

Tips and Information for a Successful Fight Against

INFERTILITY



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increasing your parenting potential...

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By Victory A.R.T. Laboratory Phils, Inc.

These articles were compiled from <http://www.ivfvictoryphilippines.com/> in hopes of helping bring into light infertility questions and bring solutions for many couples and / individuals having a hard time conceiving.

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Victory A.R.T. Laboratory Phils, Inc. is part of the Hong Kong based Victory Group of A.R.T. Laboratories and is the pioneer IVF laboratory here in the Philippines. Established in and spearheaded by **Dr. Gregorio Pastorfide**, a re-knowned and internationally acclaimed OB-GYN, Victory continues to assist and provide infertility solutions using state-of-the-art equipment and an ever-growing and adapting medical team.

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We thank you everyone who visited our website for information regarding IVF. We have come a long way in providing articles to hopefully aid and support everyone thinking of undergoing the process.

If anybody is interested to share or syndicate our Infertility, Fertility, IVF and other Assisted Reproductive Technology-related articles, click on our RSS button below to avail of our RSS feed.

We aim to please. :) Thank you.



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How IVF works



1. The Intake Interview

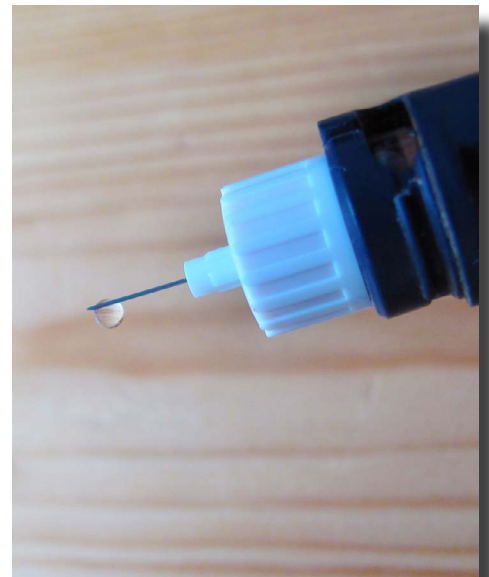
The initial meeting with the doctor will involve discussions with your medical and fertility history, and of your partner, to establish which treatment procedure will work best for you, as well as improve the odds of a healthy birth.

2. Preliminary tests and talks

Ultrasound and blood tests will take place to determine number and quality of eggs. A nurse will educate on how to self administer fertility drugs. A financial counselor will aid to work out payment and a psychologist will be on hand to discuss coping with any stress that may arise.

3. Drugs to induce egg growth

For two weeks, you'll self administer three daily injections or fertility medications in your thigh or stomach to stimulate follicles to grow as many eggs as possible during your cycle. Around day 12, you'll inject drug human chorionic gonadotropin (hCG) to stimulate ovulation. During these two weeks, visiting the clinic five times for blood and ultrasound tests is necessary to monitor progress.



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4. Egg harvesting

Shortly before doctors calculate that your eggs will be released through fallopian tubes during ovulation – you'll be heavily sedated and, using ultrasound as guide, your doctor will pull eggs out of your ovaries with a hollow needle. In another room, your partner, will ejaculate into a cup to obtain sperm. The lab will quickly process to extract the most robust sperm and mix with the eggs in an incubator for insemination to happen.

5. Embryo transfer

Three days after harvesting your eggs, your doctor will insert two or three embryos into your uterus using a thin catheter. If there are genetic concerns, embryo transfer may happen on day five, after laboratory has performed to select the healthiest embryos.

6. The outcome

Your partner or a trusted friend or family member will give you daily injections of progesterone in the buttocks. Progesterone aids implantation. You'll take a pregnancy test in two weeks and someone from there will give you the results.



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HOW TO FIND THE RIGHT IVF CENTER FOR YOU

Below is a list of questions to consider in finding the right IVF center for you. These are guide questions you could ask an IVF center for information.

