



OVARIAN HYPERSTIMULATION SYNDROME

The most important aspect of OHSS is prevention. Careful and frequent monitoring during ovulation induction therapy is essential in preventing OHSS. If estrogen levels and ultrasound scans indicate that severe OHSS is possible, you may choose to refuse the HCG dose as ovulation and conception may increase symptoms of OHSS. Ovulation will probably not occur and you may abstain from intercourse to prevent pregnancy. Optionally, the physician may suggest that the follicles be drained and the fluid discarded. This may decrease the chance of OHSS; however, the chance of pregnancy may be reduced as well. Finally, the option of IVF may be discussed. In IVF cycles, the eggs may be aspirated and the resulting embryos frozen, if an exceedingly high chance of OHSS exists. The embryos are then thawed and transferred when the symptoms have resolved. IVF, in itself, may reduce the chance of OHSS in moderately hyperstimulated cycles. When the symptoms are mild, no treatment is needed and the condition will resolve on its own. However, when symptoms are moderate or severe, treatment is required. The treatment for OHSS is geared to the symptoms. Pain medication is useful. Ibuprofens and other non-steroidal inflammatory drugs are not recommended and narcotics may be required to keep the patient comfortable. Pelvic rest is essential. The enlarged ovaries are susceptible to twisting and the excess number of cysts may rupture. Bedrest at home and daily phone calls to the nurse are important in monitoring the patient's condition. In extreme cases, hospitalization may be required.

The symptoms of mild to moderate OHSS usually resolve within 7-10 days. When pregnancy occurs in the presence of OHSS, the symptoms are more severe and may last up to 3-4 weeks. Careful observation of the pregnant patient is essential. The obstetrician may be unfamiliar with OHSS; therefore, the fertility specialist may be better equipped to manage the hyperstimulated patient. For this reason, we request that all patients who obtain a pregnancy using ovulation induction drugs be seen in our office weekly for monitoring.

We will ask you to do several things while being monitored for OHSS. Each day you should weigh and measure your urine intake and output (I&O). To measure I&O, you simply keep a record of the amount of fluids you consume and the amount of urine you produce in a 24-hour period. You should catch your urine in a cup and actually measure it. After 12 hours of collection, average the urine you produced hourly. This should be about an ounce. If there is a discrepancy, you should call the office. You should also call the office for an excessive increase in weight, shortness of breath or vomiting. We will be monitoring you closely with frequent office visits.

Many women undergoing ovulation induction cycles experience mild cramps and abdominal tenderness caused by enlarged ovaries. The most common time for developing the more serious symptoms is in the two week waiting period prior to the pregnancy test.

Mild Ovarian Hyperstimulation (OHSS)

Signs and Symptoms:

- Abdominal bloating and feeling of fullness usually below the umbilicus.
- Nausea, diarrhea and/or slight weight gain.

WHAT YOU SHOULD DO:

- Refrain from sexual intercourse.
- Reduce activity and avoid heavy lifting, straining or high-impact exercise. Walking is permitted.
- Rest in reclining position if necessary with your head elevated.
- Fluid intake to be 32-48 oz per day. If you are unable to tolerate fluids please call the clinic and speak to a nurse (870-9784).

Moderate OHSS

Signs and Symptoms:

- Weight gain of greater than 2 pounds a day.
- Clothes become very tight and your abdomen feels very full and tense.
- Nausea and vomiting.
- Urine may become darker in color.

WHAT YOU SHOULD DO: CALL THE CLINIC AND SPEAK TO A NURSE (870-9784).

In addition to the above measures:

- Weigh yourself every day and measure your abdominal girth daily.
- Keep a record of how much fluid you are drinking and how much urine you are passing.
- You will be monitored with blood tests, ultrasound, urinalysis, vital signs, etc.

Severe OHSS

Signs and symptoms listed above, plus:

- Shortness of breath.
- Very little or no urine.
- Severe abdominal bloating or distention and pain.
- Blood clot, kidney damage, ovarian twisting (torsion), chest and/or abdominal fluid collections.

WHAT YOU SHOULD DO: CALL THE CLINIC IMMEDIATELY TO ARRANGE TO BE SEEN BY A PHYSICIAN (205-870-9784)

- Occasionally, aspiration of fluid from around the ovaries is necessary to relieve these symptoms.

For any level of OHSS:

- Decrease your sugar/carbohydrate intake (use only sugar-free drinks). Increase protein with sugar-free or low-sugar protein drinks (Glucerna low sugar or sugar-free Ensure).
- Rest in bed as much as possible. Place 2 or 3 pillows under you head and shoulders to relieve shortness of breath.
- Tylenol, 1 or 2 tablets every 4 hours, helps relieve abdominal pain. Pain medication may also be prescribed.
- Call in to the clinic every day to report your weight, abdominal girth measurement, and volume of urine passed in the previous 24 hours.
- If your period starts, you will begin to feel better. However, if you are pregnant, the symptoms may take several weeks to resolve completely.