



FERTILITY CENTER

Pathway to Parenthood

Joel Batzofin, M.D.

Laguna Niguel Office

27882 Forbes Road Suite #200 Laguna Niguel, CA 92677

Phone: (949) 249-9200 Fax: (949) 249-9203

Mission Viejo Office

26800 Crown Valley Parkway Suite, 560

Mission Viejo, CA 92691

Tel (949) 249 9200

Fax (949) 249 9203

Bakersfield Office

2225 19th Street

Bakersfield, CA 93301

Tel (661) 326-8066

Fax (661) 843-7706

The Infertility Work-up

There is more than one approach to an infertility work up. For any given patient, the work-up may differ quite substantially, depending upon the history, past treatments and facts of the case. What follows is a brief summary of the approach that is used in most patients.

Preparatory Tests:

1. **On the third day of a spontaneous or progesterone withdrawal menstruation, blood is drawn for the measurement of estradiol (E2) and follicle stimulating hormone (FSH).**
2. Blood should also be drawn (any time) for the measurement of prolactin, thyroid stimulating hormone (TSH), anti-müllerian hormone (AMH) and when applicable, antisperm antibodies (ASA).
3. A hysterosalpingogram (HSG) should be performed within a week of the cessation of menstruation. This out-patient procedure involves injection of a radio-opaque dye, which outlines the fallopian tubes allowing the diagnosis of tubal blockage. To a lesser degree, it permits the detection of surface lesions inside the uterine cavity.

OR

For women who have evidence or symptoms pointing to underlying organic pelvic disease (e.g. endometriosis, chronic inflammation, pelvic adhesions, fibroids etc): A

laparoscopy/hysteroscopy should be performed within a week of the cessation of menstruation. Laparoscopy is a procedure where a telescope-like instrument is introduced through the belly button into the abdominal/pelvic cavity allowing diagnosis and treatment of ovarian cysts/endometriomas/benign tumors, uterine fibroids, tubal blockage, ectopic pregnancy, appendicitis, pelvic adhesions etc. Laparoscopy is performed as an out-patient procedure with the patient under general anesthesia. It is one of the only ways to diagnose early pelvic endometriosis accurately. Hysteroscopy is a procedure where a telescope-like instrument is inserted via the vagina through the cervical canal into the uterine cavity for the evaluation of the interior of the uterus. It is an important procedure because it allows for diagnosis and treatment of small surface lesions inside the uterine cavity (e.g. polyps, scarring

or adhesions) that adversely affect the ability of an embryo to attach to the uterine lining. Such lesions are often missed through the performance of an HSG.

Nowadays, we perform a screening uterine test, called a sonohysterogram (SHG) or fluid ultrasound. This is an ultrasound test performed in the office. Fluid is instilled into the uterine cavity to allow evaluation of the cavity. If normal, this may obviate the need for a laparoscopy or hysteroscopy. Therefore, this test is frequently used as a screening.

The First In-Office Assessment:

- A. **History & Physical:** A thorough history is taken from both partners. This is very important to help assess potential causes of infertility. A physical exam is also performed at all new-patient visits.
- B. **A vaginal ultrasound examination** is performed to detect the position and relationship of the pelvic organs. This exam also allows evaluation of pathology – fibroids, endometriosis or blocked tubes with hydrosalpinges.
- C.

If it is believed that an endometrial biopsy will be helpful, this will be arranged at the appropriate time of the cycle. This is a minor procedure done in the office with use of a small pipelle and is relatively painless.

Intercurrent Testing (i.e. any time in the cycle):

Tests On The Female Partner

- A. **Immunologic work-up:** This may be required in certain cases of female infertility or with a past history of recurrent pregnancy loss. This includes measurement of several blood immunologic markers. These tests are performed in a laboratory that specializes in immunologic function.
- B. **Routine Prenatal Lab Work:** This includes blood type, immune status to rubella and varicella, infectious disease testing (hepatitis B, hepatitis C, HIV, syphilis, gonorrhea, chlamydia). We also recommend preconception genetic screening, which tests for whether or not you carry several common genetic disorders (e.g. Cystic Fibrosis, Spinal Muscular Atrophy, Sickle Cell Disease, Tay-Sachs Disease, etc.).

Tests On The Male Partner:

- A. A **semen analysis** is required for accurate measurement of sperm motility and count. Sperm morphology is assessed employing strict “Kruger criteria.”

- B.** All men will undergo blood testing for Hepatitis B, Hepatitis C, Syphilis, HIV, gonorrhea and chlamydia

- C.** If appropriate, the sperm may be further tested using the Sperm DNA Fragmentation Assay (SDFA) and Advanced Semen Report.

After the initial diagnostic testing has been completed, you will meet with your physician to review all results and discuss the treatment plan.

Rev 10/13

This handout is intended as an aid to provide patients with general information. As science is rapidly evolving, some new information may not be presented here. It is not intended to replace or define evaluation and treatment by a physician.