

Pope Paul VI Institute Physicians' PC

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Infertility Work-up Overview

This handout is intended to give you an overview of what you may expect in an infertility evaluation through the Pope Paul VI Institute. Sometimes all the information that you receive is overwhelming – our hope is that by having some of the routine procedures in writing, this process will be simplified. This is intended to be a general guideline for you; individual circumstances may require some variations.

Charting

At this point you have most likely taken classes in the Creighton Model FertilityCare System (CrM). CrM is based on the charting of your cervical mucus sign (it does not involve charting your temperatures). CrM can be very helpful in the overall evaluation of infertility problems because of a new reproductive and gynecologic science called Naprotechnology. It is through this new technology that our doctors can treat your cycle in a natural and cooperative way. Many of the tests done in your evaluation are more useful if done at specified times during your cycle – these days may be properly timed based on your charting. Knowledge of the cervical mucus sign can be extremely helpful in understanding and treating infertility problems. Our doctors' provide a disease-based approach to infertility. Their goal is to find out what is wrong and to correct it, to the best of their ability. One of the principles of such an approach is that infertility is nearly always caused by an identifiable, underlying disease process.

Old records

If you have not already done so please arrange to have a copy of any old records relating to an infertility evaluation sent to our office. This usually requires a written release of information form sent to your doctor; giving them your permission to send your records. If you sent or are sending a long distance consult include these records with the consult.

Hormone series

Our doctors may order a series of hormone levels. The nurse will send/give you the appropriate laboratory requisition. These tests may be drawn locally, but then must be sent to our lab to be run. There is a lot of variation in hormone testing results from laboratory to laboratory and basing recommendations for treatment on lab work done at other facilities is not advised. If you are having surgery these tests should be drawn prior to surgery. Drawing all of the blood tests can take up to one month and it can take a month to get all the results back once all the specimens are received by the National Hormone Lab. The hormone series will identify if hormonal deficiencies are playing a part in your infertility.

Seminal fluid analysis

Our doctors may recommend a semen analysis in order to determine the quantity and quality of the man's sperm. The semen sample can be collected during a natural act of intercourse using a perforated seminal fluid collection device. You may purchase a kit from our website, www.popepaulvi.com, click on shop, click on medical, and order. You do need a doctor's order to take to the lab with the sample. If your local doctor orders the test you can still order the kit from the website for collection. We just want a copy of the result

Ultrasound series

An ultrasound series is currently the best available technique to determine if a woman is ovulating and if the ovulation is normal. A woman must be in somewhat regular cycles in order to evaluate ovulation in this way. As ovulation approaches the developing follicle can be monitored with daily ultrasound exams. Your doctor will determine the best day of your cycle to begin the follicular study (based on your CrM chart) and daily scans will be done until the follicle has ruptured (or if it is determined that the follicle is not going to rupture). If you live in the Omaha area this is frequently done during the same month that the blood draws are done. If you live outside of Omaha this is generally done during the same trip to Omaha as the laparoscopy and you will need to be in Omaha for 7-10 days. If only one ultra sound is needed when you come for the laparoscopy then you are generally in Omaha for 3-4 days.

Laparoscopy and hysteroscopy with a selective hysterosalpingogram

Sometimes the cause of infertility is organic (anatomic) in its origin. The purpose of this surgery is to diagnose such conditions as endometriosis and pelvic adhesions. This exploratory surgery is done under general anesthetic on an outpatient basis. The patient is generally back to feeling normal within a few days postoperatively. A laparoscopy allows the doctor to directly view the ovaries, the outside of the fallopian tubes, and the uterus by means of an instrument inserted through a small incision made just inside the navel. Another small incision is made slightly above the pubic bone. The stitches self-absorb and do not need to be removed.

A hysteroscopy allows the doctor to directly view the inside of the uterus in order to examine its shape and to determine the presence of any abnormalities. This is accomplished by inserting an instrument through the cervix. The two procedures are done at the same time under general anesthesia. The entire procedure takes about one hour.

