Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Infertility Investigations

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Infertility Investigations

Patient Information

Fertility Fusion

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Please be aware that all tests are by appointment only. To arrange tests, contact the unit on 01257 256251 Monday to Friday 8am to 4pm

Infertility Blood Tests

You will be advised to have some or all the following tests:

Day 2-4 Bloods and Day 21 Progesterone

These routine blood tests are usually obtained between days' two to four of your menstrual cycle (where day one is the first day of bleeding) and a further test taken on Day 21 of the cycle.

Here are some useful definitions:

- Amenorrhoea – No periods for six months or more.
- Oligomenorrhoea – When the periods are occurring three to four times per year.
- Irregular cycle – Periods that vary in length.

The following blood test results are used to investigate whether the ovaries are functioning normally, to check if ovulation is occurring (production of an egg) each month and also to help determine which fertility treatments to offer.

AMH (Anti-Mullerian Hormone) - Women are born with their lifetime supply of eggs, and these gradually decrease in both quality and quantity with age. AMH is a hormone secreted by cells in developing egg sacs (follicles). The level of AMH in a woman's blood is generally a good indicator of her ovarian reserve.

FSH (Follicle Stimulating Hormone) - Follicle-stimulating hormone (FSH) helps control a woman’s menstrual cycle and the production of eggs. The FSH test is done on the second to fourth day of the menstrual cycle and can be used to evaluate whether the ovaries are functioning properly. FSH stimulates the ovaries to produce follicles, which are fluid filled sacs, which grow, develop, and release an egg.

LH (Luteinising Hormone) - In women, Luteinising Hormone (LH) is linked to ovarian hormone production and egg maturation. It causes the follicles to grow, mature and be released ready for fertilisation. It reaches its highest level (the LH surge) in the middle of the menstrual cycle, i.e. days 12 to 14 of a 28-day cycle approx. 37 to 40 hours before ovulation occurs.

Prolactin - Prolactin is a hormone produced by the pituitary gland (in the base of the brain) and may be requested if your periods are irregular or absent.

Thyroid Function - Thyroid gland abnormalities can affect fertility, even affecting ovulation and the frequency of the periods. Treating hypothyroidism (underactive thyroid) would be an

important part of any effort to correct infertility. Thyroid stimulating hormone (TSH) is vital for regulating your metabolism, through the production of thyroxine. Many fertility specialists prefer the TSH to be in the lower half of the normal range.

Rubella (German measles) antibody levels - It is important to look for evidence of immunity, as rubella infections in pregnancy can lead to various abnormalities of the developing baby. If you are not immune, then vaccination can be arranged.

Androgens – These are male hormones, which are present in small quantities in women. The most well-known androgen is Testosterone, and its levels may be higher in women with polycystic ovarian syndrome (PCOS). High levels of testosterone can result in acne and abnormal hair growth (hirsutism).

Progesterone - Progesterone is a female hormone produced by the ovaries during ovulation. It causes the endometrial lining of the uterus to get thicker, making it receptive for a fertilised egg. In a regular 28-day cycle, the day 21 progesterone result is used to determine if ovulation is occurring. Progesterone levels increase towards the end of the woman's menstrual cycle, reaching a maximum level seven days before the start of the next period.

Semen Testing

Please be aware that all tests are by appointment only. To arrange tests, contact the unit directly 01257 256251.

Semen samples should be produced by masturbation into a container provided by the clinic.

For optimum results we recommend three days abstinence from sex and masturbation before sample production but no more than 6 days abstinence.

It is possible to improve sperm function by following some simple guidelines based on the common knowledge that testicular function is impaired by excessive heat. Excessive hot baths and saunas should be avoided, as well as tight underwear or trousers. Smoking and excessive alcohol intake will impair sperm production, as can illnesses such as colds and flu.

Semen tests are arranged by appointment only. The results will be given to you to at your next appointment with the consultant. We will not be storing your sperm sample; it is for analysis only.

Ultrasound Scans

The trans-vaginal (internal) Ultrasound scan is one of several diagnostic tests performed when assessing your fertility. The scan can give extremely useful information about your womb (uterus), ovaries and ovarian reserve that will help make decisions about your fertility management.

It is important that you have an empty bladder for this test, so it is advisable to go to the toilet immediately before your scan.

The examination will take approximately five to 10 minutes. A probe is inserted into the vagina and images of the womb (uterus) and ovaries can be seen on the scan monitor.

As the scan takes place in real time the scan results can very often be given to you straight away.

HyCoSy

Please be aware that all tests are by appointment only. To arrange tests contact the unit on 01257 256251.