1. What are the IVF clinic's statistics?

2. What affects the success rates at IVF clinics?

3. How do your local IVF clinic's statistics compare with IVF clinics nationwide?

4. What's the take-home baby rate of the IVF clinic?
Keep in mind that the "take home baby rate" may be more related to a patient's age and health condition than to specific factors at the IVF clinics.

5. What's the implantation rate of the IVF clinic?

Implantation rate is calculated as clinical pregnancy rate divided by the number of embryos transferred. These statistics remove the bias of IVF clinics that transfer large numbers of embryos.

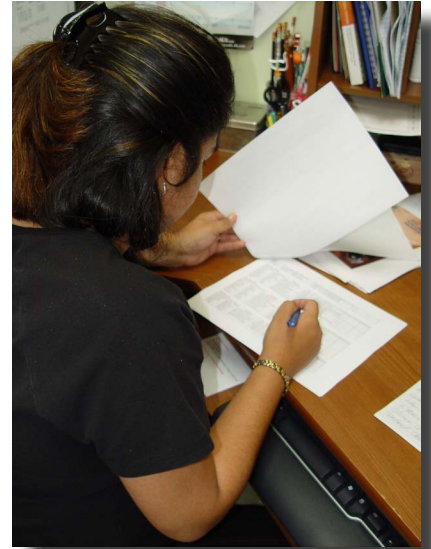
6. Is the IVF clinic conveniently located?

Also, consider the IVF clinic's available services and the staffs' "personality," or how well they interact with patients.

7. Does the clinic provide emotional counseling? Can they refer you to a counselor who deals with fertility problems?

8. What specific tests would the clinic recommend to diagnose my infertility?
How much do they cost?

9. How long will it take to diagnose our problem?



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10. Does the IVF clinic take insurance?

11. Do you have preferences about choosing a specific doctor at the IFV clinic?

12. How will you communicate with the center during this whole process?

- **Check or research clinic accreditation**

and how they compare to each other, as well as other fertility clinics from other areas. Asking family or friends for testimonials will be great factor to consider.

- **Consider ethical issues**

If a clinic has an age limit for the patients they handle, that is a good sign. Stay away from clinics offering money-back guarantees. This may indicate financial incentive from the specialist to implement treatment modalities you may not be comfortable with.

- **Rapport is important**

Make sure the clinic makes time to address your concerns, even on the phone. Being too busy to handle your questions is unacceptable for they might continue to be inattentive once you become their patient.

- **Don't hesitate to ask questions**

Visiting an IVF Center for the first time can be overwhelming. Besides emotional issues that may arise with infertility, you may find yourself confronting new, uncharted territory of treatment options.



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INFERTILITY FACTS & SOLUTIONS

Infertility affects as many as 1 in 6 couples. It is ordinarily diagnosed through medical consultations and physical check-ups of both partners.

INFERTILITY DISEASES:

Male Infertility		
• Azzospermina	POSSIBLE SOLUTION/S:	SUCCESS RATE:
occurs when no sperm is created while olibospermia is detected when few sperm are produced. Many studies have linked this issue to modern high-fat, nutrient-deficient diet. Health sperm formation requires adequate and ready supply of proper nutrients and anti-oxidants. Other factors for low-sperm formation are increased scrotal temperature, pollution and synthetic estrogens.	Fertility drugs may boost sperm production. Other options include artificial insemination with donor sperm and injecting sperm directly into the egg (intracytoplasmic sperm injection).	Fertility drugs: About 25 per cent are able to impregnate a partner. Artificial insemination: 5-20 per cent of women become pregnant per cycle. Sperm injection: About 15 per cent of women get pregnant per attempt.



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• Varicocele	POSSIBLE SOLUTION/S:	SUCCESS RATE:
is a varicose vein around one spermatic cord, causing blood to pool in the testes, which causes temperature increase in the area. Higher temperature decrease sperm production, which can lead to infertility. This can be fixed by surgery.	Surgery to correct a varicocele is called a varicocelectomy. An alternative to surgery is varicocele embolization. After the procedures, you will be told to place ice on the area and wear a scrotal support for a little while.	If surgery is required because of infertility or testicular wasting away (atrophy), the sperm count will likely improve but the ultimate pregnancy rate is unchanged. In most cases, testicular wasting (atrophy) does not improve unless surgery is done early in adolescence.

