

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Intra-Uterine Insemination (IUI) *Patient Information*

Definition:

The Intra-Uterine Insemination (IUI) is a procedure wherein specially prepared sperm are directly deposited into the uterus.

Indications:

Male factor, cervical factor, conventional surrogacy and unexplained infertility are the most common diagnoses wherein IUI is indicated.

General Information:

With this procedure, your physician or nurse will place the prepared sperm into closer proximity of the ovulated egg(s). Pregnancy rates are generally enhanced when the IUI procedure is combined with oral or injectable ovulation induction techniques. The placement of the prepared sperm usually is done approximately 24-36 hours after a Luteinizing Hormone (LH) surge or after an injection of human chorionic gonadotropin (hCG).

Cycle Restrictions:

It is important that neither you nor your partner take any medications beyond those prescribed by your reproductive endocrine physician. This includes any over-the-counter medications that may inhibit ovulation or cause excessive bleeding. Tylenol-like products are permissible. While many medications are safe during conception and early pregnancy, please check with your reproductive endocrine physician before taking any additional medications.

For the Conventional Surrogate, we ask that she use condoms when she is having relations with her partner to minimize the potential for conception with her partner rather than the Intended Male Parent.

Smoking, recreational drug use and non-prescription medication should be eliminated. Also, alcohol and caffeine consumption should be minimized.

Procedure:

The fresh semen specimen is commonly collected via masturbation. If the specimen is donor or cryopreserved (frozen) sperm, the sperm will be thawed on the day of the insemination. A semen analysis is performed prior to and following the washing process to assess the quality of the specimen and the quality of the sperm preparation. A number of different methods may be employed to obtain the highest concentration of the healthiest sperm. Some men with poor semen specimens will be requested to collect a second specimen. The male should not abstain from ejaculation for more than 7

days and ejaculation within 36-48 hours of the specimen collection may also result in a reduced quality specimen. The semen preparation usually takes between 1-2 hours.

An ultrasound is often performed on the first cycle to confirm follicular growth and may be repeated if there are any concerns regarding follicular development. The IUI procedure itself is accomplished by placing a thin, flexible, sterile catheter into the uterus through the cervical opening. Dilation of the cervix is rarely necessary. We encourage your partner to be present during the procedure. We ask that you remain relatively still for about 10-15 minutes following the insemination.

Frequent Questions:

There are no restrictions on activity or intercourse after the procedure (except for the Conventional Surrogate as outlined above). Intercourse is actually encouraged the evening of or the morning following the insemination. The IUI procedure does not generally hurt and the amount of cramping and bleeding is minimal. Children born from this procedure are just as "normal" as children conceived in a more "natural" manner.

Complications:

Mild menstrual-like cramps and a few drops of vaginal bleeding may be experienced. True complications are rarely seen.

Uterine perforation is possible although an exceedingly rare complication of the procedure. The uterus is a rather hearty organ and has holes placed in it frequently without difficulty such as what occurs with an amniocentesis.

An attempt will be made to minimize the infection rate by performing cervical cultures, a semen analysis and an occasional pelvic exam prior to the procedure. Antibiotics may be given prior to and following a procedure as directed by your physician, although this is rarely necessary. Even with these precautions, it is still possible for an infection to occur after the IUI procedure. It is also possible for natural intercourse to cause a pelvic infection resulting in the IUI procedure falsely blamed for causing the infection. If an infection does occur, oral, or more likely, IV antibiotics and hospitalization will be needed. Rarely, as with any pelvic infection, surgery to remove infected organs may be necessary leading to sterility. Individuals who become infected were most likely previously infected and often have underlying severe tubal disease. The IUI procedure rarely initiates a new infection, but rather, may reactivate an underlying infection.

Slight dizziness may occur following the procedure; this symptom will usually dissipate with rest.

There are some reports in the literature of women forming antibodies against their husband's sperm following the IUI procedure. Positive antisperm antibodies can be found in couples that have never undergone an IUI procedure, so clear implication of the IUI procedure and the formation of maternal antisperm antibodies is unclear.

In general, the IUI procedure is a common procedure designed to increase the gamete density near the time of ovulation thereby increasing your chances for pregnancy.

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