



AUTHORIZATION FOR GONADOTROPIN THERAPY

Gonadotropin Therapy human menopausal gonadotropin (hMG) or follicle stimulating hormone (FSH) or human chorionic gonadotropin (hCG)] has been recommended.

The nature and purpose of the medication have been fully explained to me. The potential benefits and risks of the treatment, the likely result without treatment, and the available alternatives also have been explained.

In summary, I understand:

- a. The purpose of gonadotropin therapy is to increase the likelihood of pregnancy, often when other methods have failed. Gonadotropins work by stimulating the ovaries to develop multiple follicles that contain eggs.
- b. Gonadotropins will be administered by self-injection or by a person designated by me. The injections will be administered for approximately 7-12 days during the therapy cycle, depending on my response to the medication. During the course of therapy, I will be monitored by ultrasound and blood estradiol levels.
- c. Risks include:
 - i. **Ovarian Hyperstimulation (OHSS)** - occurs (in 1 to 5% of cycles) when an excessive number of follicles develop. When severe, it can result in blood clots, kidney damage, ovarian twisting (torsion), and chest and abdominal fluid collections. In severe cases, hospitalization is required. The best way to prevent OHSS is not to give hCG to induce ovulation and to cancel the cycle when the ovaries are over stimulated.
 - ii. **Multiple Gestation** - up to 20% of pregnancies resulting from gonadotropins are multiple, compared to a rate of 1 to 2% in the general population. While most of these pregnancies are twins, a small percentage are triplets (1-3%). High order multiple gestation pregnancy is associated with increased risk of pregnancy loss, premature delivery, infant morbidity and mortality due to the consequences of very premature delivery, pregnancy induced hypertension, hemorrhage, and other significant maternal, fetal and/or neonatal complications.
 - iii. **Ectopic (Tubal) Pregnancies** - While ectopic pregnancies occur in 1 to 2% of all pregnancies, in gonadotropin cycles the rate is slightly increased at 1 to 3%. Ectopic pregnancies may be treated with medicine or surgery. Combined tubal and intrauterine pregnancies (heterotopic pregnancies) occasionally occur with gonadotropin therapy and need to be treated with surgery.
 - iv. **Birth Defects** - The rate of birth defects after gonadotropin cycles is no higher than in the general population, at 2 to 3%. Furthermore, these children are developmentally no different than their peers.
 - v. **Adnexal Torsion (Ovarian Twisting)** - In less than 1% of cycles the stimulated ovary can twist on itself, cutting off its own blood supply. Surgery is required to untwist the ovary, and, in some cases, it may be necessary to remove the ovary.
 - vi. **Ovarian Cancer** - The risk of ovarian cancer seems in part related to the number of times ovulation occurs. Infertility increases this risk; birth control pill use decreases it. Controversial data exists that associates ovulation stimulation drugs, like gonadotropins, to the risk of future ovarian cancer. The careful use of gonadotropins is still reasonable, especially considering that pregnancy and breastfeeding reduce ovarian cancer risk.

I understand the gonadotropin patient information provided and agree to the conditions outlined therein.

I also understand that with any therapy there is always the possibility of an unexpected complication, and that no guarantees or promises can be made concerning the results of any procedure or treatment.

I have read the above consent and had any additional questions answered.

I hereby consent to the course of Gonadotropin Therapy recommended for me.

Signature of patient

Date