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Once all the information has been collected and studied, the physician and couple meet to discuss the findings. One or more plans of action may be discussed.

The couple should not feel obligated to make any decisions. Rather, they should feel free to go home, think about what was said, write down questions, and then schedule another appointment to review the finding and decide upon a course of treatment. At this point, a second opinion may be a viable option.

Ferre Institute, Inc. is dedicated to enhancing public and professional understanding of infertility, family building, reproductive health and genetics by increasing access to comprehensive quality services; broadening informed choices and options; supporting psychosocial services and research; strengthening clinical services within communities; and promoting and conducting research in these areas.

Ferre Institute, Inc.

124 Front Street
Binghamton, NY 13905
Phone: 607-724-4308
Fax: 607-724-8290
www.ferre.org

Learn more about our programs by visiting the following sites:

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This material was prepared by ***Ferre Institute, Inc.***, a non-profit educational organization, dedicated to helping couples have children.

INFERTILITY

The Infertility Workup; When Further Testing is Indicated

Following the evaluation of the preliminary test results, additional diagnostic procedures may be necessary.

Female Testing Must be scheduled to coincide with certain times during the menstrual cycle.

- **Post-coital test**– At mid-cycle, a sample of cervical mucus is removed from the vagina after intercourse and examined for presence of active sperm, hormonal receptivity of the mucus and possible infection. The test is relatively easy and painless.
- **Endometrial Biopsy**– a small sample of tissue is removed in the lining of the uterus (endometrium) to obtain evidence of ovulation. This is done in the last half of the menstrual cycle. It often causes cramps and may cause spotting. In some cases this may be done at the same time as a laparoscopy.
- **Hysterosalpingogram**– this outpatient procedure is performed just after the menstrual period ends. A dye is injected through the cervix into the uterus and fallopian tubes to outline the cavity of the uterus and demonstrate the condition of the tubes on x-ray. Generally the patient can watch on a screen while this is done. This procedure usually causes cramping.

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- **Hysteroscopy**– performed alone or at the time of the laparoscopy, this procedure permits the physician to actually view the cavity of the uterus in order to examine its shape and to determine the presence of any abnormalities such as fibroids or polyps.
- **Hydrotubation**– this is the passage of a water soluble dye through the fallopian tubes at the time of a laparoscopy. The physician is able to directly observe whether or not the dye flows freely from the tubes into the pelvic cavity.

Male Testing could Include:

- **Complete Hormone Evaluation**– Blood tests taken to measure the hormones responsible for stimulating the production of sperm by the testicles.
- **Immunological Evaluation**– Antibodies can be measured in the blood of the man and of the woman and in the seminal plasma of the man to determine possible immune phenomena responsible for infertility.

- **Scrotal Sonogram**– imaging of the testicles using sound waves can determine scrotal contents.
- **Testicular Biopsy**– This is rarely performed unless there is a complete absence of sperm in the ejaculate. Under general anesthesia, a small amount of tissue is removed from the testicle for microscopic evaluation. The test is used to determine whether or not cells responsible for sperm production are present and whether or not sperm are being produced.
- **Vasography**– Injection of dye into the sperm duct is followed by x-ray to determine possible blockage.

To Summarize...

An infertile couple is naturally anxious to learn as soon as possible why they are having difficulty conceiving.

However, information from all the diagnostic procedures must be gathered before an accurate diagnosis can be made. Initiation of therapy without a clear diagnosis will usually result in a loss rather than in a saving of time.

Relatively few office visits are needed to complete the workup. Most of the procedures must occur at certain times in the menstrual cycle, so the entire workup may take three or four months.

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