

WHAT IS PCRM...

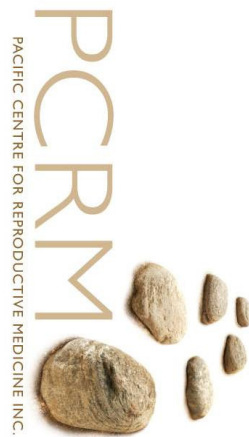
The Pacific Centre for Reproductive Medicine is focused on providing the best fertility care, and early pregnancy management in Canada. We use the latest technological advances, and a sophisticated laboratory to provide excellence in medical care.

Our vision is to provide the highest level of reproductive medical care possible, and achieve the best possible outcomes for the people we serve.



PACIFIC CENTRE FOR REPRODUCTIVE MEDICINE INC. | 500-4601 CANADA WAY | BURNABY, BRITISH COLUMBIA | V5G 4X7
TF | 866.481.PCRM [7276] | T 604.422.PCRM [7276] | F 604.434.5522 | info@pacificfertility.ca | www.pacificfertility.ca

COMPREHENSIVE FERTILITY | PRENATAL ULTRASOUND | MINIMALLY INVASIVE SURGERY



FERTILITY CARE OPTIONS

INFERTILITY TREATMENTS

Fortunately, there are many effective treatments for infertility. Over the past thirty years, reproductive specialists have made major strides in overcoming the diseases causing infertility with the advent of Assisted Reproductive Technologies (ART).

The treatments a patient will receive depend upon the causes of infertility. The major treatment categories include medical/drug therapies, intrauterine insemination (IUI), surgery, and assisted reproductive technologies like In Vitro Fertilization.

Interestingly, a relatively small percentage of couples require Assisted Reproductive Technologies even though these procedures are subject to the most media coverage.

Women are traditionally the focus of investigation and treatment, but we now know that the male contributes to over 30% of cases. No female treatment should be initiated until the male has undergone a complete fertility evaluation.

Some women ovulate irregularly, or not at all. The reproductive specialist always seeks to determine the cause of ovulatory disorders before initiating therapy. Ovulatory dysfunction can be caused by specific hormonal imbalances, Polycystic Ovarian Syndrome, diminished ovarian reserve, and/or certain medical conditions.

CLOMIPHENE CITRATE

Commonly, the first-line treatment for infertility is clomiphene citrate. This fertility medication has been used successfully around the world for many years and is also prescribed regularly by our physicians. Side effects are minimal and the risk of multiple pregnancies is low, however, the pregnancy rates are relatively low compared to other fertility treatments. Depending on the cause of infertility, the reproductive medicine literature strongly supports the use of clomiphene for only 3-6 cycles. In general, pregnancy is most likely to occur during the first three cycles and success rates drop precipitously as this number is exceeded.

FERTILITY INJECTIONS

Many women achieve pregnancy using injections of a more potent fertility medication called follicle stimulating hormone (FSH) combined with intrauterine insemination (IUI) with washed, concentrated sperm. Depending on the patient's response, many fertility specialists will limit the number of IUI attempts to 3-6 cycles. IUI is often effective in treating mild male factor infertility; however, IVF with ICSI is often employed in couples with moderate to severe male factor, if they choose not to use donated sperm.

Other medical therapies may be used during your treatment, to manage a variety of hormonal imbalances. Unfortunately, there are few medical treatments effective in the treatment of male subfertility.

LAPAROSCOPY and HYSTEROSCOPY

Laparoscopy is the "mainstay" of surgical treatments in infertility patients. A skilled OBGYN can perform almost any procedure through the laparoscope, greatly reducing cost, pain, and inconvenience. Endoscopic surgery in the abdomen, called laparoscopy, is used for the removal of pathologic growths like endometriosis or cysts, for correction of anatomical abnormalities, or as a diagnostic tool to determine the cause of infertility. Hysteroscopy involves placing an endoscopic instrument inside the uterus to remove abnormal masses, or to ensure that the cavity is normal prior to proceeding with fertility treatments.

ASSISTED REPRODUCTION

Assisted Reproductive Technologies (ART) are any procedure involving the manipulation of an egg outside the body. In Vitro Fertilization (IVF) is the most commonly employed worldwide. They are the most effective treatments, and are typically used after other therapies have failed. In cases where the fallopian tubes are damaged, women >40 years of age, or the sperm defects are moderate to severe, it is reasonable to proceed directly to IVF. Success rates vary by clinic, female patient age, and several other factors.

Included among ART therapies are:

- In Vitro Fertilization (IVF)
- Intracytoplasmic Sperm Injection (ICSI)
- Preimplantation Genetic Diagnosis (PGD)
- Assisted Hatching
- Blastocyst transfer
- Cryopreservation of eggs and embryos

Intracytoplasmic Sperm Injection (ICSI) is the standard treatment for moderate to severe male factor infertility. In this procedure, a single sperm is injected directly into the egg. The sperm can be obtained from the ejaculate or taken directly from the male reproductive tract. ICSI has helped thousands of previously sterile men father children.

Preimplantation Genetic Diagnosis (PGD) is used in conjunction with IVF to screen embryos for specific genetic diseases, and identify abnormal arrangements of chromosomes (DNA). PGD is commonly utilized for the management of recurrent pregnancy loss and recurrent IVF failure.



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