2-5%), ovarian cyst development with possible rupture, and ovarian torsion (<1%).

Multiple gestation risk is probably the greatest risk when using FSH/HMG medications. The goal is to avoid multiple gestations. The general rate of multiple gestations on FSH/HMG stimulation is 15-25%. The rate of a high order multiple (HOM) gestation, i.e. ≥ 3 fetuses, is generally $\leq 3\%$. We will counsel you about canceling your cycle if the number of mature oocytes or eggs places you at increased jeopardy for a HOM gestation. That said, a HOM gestation can not be totally prevented even with proper ovulation induction monitoring. If a HOM gestation occurs there is significant risk of preterm delivery and it's potentially severe, even fatal, consequence to the children born.

In the event of a HOM gestation we understand we may choose selective fetal reduction (SFR). There are risks with SFR including possible miscarriage of the entire pregnancy. Miscarriage and loss of all the fetuses is an uncommon complication quoted to occur in <3% of procedures in centers experienced in SFR. SFR is not a procedure performed at The Fertility Center. We understand if we choose SFR we would be referred to a high-risk pregnancy center with experience in SFR.

In signing this consent, we acknowledge our understanding of the above issues. We have been given opportunity to ask and have had answered all of our questions about multiple pregnancy risks when using FSH medications. We have also been given the Society of Reproductive Medicines website (www.ASRM.org) as a further information resource.

We have had explained to us that ovarian hyperstimulation is a risk that involves enlargement of the ovaries with leakage of fluid from the ovaries into the pelvic cavity. We understand that this fluid can leak around the lungs and even around the heart. It can cause abnormalities in blood clotting. We understand that in very severe cases, it can be life threatening. We understand that even with close monitoring of ovulation induction, ovarian hyperstimulation syndrome is not totally preventable.

We understand that because there is an increased chance of ectopic pregnancy, an early pregnancy test needs to be obtained. We understand that there is also a risk of an ectopic pregnancy in conjunction with a normal intrauterine pregnancy. Therefore there is a need to have close follow-up with our physician, including blood pregnancy testing and ultrasound evaluation.

We understand that there is a risk that the ovary could enlarge with cysts and that one of these cysts could rupture. Though rare, this may require surgical intervention. With ovarian enlargement, the ovary may also torque, i.e. twist on its blood supply access. This may require surgical intervention, with the possibility of removal of the ovary.

We understand there have been some studies that suggest congenital abnormalities may occur more frequently in children born to infertile women using FSH medications than in naturally conceived children. However, many studies in the United States and Europe have not found any statistical difference between these two groups. This is an area under continued study. It remains possible future study may reach a different conclusion. Further information can be found by speaking to Drs. Dodds, Young, Shavell and/or from www.ASRM.org.

