

Rocky Mountain Center for Reproductive Medicine ®

1080 E. Elizabeth Street
Fort Collins, Co. 80524
(970) 493-6353 or (800) 624-9035

FREQUENTLY ASKED QUESTIONS

WHAT IS THE TIME FRAME BETWEEN SEMEN COLLECTION AND INSEMINATION?

Semen specimens ideally need to arrive in the office within 45 minutes of collection. The specimen needs to be transported at room or body temperature in the sterile specimen cup provided. Once it arrives in the office, it will need to liquefy and then be processed. Once the sperm is in this liquid media used for wash purposes, the sperm will survive for many hours in our office incubator. The insemination is usually scheduled 45 minutes after the specimen is received in the office.

WHO WILL PERFORM THE ULTRASOUNDS AND INSEMINATIONS?

The ovulation induction clinic here is a team effort. Consequently, the nurses and physician will all be involved with regard to the ultrasounds, as well as inseminations. I will make every attempt to be present for your ultrasounds and inseminations; however, there are times when I am scheduled in the operating room, seeing patients at the hospital, or out of the office for any number of reasons.

AFTER INSEMINATION, HOW LONG WILL I NEED TO STAY IN THE OFFICE?

The volume used for an insemination is very small and is placed close to the opening of the fallopian tube. Consequently, at the time the insemination is done, the fluid will be immediately transferred high into the uterine cavity or into the fallopian tubes. This, combined with the fact that the mucous is still present in the cervical canal, prevents the fluid from coming out of the cervical canal. Any fluid or moisture that you feel on the perineum after leaving the office is fluid used to clean the cervix prior to the insemination itself (not all of this fluid can actually be removed from the vagina). You will remain in the examination room approximately 5-15 minutes after insemination.

WHAT ACTIVITIES SHOULD I AVOID AFTER INSEMINATION OR EMBRYO TRANSFER?

While I am unaware that any activity makes a difference following these procedures, I would advise against excessive physical activity during the last 2 weeks of the cycle. The ovaries can become sensitive and this is a time period where an embryo will attempt to attach. Nevertheless, mild exercise is certainly not harmful. Generally, you can resume full activity after 2 weeks.

WHAT IS THE PURPOSE OF A DAY-3 FSH AND ESTRADIOL?

The purpose of this test is to investigate "ovarian reserve." This translates into the number of eggs that one might expect to see following ovulation induction. The higher these numbers, the more worrisome it is for good response to the medications used in ovulation induction. This can be useful to identify another treatment option.

WHAT EFFECT DOES STRESS HAVE ON INFERTILITY?

This question is difficult to answer. Most studies have failed to show an association between stress and fertility efforts. In extreme circumstances, however, severe stress can cause lack of ovulation with the resulting lack of periods. One recent study did suggest that fertility treatments might be more successful when stress levels are decreased. If you would be interested in seeking more information about psychological counseling, please don't hesitate to let us know.

WHAT IS THE DIFFERENCE BETWEEN A SEMEN ANALYSIS AND A SEMEN PROFILE?

The semen analysis typically involves a measurement of volume, concentration, motility (movement) and morphology (shape) of the sperm. The semen profile is a more extensive form of a semen analysis that involves assessment of sperm survival over time, as well as a further assessment of how these sperm may do under more stressful situations. This is a test that is specifically needed before going on to in vitro fertilization and is sometimes needed before proceeding to intrauterine inseminations.

DO YOU TREAT MALE INFERTILITY?

Yes, through either artificial insemination, or in vitro fertilization procedures (including ICSI), we can treat some male infertility factors.

WHAT IS INVOLVED WITH AN INFERTILITY EVALUATION?

The core infertility tests include the following: (a) semen analysis; (b) documentation of ovulation – usually be means of a blood test (progesterone) drawn approximately one week prior to menses; (c) an assessment of the uterus and fallopian tubes by a hysterosalpingogram (HSG). Ideally, a fourth procedure involves outpatient surgery called laparoscopy. Laparoscopy is a means of visualizing the outer surface of the ovaries, tubes and uterus to look for endometriosis or pelvic adhesions that can prevent conception.

PROVIDED THE ABOVE TESTS ARE NORMAL, WHAT DO WE DO NEXT?

Following the semen analysis, progesterone, and an HSG, we recommend an appointment to discuss the next step for testing/treatment. We will discuss the advantages and disadvantages of further testing (usually a laparoscopy and hysteroscopy – versus proceeding on to ovulation induction) combined with intrauterine inseminations.

WHEN IS IN VITRO FERTILIZATION (IVF) NECESSARY?

Patients who have not conceived with ovulation induction and inseminations, patients with damaged fallopian tubes, and couples where more serious sperm problems exist are typical candidates for this treatment choice.

WHAT IS ICSI?

ICSI stands for Intracytoplasmic Sperm Injection and is a process whereby IVF is used in conjunction with a procedure in which individual sperm are directly injected into the cytoplasm of the eggs. It is typically used to treat severe male factor infertility.

WHAT ABOUT PROGESTERONE USAGE DURING PREGNANCY?

During the early stages of pregnancy, we always prescribe Progesterone to support the lining of the uterus. Please disregard the instructions on the Progesterone label to not use this medication during pregnancy.

PHONE CONSULTATIONS:

At times it may be necessary to discuss you treatment plan options over the telephone. This can be arranged with the receptionist ahead of time and you will be billed appropriately.

HOW MUCH DOES THIS ALL COST?

As a rule, we try to be very cost-conscious in the evaluation and treatment of infertility. We appreciate that insurance uncommonly helps in this regard. As a result, we make every effort to help you to conceive with the lowest cost, least invasive technology possible while keeping in mind that pregnancy rates need to remain high. Please feel free to ask the front office for a cost sheet of the tests and treatments recommended for you.