The doctor has a laser available at the time of surgery. If mild or moderate endometriosis is found it will be removed with the laser. At times, a woman has extensive disease, which requires a robotic assisted laparoscopy or laparotomy in order to treat it. A robotic assisted laparoscopy requires about a 2 week recovery time. A laparotomy requires about a 6 week recovery time. This surgery would be done at a subsequent visit to Omaha.

A selective hysterosalpingogram involves injecting blue dye into your fallopian tubes and using fluoroscopy (x-ray) to visualize the dye inside the uterus and as it flows down the fallopian tubes. This procedure is distinctly different from a simple hysterosalpingogram in that it accomplishes its task with the placement of a catheter that is placed directly into the

internal opening of the fallopian tube. In this way, the fallopian tubes can be selectively injected, allowing the integrity of each individual tube to be assessed separately. Also, by the addition of a pressure-measuring device, the intratubal pressure of the dye going down the tube can also be measured. Doing this adds very little time to your surgery and provides valuable information to help your doctor evaluate the condition of your fallopian tubes. If the pressure is increased, a fine thread-like catheter may be inserted into the tube, which acts to decrease the pressure.

The nurse attempts to schedule your surgery during the pre-ovulatory part of your cycle (this can be difficult if your cycles are somewhat irregular). Even if your cycle is different than predicted, the surgery is generally not rescheduled. The timing of the ultrasound series may need some adjustment. Contact the nurses if you have concerns about changes in your cycle.

Comprehensive Management Review

An appointment called a Comprehensive Management Review will be scheduled for after the laparoscopy. At this appointment, your doctor will show you part of the surgery video, review the results of all testing that has been done, and will present a treatment plan. If further surgery is indicated it will be scheduled for a future visit. Treatment with medications may be recommended.

Cycle reviews

Regardless of the treatment plan chosen, it is important to maintain contact and to evaluate the effect of the treatment on your cycles. While you are on medications, your doctor will often order a blood draw on Peak + 7 to evaluate your estrogen and progesterone levels and a monthly review of your cycle will be done. The purpose of a cycle review is to review the past cycle and to make changes as needed for the new cycle. These reviews will be accomplished through the RN's, who will in turn review your cycle with your doctor and return the recommendations to you. It is important to call as close to day one of your cycle as possible so that changes can be made for the present cycle. You will receive a written procedure on how to do this if your doctor requests this be done. There is a charge for this service, as it serves the same purpose as an office visit.

Medications

Medications are often prescribed in the treatment of the medical problems causing infertility. It is important to take these on the days and times as ordered. If you need refills on your medications, please call your pharmacy and they will contact us for approval.

Pregnancy tests

If you reach Peak + 16 according to your CrM chart, please call our RN's to evaluate your cycle. This is very important. Women who have a history of infertility or previous miscarriage may not produce enough progesterone to support the pregnancy. At the time of a positive pregnancy test, progesterone support may be initiated and may continue through most of the pregnancy. The earlier the progesterone is started, the more effective it will be in maintaining the well being of your baby.

Insurance issues and payment

Once the billing office has the list of recommended testing you will receive an estimate for the Pope Paul VI Institute cost. This does not include the hospital cost if surgery is recommended. The Pope Paul VI Institute offers the service of pre-certifying your surgery. This does not guarantee your insurance company will cover your expenses. You can call your insurance company and ask if our doctors are in or out of network. If you are going to have surgery ask if Creighton Alegent Hospital and/or Boys Town Hospital are in or out of network. Then ask what your maximum out of pocket cost is for whichever the scenario is (in or out of network). This will give you at least an idea of possible out of pocket costs. If you are having difficulty with your insurance company providing benefits, please contact us and we will try to assist you. It is your responsibility to pay any portion of the bill not covered by insurance.

Questions for the doctor

Any questions regarding your medical treatment may be directed to the nurses by calling 402-390-6600 and then going into your doctor's voicemail or emailing the nurses at popepaulrn@gmail.com. Please, include the spelling of your first and last name, your date of birth, the best phone number to reach you at, and a detailed message. Typically the nurse will convey your question to your doctor and return your call/email with the feedback.

We are an extremely busy office. We triage calls, most calls are returned in 48-72 hours. If you left a detailed message the nurses may be waiting for the doctor's feedback.

If you are not yet a patient of our clinic please email ppvinnurses@gmail.com with any questions.