• Infections	POSSIBLE SOLUTION/S:	SUCCESS RATE:
28% to 71% of infertile men show signs of reproductive organ infections. Presence of some of these antisperm antibodies can attack and destroy the sperm.	Sperm washing and intrauterine insemination, assisted conception treatments. Immunosuppressive drugs, such as cortisone and prednisone, are sometimes used but many doctors don't recommend them.	Success rates of 20-40 per cent per cycle have been reported for all these treatments, but these figures are considered controversial.

• Ductal Obstruction	POSSIBLE SOLUTION/S:	SUCCESS RATE:
is a blockage or damage to the spermatic tubes mostly instigated by STD, infections or congenital abnormality.	A method to treat ejaculatory duct obstruction is transurethral resection of the ejaculatory ducts (TURED)	This operative procedure is relatively invasive, has some severe complications and led to natural pregnancies in approx. 20% of affected men.



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• Ejaculatory Dysfunction	POSSIBLE SOLUTION/S:
<p>is disorders characterized by failure to deliver sperm to vagina.</p>	<p>The most effective approach is a combination of psychological assistance and medical intervention. In this way, the man can quickly achieve positive sexual experiences and gain a sense of confidence. Urologists and other medical doctors typically treat early ejaculation with a combination of medications and creams. Anti-depressant medications such as Paxil and Zoloft are often prescribed and are taken by the patient 2 hours prior to sexual activity. If this is not effective, the patient is further instructed to take the medication on a daily basis rather than before sexual activity. The dosages are usually adjusted as the patient progresses.</p>

OTHER DISORDERS THAT CAN CAUSE MALE INFERTILITY ARE:

- Abnormal development or damage of the testes
- Disorders of accessory glands
- Coital disorders
- Exposure to diethylstilbestrol (DES)
- Undescended testicles
- Chromosomal abnormality.



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FEMALE INFERTILITY		
• Polycystic Ovarian Disease	POSSIBLE SOLUTION/S:	SUCCESS RATE:
is characterized by the presence of many minute cysts in the ovaries. This can happen as result of stress, hormonal imbalances, and various diseases and disorders of the reproductive system.	Ovulation-stimulating drugs such as clomiphene, follicle-stimulating hormones, and IVF.	70 per cent who take fertility drugs ovulate and of those, half go on to conceive within six to nine months. Unfortunately, one in five of those pregnancies miscarry.
• Pelvic Inflammatory Disease	POSSIBLE SOLUTION/S:	SUCCESS RATE:
is a reproductive tract infection leading to blocked or damaged fallopian tubes usually caused by STD, miscarriages, abortions, childbirth or an intrauterine device.	Laparoscopic surgery to open tubes, if possible (small area of blockage). If surgery fails, in vitro fertilisation is an option.	Conception rates vary widely -- from a low of 10 per cent to a high of 70 per cent -- depending on the severity of the blockage and the amount of scar tissue that develops after surgery. IVF: usual success rates.
• Endometriosis	POSSIBLE SOLUTION/S:	SUCCESS RATE:
occurs when tissue lining the uterus grows into growths or lesions outside the uterus. During menstrual cycle, this tissue builds up, breaks down, and sheds each month but has no way leaving the body. It results to cause of internal inflammation, breakdown of blood and tissue from the lesions, infertility, adhesions and bowel problems.	Laparoscopic surgery to remove abnormal tissue or unblock tubes and assisted conception treatments.	Surgery: 40-60 per cent conceives within 18 months after surgery. IVF: usual expected success rates



