

IUI: Intra Uterine Insemination treatment

What is IUI?

Intra-uterine insemination (IUI) is a procedure that is performed to enhance the chances of pregnancy in sub-fertile patients with open Fallopian tubes. Sperm specially selected and prepared in the laboratory is injected into the womb (uterus), at the time of ovulation.

How is IUI done?

We undertake IUI in conjunction with ovulation stimulating drugs; this gives us better control of cycles and improves the chance of pregnancy. We monitor the development of follicles (egg sacs) and the lining of the womb by ultrasound. Once we have determined that the follicles containing the eggs are ripe for ovulation, a final injection will time the release of your eggs. A thin sterile straw is then used to inject the specially prepared sperm into the womb and Fallopian tubes.

What is the chance of pregnancy with IUI treatment?

The chance of a successful pregnancy with IUI depends on several factors such as the woman's age, the quality of the man's sperm and the underlying cause of their delay in conceiving. You will be advised about your own chance of a successful pregnancy. From our previous experience we would expect about a 15-20% chance of a successful pregnancy for each treatment cycle in couples where the woman is under 40 years of age.

Is IUI helpful if there isn't a sperm problem?

IUI can help improve the probability of pregnancy if the cause for infertility is unknown (unexplained), when there is endometriosis, and where cervical mucus may be a problem. IUI also increases the chance of success in patients with suboptimal sperm counts. With normal intercourse it is more difficult for suboptimal sperm to make it through the cervical mucus, and up through the fallopian tubes. IUI allows more sperm to be available for fertilization. However, in patients with very low or abnormal sperm counts IUI is not effective.

How many IUI cycles should I try before moving on to IVF or ICSI?

There is no right or wrong answer to this. However, you should take into consideration how long you have been trying for a baby, what your ovarian response & sperm count has been, what you can afford, and how invasive you wish your treatment to be. One should usually consider undertaking 3-6 cycles of IUI and if unsuccessful should then consider IVF. On the other hand you may wish to consider this after only one cycle of IUI, as IVF has a higher pregnancy rate.

What are the possible problems with IUI treatment?

The main problems with IUI are that the treatment cycle may need to be abandoned for the following reasons:

1. An inadequate or poor ovarian response with no eggs produced: this situation is more common in older women >40 years, women with high FSH levels and very overweight women. Occasionally this can be overcome by higher doses of FSH injections.
2. Over response implying a high risk of multiple pregnancy: If the woman develops more than three "mature" egg sacs (≥ 17 mm) in response to the fertility drug injections, we would strongly advise not to proceed with IUI (we would also advise you to avoid intercourse). This is because there would be an unacceptably high risk of multiple pregnancy. About 23-28% of pregnancies following IUI are twins and 2-5% are triplets.
3. Risk of ovarian hyperstimulation syndrome (OHSS): this occurs in about 2-3% of IUI treatment cycles. It is caused by excessive swelling of the ovaries and the development of rapidly enlarging cysts within them. It does not cause serious problems if it is identified early and treated correctly.