

INFERTILITY TESTING

For you:

1. Blood work. This is done on day 2 or 3 of your cycle to assess ovarian reserve (how spunky are your ovaries), and pituitary function. Your pituitary gland (in your brain) directs your ovaries to make the hormones involved in ovulation (release of the egg). Your pituitary gland also directs your thyroid which may in turn affect ovulation. You will be given a lab slip to take to Quest or C-lab or you will be directed to come to our office to have the blood drawn. If day 2 or 3 falls on the weekend and the off site labs are closed, go to Falmouth hospital (Faxon Center or Emergency Room) or Cape Cod Hospital (Emergency Room). The results will be available in 2-3 days.
2. Hysterosalpingogram (HSG or Tubogram). This test is usually done after your period, but before ovulation. This test is done in Radiology at Falmouth Hospital by one of the doctors in our practice. The test will give immediate information about the contour of the inside of your uterus (is the shape normal, are there polyps or fibroids protruding into the cavity, is there scarring) and will tell us if your fallopian tubes are open. This test can cause cramping. Unless your doctor tells you otherwise you should take ibuprofen (Motrin Ib, Advil, etc.) 600mg one hour prior to the test. You may also be instructed to take an antibiotic. For you this test should be scheduled between days _____ of your cycle. Please call the office nurse when you start your period to schedule this. You will leave knowing the outcome of the test.
3. Luteal phase progesterone level. This is typically done one week after ovulation. Your doctor will explain how you should monitor when ovulation occurs. You should have your blood drawn on _____. The same locations apply as in # 1 above. The results will be available in 1-2 days.
4. Endometrial biopsy. This is ideally done about a week before your next period is due. The results tell your doctor if in fact you did ovulate in the test cycle and if the hormones your ovary produces would be adequate to sustain a pregnancy were one to get started. The chances of interrupting a pregnancy if you did conceive in the test cycle are extremely low because the pregnancy is still making its way down the tube until 8 days following ovulation. Once the pregnancy enters the uterus to attach to the wall, it is still such a small number of cells (only visible microscopically) that the doctor would be unlikely to

disrupt it even then. If you prefer you may try not to conceive in the test cycle, this test to can cause cramping. Unless your doctor tells you otherwise you should take ibuprofen (Motrin Ib, Advil, etc) 600 mg one hour prior to the test. You should have this test during days _____ of your cycle. Please call the office nurse when you start your period to schedule this. The results depend on when your next period starts, so call the office to let us know when that happens.

For your partner:

Semen analysis. We will give you a sterile container and instructions for the collection of the sample. No lubricants or saliva should be used as they will interfere with the test results. Your partner needs to have ejaculated at least 2 days, but no more than 3 days before he does the test. The specimen needs to be taken to the lab immediately. Check the instructions sheet for the time the lab can accept these specimens. The results should be available the next day.