

Dr Clare Boothroyd presents the session - PCOS and Fertility

Voice 1:

Hello everyone. You're watching a video about PCOS and IVF.

This videostream has been developed in partnership with Women's Health, QUT, and POSAA.

The guest presenter here with me today is Dr Clare Boothroyd who is a registered endocrinologist and gynaecologist, and Queensland's leading fertility specialist.

Dr Boothroyd is actively involved in research in many areas related to women's health and fertility, in particular unexplained infertility and PCOS.

Dr Boothroyd's practice, Assisted Conception Australia, is located in the Greenslopes Specialist Centre at Greenslopes.

Welcome Dr. Boothroyd. How successful will IVF be for women who have PCOS and what are the success rates?

Dr Clare Boothroyd:

I think as a group, women who have PCOS who undertake IVF, if it's well conducted, they are actually very likely to be successful. But I believe that most women who have PCOS do not need IVF.

If a woman who has polycystic ovarian syndrome has normal fallopian tubes, and has a partner with a normal sperm count the most appropriate treatment is what we call ovulation induction. And that is a series of treatments to help her to ovulate. And there are many of these in 2011

One of the myths in IVF practices, is that women who have PCOS are given a drug called Clomiphene which has been around since about 1961- it's a very effective treatment - but if it didn't work, women with PCOS were often told that they needed to go straight to IVF and that in 2011 is not the case. There are a whole lot of treatment options available. For instance, Clomiphene can be used with Metformin - it's more effective when used with Metformin. Dexamethasone, another tablet, can be added to their regimen. Again you don't need to give that to a lot of women to get extra ??. A woman can use injections of FSH and as long as that's done carefully, and reducing the risk of multiple pregnancies, that is very effective as well.

Ovarian drilling which is an operation is the equivalent of about six months of FSH ovulation induction.

All of these treatments if combined with weight loss and lifestyle change are very likely to work. In fact if a woman loses a small amount of weight when she is undertaking fertility

treatment and has a body mass index of over 27 is three or four times more likely to be successful. And there are very few fertility treatments which are more effective than those options.

So it's very important that the fertility unit that a woman is attending if she is trying to get pregnant has an active lifestyle program and a very dynamic team who are assisting her. But at the end of the day she has to do the lifestyle change and it isn't easy. But the motivation of having a ?? pregnancy is really very powerful.

There are some woman who don't actually want to get pregnant and what should they be doing to preserve their fertility and I think this is a very important issue about looking after their fertility because they may well want to have pregnancies in the future

And there are a number of golden rules here.

I think the key here is to make every effort possible to maintain weight in a healthy body mass index, preferably with a body mass index less than 25 and certainly less than 30.

It is very important to reduce the number of sexual partners, to reduce the exposure to Chlamydia. Chlamydia is a very common sexually transmitted infection and it potentially can damage the tubes of women and then they need to have IVF.

It's very important not to smoke. Smoking actually damages eggs and kills them long term and it's associated with damage to the ovaries. It's desirable to not smoke as well.

I think the very important thing about having children is to have children at the right time. We should have a reproductive life plan, and be helping young women to have a reproductive life plan. We plan our careers, we plan our holidays, we plan our mortgages, we plan our finances, we should also plan when we are going to have children. And it should fit in with our career, and our financial and personal objectives.

And I think that's very important.

Thank you, Dr. Boothroyd.