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• Age	POSSIBLE SOLUTION/S:	SUCCESS RATE:
At the age of 30 the quality of eggs begins to diminish. The older a woman is the more likely it is that her eggs will have chromosomal abnormalities.	Egg donation or surrogacy.	43 per cent of women who have a fertilised donor egg implanted become pregnant.
• Ovulatory Dysfunction	POSSIBLE SOLUTION/S:	SUCCESS RATE:
is when a woman's ovaries are not producing eggs or are producing fewer eggs than usual due to hormonal imbalances, age, or other problems.	Ovulation-stimulating drugs such as clomiphene, follicle-stimulating hormones, human chorionic gonadotrophin (HCG) and in vitro fertilisation (IVF) using these drugs.	70 per cent ovulate and of those, 20-60 per cent gets pregnant.

• Uterine Fibroids

are uterine tumors which can interfere with embryo implantation or fetal growth. This occurs in 40% of women.

• Pelvic Adhesions

are caused by surgery or infection, and occur when scar tissue forms between two or more internal organs. This tissue affects the ovaries or fallopian tubes and can result to infertility.

• Immunological Infertility

is a disorder when a woman's system produces antisperm antibodies destroying her partner's sperm.



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INFERTILITY TREATMENT COSTS

Patients seeking treatments in ART such as IVF should choose their physician carefully and weigh a number of factors. If cost is a factor in your decision making, ask the clinic for a detailed list of procedures and corresponding costs, and follow up with these questions:

- Are medications, tests, lab work and consultations included in the cost of treatment?
- Does the clinic provide financial counseling and psychological counseling? If so, are there fees for these services?
- Since most patients do not have insurance coverage for infertility treatment, knowing the costs up front makes good financial sense.



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9 Things to do for IVF Success

IVF success is dependent on a number of factors, some of which you have little control over. Some factors may comprise the woman's age, the reasons for infertility, whether or not donor eggs (or sperm) will be used, and the competency of the IVF clinic or lab.

While looking at any IVF success statistics can give you a general idea, it won't tell you what your actual chances of success are. More often than not, an individual's ability to conceive depends on how they improve or maintain their reproductive health.

So here are ways you can do to prepare your body for IVF and hopefully attain positive results:

1. Correcting omega-3 fatty acid balance may help balance your hormones.

Omega-3 fatty acids are critical for fetal neurodevelopment and may be important for the timing of gestation and birth weight as well.

2. Rapid weight loss can deplete your tissues of d-chiro-inositol, and supplementation may not correct the imbalance. Focus on balanced eating and maintaining a steady weight.

Supplementation of d-chiro-inositol compound is a common practice in women seeking to enhance their fertility. New research is signifying that at least for infertility associated with PCOS, myo-inositol, a similar compound with slightly different functions, may be a more effective option.

3. No matter what kind, an eating disorder is associated with hormone imbalances. Be sure you're managing food AND stress healthfully.



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Foods to Eat to Balance Hormones	Foods to Avoid
<ul style="list-style-type: none"> • Whole grains • Legumes • Nuts and Seeds • Vegetables 	<ul style="list-style-type: none"> • Hot beverages • Spicy foods • Caffeine and soups • Non – organic dairy product (Depicting milk, cottage cheese, ice cream, etc. Supermarket milk usually comes from cows treated with BGH (Bovine Growth Hormone) and antibiotics. Both steroids and antibiotics reside in the milk and interfere with the female hormonal system.) • Highly processed vegetable oils and commercial salad dressings

4. Be sure, **if you enjoy exercise, that you balance it with days off and eating adequately** to fuel your activity.

5. Some medications, such as Depakote, can interfere with hormone balance. If you ever took these, **consult with a pharmacist about correcting resulting imbalances.**

6. **Be sure you eat well through pregnancy and nursing** so that the second time around is not an unexpected problem.

7. Omega-6 fatty acids, common in processed foods, interfere with omega-3 activity. As much as possible, **make olive, canola, avocado, and nut oils, your oils of choice.**

8. Implantation is dependent on good melatonin levels. So even if you're given a conceived embryo, **be sure to sleep well so it has a good place to set up camp.** Remember, a woman's body is working overtime to keep mom healthy and baby growing. **Sleep is essential**, not to mention the fact that after the pregnancy it will be a rare commodity.



