

# **Male and Female**

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# OBJECTIVES

- To present the recent concepts in the management of infertility
- To draw clinically relevant conclusions based on:
  - Meta-analysis randomised
  - Controlled trials guidelines and
  - Protocols
- To discuss the best management options with local perspective

# CURRENT GUIDELINES

- The current approach to the management of infertility is backed by the evidence-based guidelines issued by:
  - RCOG
  - ASRM
  - ESHRE

# MANAGEMENT

- Both partners should be seen together
- Privacy and sufficient clinical time
- Classical history taking
- Counseling is very important and essential

# MANAGEMENT

- Each stage in the investigation and treatment of infertility should be fully explained to the couple.
- Occupational history should be taken.

# MANAGEMENT

- Patients should be fully involved in decisions regarding their treatment.
- Couples should also have access to infertility counselors

# MALE INFERTILITY

- In considering the results of semen analysis for the individual couple, it is important to take into account the
  - Duration of infertility,
  - The woman's age and
  - The previous pregnancy history .

# MALE INFERTILITY

- Where a diagnosis of hypogonadotropic hypogonadism is made in the male partner the use of gonadotrophin drugs is an effective fertility treatment.



# MALE INFERTILITY

- Bromocriptine is an effective treatment for sexual dysfunction in men with hyperprolactinaemia.
- IUI is an effective treatment where the man has mild abnormalities of semen quality.
- Infection of the male genital tract should be treated if present,

# MALE INFERTILITY

- IVF and ICSI are effective treatments for men with moderate to severe semen abnormalities
- ICSI has made it possible for men with only few sperms.
- Sperms for ICSI

# MALE INFERTILITY

- Surgery on the male genital tract.
  - Testicular biopsy and cryostorage.
  - Vasectomy reversal.
  - Surgical correction of blockage

**FEMALE**

# TUBAL INFERTILITY

- Tubal surgery may be appropriate for selected cases of mild distal or proximal tubal obstruction.
- If pregnancy has not occurred within 12 months
  - IVF should be discussed .

# TUBAL INFERTILITY

- The presence of hydrosalpinges is associated with reduced pregnancy rates following IVF.

# OVULATION DISORDERS

- Before OI is considered, further investigations should be done
- In undertaking OI,
  - Use protocols which minimise the risk of multiple pregnancy and
  - Ovarian hyperstimulation .

# OVULATION DISORDERS

- Patients undergoing OI must be given information about the risks of
  - Multiple pregnancy,
  - The possibility of fetal reduction.
  - OHSS



# OVULATION DISORDERS

- Clomiphene is an effective treatment for anovulation in appropriately selected women
- Cumulative Pregnancy Rate continues to rise until ten cycles of treatment.
  - RCOG recommends up to 12 cycles of treatment should be considered

# OVULATION DISORDERS

- OI with clomiphene should only be performed in circumstances which allow access to ovarian ultrasound monitoring.

# OVULATION DISORDERS

- FSH and hMG are both effective for OI in women
  - Clomiphene-resistant
  - PCOS.
- There is no advantage in routinely using GnRH analogues in conjunction with Gonadotrophins for OI in women with clomiphene-resistant and PCOS.

# OVULATION DISORDERS

- Laparoscopic ovarian drilling with either diathermy or laser is an effective treatment.
- The pulsatile administration of gonadotrophin-releasing hormone is an effective treatment for women with anovulation due to hypothalamic factors.

# OVULATION DISORDERS

- Dopamine agonists are effective treatment for women with anovulation due to hyperprolactinaemia
- OI with gonadotrophins should only be performed in circumstances which permit daily monitoring of ovarian response .

# ENDOMETRIOSIS ASSOCIATED INFERTILITY

- Endometriosis should be classified using the r-AFS system of classification,
- Surgical ablation of minimal and mild endometriosis improves fertility in subfertile women.

# ENDOMETRIOSIS ASSOCIATED INFERTILITY

- Ovarian stimulation with IUI is more effective than either no treatment or IUI alone.

# ENDOMETRIOSIS ASSOCIATED INFERTILITY

- In cases of moderate and severe endometriosis,
  - ART should be considered.



# ENDOMETRIOSIS ASSOCIATED INFERTILITY

- For large endometriotic cysts,
  - surgical treatment
- surgical treatment may enhance
  - Spontaneous pregnancy rates and
  - Improve IVF success

# UNEXPLAINED INFERTILITY

- Unexplained infertility is a diagnosis of exclusion
- Spontaneous pregnancy rate are high in first three years of trying
- Clomiphene encourages multifollicular ovulation and increases the chances of pregnancy with UI

# UNEXPLAINED INFERTILITY

- Ovarian stimulation + IUI is an effective treatment for couples with UI.
- GIFT is an effective treatment for couples with UI.
- IVF may be preferred.

# ASSISTED REPRODUCTION

- The most common techniques used are:
  - Intrauterine Insemination
  - In-vitro fertilisation
  - Intracytoplasmic sperm injection
- The success rate of the clinic should be told to the patient
- There is no increase in the incidence of the congenital abnormalities

# Take home message

- Satisfied patient is worth thousands of guidelines and protocols

**THANK YOU**