



FERTILITY FACT SHEET

San Ramon / Orinda / San Jose

OVARIAN HYPERSTIMULATION SYNDROME (OHSS)

Ovarian Hyperstimulation Syndrome (OHSS) is an exaggerated response to ovulation induction treatment. OHSS can be a serious complication of the treatment for ovulation induction. The reported incidence of OHSS is 10- 20%, with a 1-2% of cases being severe in patients using injectable medications (gonadotropins). OHSS is far less common after ovulation induction with Clomiphene Citrate.

OHSS can be minimized or avoided by canceling the stimulation cycle before administering HCG and/or Ovidrel, or not transferring fertilized Embryos and cryopreserving them for a future Embryo transfer.

OHSS is due to enlargement of the ovaries, showing multiple ovarian cysts with edema (swelling) of the ovarian tissue (stroma). An acute fluid shift out of the intravascular space (blood vessels) , which may result in ascites (fluid in the abdomen), hydrothorax (fluid in the chest), and even generalized edema (swelling).

Risk Factors for OHSS include:

- PCOS
- Prior history of OHSS
- High or rapidly increasing Estradiol levels
- High number of developing follicles
- Pregnancy
- Young Age

Typically, the signs and symptoms of OHSS appear within 3 to 6 days following the administration of HCG and/or Ovidrel. The symptoms of OHSS may include abdominal enlargement, pelvic and abdominal pain, nausea and vomiting, very low urine output, shortness of breath or difficulty breathing, generalized swelling and weight gain. OHSS is a self-limited process that will rapidly subside if a patient is not pregnant. Early pregnancy will extend the duration of OHSS and may worsen the symptoms.

The risks of OHSS include, but are not limited to:

- Twisting or rupture of the ovary
- Blood clot formation or embolism
- Fluid overload in the lungs
- Fluid accumulation in the Abdomen
- Kidney and/or other organ Dysfunction

Based on your history and stimulation, we may ask you to take the below noted precautions (because you may have an increased risk of developing OHSS):

- You should remain in this area for 10 days following either the HCG/ Ovidrel administration, or in the case of IVF patients, following your follicle aspiration.
- You should rest as much as possible and avoid sexual activity.
- You should drink lots of Gatorade (or sports drinks with lots of electrolytes) or V8 juice, and avoid an excess of water.
- You should also:
 - Weigh yourself daily and record your weight.
 - Measure your urine output daily and record it.
 - Measure the distance around your abdomen daily and record it.

If you gain more than 2 pounds for 2 days or more, if your urine output is less than 750 cc. (12 ounces) in a 24-hour period, or if you have severe abdominal pain or shortness of breath, call our office.

Most cases of OHSS can be treated on an outpatient basis, with fluid managements, bed rest, avoidance of sexual activity and pain medication as needed. In the more severe forms a minor surgical procedure to remove fluid from your abdomen (paracentesis). Although rare, in extreme cases you may need to be hospitalized to monitor the fluid balance in your body and manage your symptoms.

Record:	Weight	Urine Output	Abdominal Size
Day #1			
Day #2			
Day #3			
Day #4			
Day #5			
Day #6			