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9. PCOS is the leading cause of infertility. **Know its symptoms** (*skin problems, mood changes, weight struggles*) **and get treatment from a qualified professional.**

PCOS symptoms to look out for:

- Menstrual disturbances
- Elevated levels of androgens (male hormones)
- Obesity and weight gain
- Elevated insulin levels and insulin resistance
- Oily skin
- Dandruff
- Infertility
- Skin discolorations
- High cholesterol levels
- Elevated blood pressure
- Multiple, small cysts in the ovaries

(FOOTNOTE)

Polycystic ovarian syndrome (PCOS), also known by the name Stein-Leventhal syndrome, is a hormonal problem that causes women to have a variety of symptoms.



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Questions to ask during your IVF Consultation

The first appointment will entail plenty of forms that need to be filled out, an interview regarding your medical and obstetric history, a physical examination, any necessary labs, and consultation. The first meeting might not take longer than an hour, but there may be a lot to discuss. Start building a list of questions from the time you book your appointment, and add to the list from time to time.

Below is a list of questions you could ask the Clinic or infertility expert during consultation:

1. What are the chances for success at my age?
2. Are there any age limitations especially in regards to using my own eggs?
3. What protocol will you put me on?
4. How much will drugs cost me? (Calling the pharmacy once you get your prescriptions will help).
5. Are there any other tests to do prior?
6. Should we consider ICSI (the method where they put the sperm in the egg)?
7. What are the most recent success rates for women in my age and your (Clinic or IVF expert's) diagnosis?
8. How long would it take to treat infertility?
9. What are diet suggestions other than eating a well balanced diet?



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10. Will you be available to answer questions as they come up?



11. Will you have a nurse assigned to me?

12. Bed rest after transfer – why or why not ?

13. If I am to take baby aspirin 81mg – when do I start taking it?

14. Will I be taking any Prenatal and other vitamins/supplements?

15. Is there any limit in exercising?

16. Will it take 3 or 5 days to transfer embryos and why?

17. What will the transfer process be like?

18. How many embryos will be transferred?

19. “What else should I avoid following my transfer?”

20. How much is IVF?

21. How many doctor appointments can I expect?

22. What side effects can I expect from the suppression medication, if I am to take any?

23. Why do I have to continue to take the suppression drugs, when I start my stimulation drugs?

24. What kind of side effects can I expect from any round of medications?



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25. How does the clinic know when my eggs are ready to retrieve?
26. Will I experience pregnancy symptoms?
27. I tend to be pretty impatient, can I take a home pregnancy test?
28. What if I experience spotting during my 2-week wait?
29. What would cancel a cycle?



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Other E-Books

Infertility Facts, Causes, Prevention and Solutions

INFERTILITY

Facts, Causes,
Prevention and
Solutions

Your Food & Diet against
INFERTILITY

Your Food and Diet Against Infertility

Stress Management
for a Successful
INFERTILITY
Treatment

Stress Management for a Successful Infertility Treatment

INFERTILITY
Services - Part 1

Infertility Services - Part 1

INFERTILITY
Services - Part 2

Infertility Services - Part 2



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*"Once you choose hope,
anything's possible."*

- Christopher Reeve

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- * Blastocyst Culture and Transfer
- * Cryopreservation
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 - Embryo and Blastocyst Freezing
 - Sperm and Testicular Tissue Freezing
- * Frozen-Thawed Embryo Transfer (FET)
- * IntraCytoplasmic Sperm Injection (ICSI)
- * In Vitro Fertilization & Embryo Transfer (IVF-ET)
- * IUI (Intrauterine Insemination)
- * Hormonal Test including Pregnancy Test
- * Micro Epididymal Sperm Aspiration (MESA)
- * Testicular Sperm Extractin (TESE)
- * Testicular Biopsy for Diagnosis of Male Infertility



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