Hysterosalpingo-Contrast-Sonography (usually shortened to *HyCoSy*) is a simple and well-tolerated ultrasound procedure used to assess the patency of the fallopian tubes, as well as detect abnormalities of the uterus and endometrium

This test is carried out in the first 14 days of your cycle (after the period has stopped) and you will need to have a Chlamydia swab test and also your partners semen analysis will need to have been satisfactory before the procedure can be performed. As a screening test, it is very good at diagnosing normal tubes. It does not tell you if the tubes are blocked. If we are still unsure about the tubes after the HyCoSy has been performed, you may be offered a laparoscopy and dye test that would be performed on a later date.

To arrange the HyCoSy you will need to contact Fertility Fusion at Wrightington Hospital on the first day of your period (please telephone between 08.00 am and 4:00 pm Monday to Friday), the telephone number is 01257 256251 and you will be given an appropriate date and time to attend. If you do not have periods, then alternative arrangements will be made with you.

For this procedure it is advisable to take two Paracetamol tablets (each 500mg) and two Ibuprofen tablets (each 200mg) one hour before your test.

Procedure

The Doctor or Fertility Nurse Specialist will explain the procedure to you prior to the examination. Firstly, a transvaginal (internal) scan is carried out to look for any abnormality of your uterus, tubes, and ovaries. Following this, a speculum is passed into the vagina (like taking a smear) and a thin tube, called a catheter, is inserted through your cervix (neck of the womb) into the uterus. This may take a couple of minutes and can sometimes be a little uncomfortable. Once the catheter is in place the speculum can be removed. The ultrasound probe is then placed into the vagina and the contrast agent injected very slowly into the catheter, allowing the Doctor or Fertility Nurse Specialist to observe flow in the fallopian tubes. This information will assist planning your infertility treatment. The whole procedure will take between 10 to 20 minutes. All test results will be discussed in full at your HyCoSy appointment.

If you have any questions or are unsure of anything, please ask.

Side effects

You may feel a period-like discomfort whilst the contrast is injected into the womb. This discomfort normally lasts for a few minutes. Other symptoms that you may get are sweating, nausea, headaches, and dizziness. You may also have spotting for a couple of days after

the procedure.

Contact information

Fertility Fusion

Wrightington Hospital

Hall Lane

Appley Bridge

Wigan

WN6 9EP

Telephone number for Fertility Fusion, Wrightington Hospital is **01257 256251**

Counselling service

In line with the Human Fertilisation and Embryology Act 1990 (amended HFEA, 2008), Counselling is offered in combination with the treatment provided by Fertility Fusion. There are many benefits to the counselling that will be offered to patients during their fertility treatment. It will always include the opportunity to talk through the implications of the treatment that have been suggested, and it will also include elements of support and therapy.

What is counselling?

Counselling takes place when a trained counsellor meets with a patient in a private and confidential setting to explore any difficulty, distress or dissatisfaction with life that the patient may be experiencing. Counselling can increase a patient's ability to make choices and change aspects of their situation.

Counselling can give you:

- The opportunity to talk freely and openly without being judged.
- The chance to explore feelings and sensitive issues that are troubling you.
- Help in understanding the factors that may be contributing to your difficulties.
- Support in finding your own solutions and new ways of coping.

Anything you share with your counsellor will be treated as confidential unless there are exceptional circumstances.

Who is seen in counselling?

Initial counselling, following the treatment information meeting with the nurse, is available for all persons involved in the treatment. Further sessions can be attended either individually or as a couple.

What is the purpose of counselling for infertility and assisted conception?

- Counselling about the Implications of treatment aims to help patients understand exactly what the treatment will involve and how it might affect them and those close to them - now and in the future.

- To provide emotional support before, during and after treatment, particularly if the person is experiencing stress, ambivalence or distress.

- To assist people in developing successful coping strategies for dealing with both the short- and longer-term consequences of infertility and treatment.

- To help people to adjust to and accommodate to their particular situation.

What is the duration of counselling?

Counselling may be an ongoing process and can be continued, or take place for the first time, after a course of treatment has been completed. The duration of counselling is determined by the individual’s needs and wishes.

How to contact the service?

Counsellor: Kelly Mcavoy

Counselling Service

Fertility Fusion

Wrightington Hospital

Hall Lane

Appley Bridge

Wigan

WN6 9EP

Telephone: **01257 256251**

(Confidential answering machine service if unavailable)

All Counselling staff respect and maintain confidentiality at all times in line with the law. Counsellors are members of the British Association of Counselling and Psychotherapy (BACP), the British Infertility Counselling Association (BICA) and adhere to the HFEA licensing regulations and guidance.



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