

Ovarian Hyperstimulation Syndrome



Obstetrics & Gynaecology

patient**information**



The Rotherham
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Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: your.experience@nhs.net

Slovak

Slovensky

Ak vy alebo niekto koho poznáte potrebujete pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani

کوردی سۆرانی

نەگەر تۆ یان کەسێک کە تۆ دەناسی پێویستی بەیارمەتی هەبێت یۆ نەو دی لەم بەلگنامە بە تێبگات یان بیخوێنێتەوه، تکایە پەیوەندیمان پێوه بکە لەسەر ناو ژمارەیی سەروددا یان بەو نیمەیلە.

Arabic

عربی

إذا كنت انت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

اُردو

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

Ovarian Hyperstimulation Syndrome

A small number of women having treatment to stimulate the ovaries (especially after IVF), will develop a problem called Ovarian Hyperstimulation Syndrome (OHSS). Fertility drugs stimulate the ovaries to produce many egg sacs (follicles). Sometimes there is an excessive response to fertility drugs and this causes OHSS.

OHSS is far less likely after taking clomid than having gonadotropin injections.

Overall it affects between 0.6 to 14% of women, but only about 1 to 2% need to be admitted to hospital.

What is OHSS?

OHSS is a combination of symptoms including enlargement of the ovaries, swelling and discomfort in the abdomen. It is often associated with nausea and vomiting which may lead to dehydration. A serious, but rare, complication is a blood clot (thrombosis). The severe form can be life threatening which would require a stay in hospital.

Who is at risk?

Although we know the drugs you receive to stimulate your ovaries contribute to the development of OHSS, we do not as yet know why only a small number of women go on to develop the syndrome. Some of the risk factors for its development include;

- Presence of polycystic ovaries
- You have experienced OHSS in a previous cycle of treatment
- High response to stimulation (more than 20 follicles before egg collection)
- Exposure to hCG and presence of pregnancy (especially multiple pregnancy).
- You are at a small risk for OHSS, if you have any one or a combination of the above factors.

What are the symptoms?

- Possible symptoms to expect are:
- pain and swelling of the tummy
- feeling sick
- feeling dry
- Passing less urine than usual

When will I get symptoms?

The usual time to start getting symptoms is a few days after finishing gonadotropin injections, a few days after the egg collection, or soon after the onset of pregnancy (if pregnant).

When will I get better?

If you are not pregnant, the symptoms will resolve completely once you have had a period. If you become pregnant however, you may continue having problems until about the 2nd month of pregnancy, when the symptoms should get better.

Does it affect chances of pregnancy?

OHSS will have no effect on your chances of pregnancy. Neither will it affect your pregnancy if you do become pregnant.

What should I do if I have mild OHSS?

- Make sure you drink clear fluids at regular intervals
- Make sure you do not drink in excess (drink to your thirst)
- If you have pain, take ordinary paracetamol or codeine (no more than the maximum dose)
- You should avoid anti-inflammatory drugs (aspirin or ibuprofen), which can affect how the kidneys work
- Even if you feel tired, make sure you continue to move your legs

What treatment is given?

Prevention is obviously better than cure; the only guaranteed way to avoid OHSS is cycle cancellation which unfortunately is a high price to pay. This will remove the chance of conception and exposure of the ovaries to pregnancy hormones.

Alternately, since the majority of patients who are considered to be at risk of OHSS only experience mild symptoms, if any symptoms at all and therefore can be managed at home, we would allow the cycle to proceed as planned, but obviously keep a very close eye on you.

If the problem becomes severe however, you may need to come into hospital. Often, we simply need to give you rest, pain killers, anti-sickness medication and encourage you to drink fluids, especially water. Specific treatment depends on your symptoms and may include daily blood tests, intravenous fluids (a drip) and heparin injections to thin the blood (minimise the risk of blood clot formation). If you accumulate a lot of fluid in your tummy, it may cause you to feel breathless and uncomfortable; under these circumstances, we may drain the fluid away using a fine needle under an ultrasound scan control.

Ovarian Hyperstimulation Syndrome

You should be rest assured, that no aspect of the treatment you receive will affect your chances of pregnancy. We would discuss all these options with you once we consider you to be at high risk for OHSS, so you can make an informed choice.

What do I do if I feel unwell?

You may develop some of the symptoms described in this booklet and it may be difficult for you to know whether to be worried. If you are concerned at any time, you should contact us directly on 01709 427641 between 9am and 5pm.

If after hours please contact the Gynaecology Ward on **01709 424349** and ask for the nurse in charge who may arrange for a doctor's review. Please, do not hesitate to contact us even if it's simply for us to reassure you. If you are unable to contact fertility clinic, please contact:

- Gynaecology Ward B11
- your general practice
- NHS 111
- A&E department

Useful organisations

Human Fertilisation and Embryology Authority (HFEA)

21 Bloomsbury Street
London
WC1B 3HF

Telephone 020 7291 8200

Website: www.hfea.org.uk

Infertility Network UK

Charter House
43 St Leonards Road
Bexhill on Sea
East Sussex
TN40 1JA

Telephone 08701 188088

Website: www.infertilitynetworkuk.com

How to contact us

Infertility Clinic

Telephone 01709 427641

Gynaecology Ward B11

Telephone 01709 424349

Switchboard

Telephone 01709 820000

Useful contact numbers

**If it's not an emergency,
please consider using a
Pharmacy or call NHS 111
before going to A&E.**

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

UECC (A&E)

Telephone 01709 424455

**For GP out of hours,
contact your surgery**

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline on Ovarian hyper stimulation (September 2006)

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Useful websites

www.therotherhamft.nhs.uk

www.nhs.uk

www.gov.uk

www.patient.co.uk

Easyread websites

www.easyhealth.org.uk

www.friendlyresources.org.uk

www.easy-read-online.co.uk

We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team

D Level

Rotherham Hospital

Moorgate Road

Rotherham

S60 2UD

Telephone: 01709 424461

Monday to Friday

9.00am until 4.00pm

Email: your.experience@nhs.net



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