

Ovarian Stimulation

What is ovarian stimulation?

Ovarian stimulation is the process of stimulating your ovaries using fertility drugs (either tablets or injections). In natural ovarian stimulation during the first part of the menstrual cycle, many eggs are stimulated but only one or two may be selected for ovulation. The aim of medicated ovarian stimulation is to increase the number of eggs that would normally be available for the egg collection procedure. There are several ways to stimulate egg production and the most suitable method will be decided for you when we have discussed your medical history and test results.

At the beginning of the month when you start your medication, barrier contraception should be used, as a natural pregnancy at this time could be affected by the drugs you are taking. The first drug you need to take downregulates part of the brain called the pituitary gland, the effects of this make the body mimic a temporary menopause. Downregulation is used to ensure the body responds in a more controlled way to fertility hormones. Following this, drugs containing fertility hormones are given to act on the ovaries to make them produce more eggs. The fertility drugs need to be given every day for about 10-12 days. Injections are taken under the skin, you can either do your injections after you attend a teaching session or you can ask your local GP practice nurse to do them for you.

What are the benefits of ovarian stimulation?

For women who do not ovulate each month, using stimulation may improve this and help your ovaries to produce one or more eggs after the stimulation.

What are the risks of ovarian stimulation?

The ovarian stimulation tablets (Clomiphene, Clomid or Tamoxifen) have very few side effects. Side effects most reported are occasional abdominal discomfort, breast tenderness or mild nausea. Less common side effects are skin rashes, dizziness, and very rarely, visual blurring or headaches. The injectable ovarian stimulants can cause bloating, twinges of discomfort from your ovaries and increased mucus production around the neck of the womb.

The downregulation drugs (e.g. Buserelin) used to stop your ovaries working temporarily at the beginning of your cycle and can cause side effects that are similar to the menopause. These side effects include hot flushes, night sweats, vaginal dryness, headaches and mood swings. Usually, side effects reduce when you start the fertility injections and your ovaries begin to work again.

Ovarian Hyperstimulation Syndrome (OHSS)

The use of ovarian stimulation drugs can cause a condition known as Ovarian Hyperstimulation Syndrome (OHSS) in approximately 1% of cases. OHSS develops when the ovaries overrespond to the fertility drugs and produce too many eggs leading to enlargement of the ovaries. This is usually accompanied by a feeling of being unwell, often with abdominal swelling, nausea, and vomiting. This is a potentially life-threatening disorder, but the chances of it occurring are extremely low. We will try to ensure that if you start developing OHSS, we will treat and monitor you at the earliest possible moment.

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Multiple Births

Twin pregnancies are more common with the use of fertility drugs. The incidence increases from 1% in normal conception to 5% with Clomiphene (Clomid). Triplet or quadruplet pregnancies do happen, but rarely.

What are the alternatives to ovarian stimulation?

If the treatment you are hoping to have requires your ovaries to be stimulated, there is not really any alternative to stimulation. If you are concerned about the medication which has been prescribed for you, please do not hesitate to talk to a member of staff.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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