

Female Factors

CAUSE	INVESTIGATION	TREATMENT OPTION
Failure of ovulation	Hormone assessments	Ovulation Induction (OI) i.e. stimulation of the ovaries, with or without other assisted reproduction treatment (ART)
Blocked or damaged Fallopian tubes	Laparoscopy Hysterosalpingogram (HSG)	Tubal Surgery IVF
Endometriosis	Ultrasound Scan Laparoscopy	Surgical/Laser treatment/Drug therapy IVF
Fibroids	Laparoscopy Hysteroscopy Ultrasound Scan	May not need treatment but if necessary, can be removed surgically

Male Factors

CAUSE	INVESTIGATION	TREATMENT OPTION
Failure of sperm production	Initial semen analysis Hormone assessments Testicular biopsy	Testicular sperm extraction and IVF / ICSI
Blocked/absent vas deferens	Scrotal examination Screen for Cystic Fibrosis	Unblock microsurgically MESA with IVF / ICSI
Low sperm numbers	Semen analysis RCA	IUI , IVF or ICSI
Poor sperm movement	Semen analysis RCA	Sperm stimulants with IUI / IVF or ICSI
High numbers of abnormal forms	Semen analysis RCA	IVF or ICSI
Antisperm antibodies	Antisperm antibody screen	Sperm preparation with IUI , IVF or ICSI
Vasectomy		Vasectomy Reversal / MESA / PESA / TESE

The Causes of Infertility

Female

Failure of Ovulation

Failure of ovulation represents 25% of infertility. In a lot of cases anovulation is related with Polycystic Ovaries (PCO). This is best diagnosed by ultrasound scan, showing enlarged ovaries or containing small cysts, actually medium sized follicles more than 12. If PCO is associated with elevated levels of menly hormones (Androgens) in the blood and/or patients suffer from abnormal hair distribution then the condition is called Polycystic Ovarian Syndrome (PCOS). Obesity is a feature in a lot of cases and reducing weight will solve most of the problem allowing sometimes spontaneous conception to happen or improving the response to ovulation induction drugs. Clomiphene (Clomid) is a simple and effective therapy in 50% of cases, which may be supplemented with Metformin to reduce insulin resistance.

Sometimes injections of Gonadotrophins are required particularly if there is no response to Clomiphene. Gonadotrophins are also used in Assisted Reproduction Cycles (ART) such as IVF.

Blocked or Damaged Fallopian Tubes

Fallopian tubes can be damaged following pelvic inflammatory disease, endometriosis or after pelvic surgery. Laparoscopy will confirm the extent of the damage and whether tubal surgery or IVF is the best treatment option.

Endometriosis

Endometriosis is defined as the presence of cells like endometrium outside of its normal location, i.e. the lining of the uterine cavity. Endometriosis is commonly noted on the ovaries, fallopian tubes or anywhere in the abdominal cavity. Endometriosis will bleed at the time of the period and small cysts filled with blood will be produced. Women experience painful periods. Sometimes a large endometrioma (a cyst containing old blood) can grow within the ovaries. Adhesions can occur as a consequence of endometriosis which is a major factor in infertility.

Fibroids

Fibroids are very common. They are defined as a fibrous benign growth within the uterine wall. They can cause infertility when they are very large and therefore distort the uterine cavity or when they develop inside the uterine cavity. In these cases they will need to be removed either by open surgery, laparoscopy or hysteroscopy.

Male

Male Infertility? Don't be so sure...

Nearly half of our infertility cases involve male problems. We find a high number are not what they first seem to be.

If you or your partner have been told "no sperm" and advised to take the donor route, come to us first - **we may be able to find what others have missed**. The reason for this is simple.

The basic sperm analysis on which many consultants and clinics base their diagnosis is indicative, but not conclusive. We go one vital step further by offering a complete programme for **Male Factor Optimisation**. This second step is **RCS** (Rapid Centrifugal Spinning) a follow-up and more revealing investigation. RCS detects very minute quantities of sperm, too small to register in conventional analysis, and isolates these for harvesting. As few as 10-20 means that IVF or ICSI can commence immediately. The RCS procedure also confirms a zero sperm count which, in most cases, removes any need to consider the cost of surgical extraction for genuine azoospermia sufferers.

If the sperm count is even lower, **there is still hope** that you can avoid the donor option as we have surgical procedures, PESA, TESE and MESA, which can extract viable sperm **if even the tiniest amount is present**. (But note that successful surgical extraction can never be 100% guaranteed).

We have made Male Factor Optimisation together with the Bridge Centre as affordable as possible and the result is, we think, the best-value success-orientated approach available.

Accordingly many supposedly infertile males, Male Factor Optimisation (MFO) treatment at The Bridge Centre may be the solution and offer a whole new world of opportunity.