

## Endocrinology Second Opinions™ Consultation

*Date:*

*Patient:*

### **Discussion:**

This is a xx year old female with several medical issues that have been the subject of recent evaluation in regard to the safety of pregnancy. She wishes to conceive and is asking if IVF is recommended. She is described as having PCOS and is on Glucophage. There is no additional information about her gyn issues or any prior fertility treatment.

### **Recommendations:**

Patients with PCOS do frequently have trouble conceiving due to ovulatory dysfunction. This dysfunction can be improved with wt loss and with Glucophage, as others have previously advised, and that alone is sometimes successful in achieving a pregnancy.

It must first be determined if this patient is experiencing infertility solely due to her ovulation disorder. If not already done, she should have additional testing that would typically include an assessment of tubal patency ( hysterosalpingogram or saline infusion sonography ). Her partner should have a semen assessment. Further hormone testing might include an AMH level and a 17 hydroxyprogesterone level as well as DHEAS.

If she does have a pure ovulation disorder, IVF is usually NOT required or recommended as a first line treatment. The majority of patients with PCOS can successfully conceive with oral ( clomiphene, letrozole ) or injectable ( FSH ) ovulation induction medication, and Glucophage should be continued. Several cycles of treatment may be necessary to achieve and optimize ovulation. Adjuncts sometimes also include low dose of dexamethasone ( if DHEAS level is elevated ), or possibly intrauterine insemination. If several cycle of optimized ovulation induction are unsuccessful, OR other non-ovulation factors are suspected, only then is IVF ordinarily considered. Ovulation medications can be used inexpensively, non-invasively and safely with appropriate oversight. Patients with PCOS are sometimes resistant to medications to induce ovulation, and sometimes extremely sensitive to meds, resulting in the development of a large number of mature follicles and a risk of multiple pregnancy. In the hands of an experienced fertility specialist, this can usually be avoided. IVF does have the advantage of allowing for greater control over the risk of multiple pregnancy ( by only transferring a single embryo per attempt ) but is much more complex, invasive and costly ( in the US ). You should seek the care of an experienced reproductive specialist for the care you need.

**Answers to patient`s questions:**

Same as above

**References:**

none

**Additional:**

If this patient has had prior testing and/or treatment for fertility, I am happy to review those results and modify and extend my comments if needed.

*Electronically Signed by:*

*Board Certified:*

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