

## **FERTILITY**

At GW, Interventional Radiology can treat some of the most common types of infertility in both males and females. These procedures are done on an outpatient basis under light sedation. Patients can usually resume their usual activities the next day.

**FEMALE INFERTILITY:** Due to blockage of the Fallopian Tube

## **FALLOPIAN TUBE RECANALIZATION**

You and your partner have been trying to conceive and have been unable to do so. During your infertility work-up, you have probably undergone many tests and examinations to diagnose the problem and have learned that one or both fallopian tubes are blocked. Blockage of one or both fallopian tubes is one of the most common causes of female infertility.

Your doctor has referred you to the George Washington University Hospital, Division of Interventional Radiology for a procedure called Fallopian Tube Recanalization. We are happy to help you and hope this information will answer questions you may have about the procedure.

### **Before the Procedure**

Our physicians and nurse practitioner will see you in clinic for a consultation. If you decide that Fallopian Tube Recanalization is the right option for you, we will schedule your procedure. Your procedure will be scheduled just prior to the ovulation phase of your menstrual cycle. When you come to clinic, we will need to know how long your menstrual cycles have been for the last 3-6 months so we can more accurately predict the ovulation phase of your cycle.

If you decide on the procedure, you will be given a prescription for an antibiotic, usually doxycycline. This will help prevent infection. You will need to take it two days before the procedure, the day of and two days after the procedure.

We recommend that you do not eat anything after midnight the day before the procedure. This is because we will be giving you light sedation during the procedure. You may take your usual medications with a sip of water in the morning. If you are on medication, please bring your medication list with you the day of your consultation and any imaging studies such as prior hysterosalpingograms (HSG). You will also need to have someone drive you home the day of the procedure.

### **The Procedure**

Your procedure will be done in Interventional Radiology. When you arrive at the hospital, you will need to go to Registration on the 1<sup>st</sup> floor of the hospital. After registration, you will come to the 2<sup>nd</sup> floor Surgical Waiting Room. From there, you will go to the Recovery Room to change into a hospital gown and to have an IV placed so we can give you medication before, during and after your procedure. You may want to leave any personal belongings such as wallet, purse or jewelry with your family or partner.

You will then be moved to the Interventional Radiology suites. There, the physicians performing your procedure will answer any questions you have and ask you to sign a consent form that says you understand the procedure and agree to have it performed.

Then, the technologists and nurses will prepare you for the procedure which will be performed in the Interventional Radiology suite. You will be asked to lie on a long x-ray table with a large camera above you. This will allow the physicians to take images. You will place your legs apart as you would for a gynecological exam. A sterile drape will be placed across your legs. You will be given IV medications before the procedure begins and given sedation and pain relief medications during the procedure. You may still experience some mild cramping during the procedure.

At this point, the physicians will begin the procedure. A speculum will be inserted to visualize the cervix. Your cervix will then be cleaned to reduce the risk of infection. Then, a series of catheters and wires are gently inserted into the uterus and x-ray dye (also known as contrast) is injected to confirm the presence of blocked fallopian tubes. The images will project onto a screen in the room. Then, the physician will manipulate the wires and catheters to attempt to open up the blockage. Once the procedure is complete, the catheters and wires are removed. The procedure usually lasts about an hour.

## **After the Procedure**

You will be brought back to the Recovery Room after the procedure where you will be monitored as you wake up from the sedation that was given to you during the procedure. Once there, your family or partner will be allowed to sit with you. Once you are fully awake, you will be discharged home. You and your family will have time to discuss the results of the procedure with the physician. You will be given a set of discharge instructions before you leave.

Most patients experience some degree of cramping similar to menstrual cramps and light spotting after the procedure. You may want to wear a panty liner during this time. You may take over the counter pain medication such as Tylenol or Advil. Nausea from the sedation medication can also occur so we advise you to eat light meals for the rest of the day. Do not drink alcoholic beverages as they could react with the medications you were given during your procedure. You should rest for the remainder of the day and resume your usual activities the following day. We encourage sexual activity after the procedure to increase your chances of pregnancy.

Complications are rare after Fallopian Tube Recanalization however, bleeding, infection, tubal perforation and rarely tubal pregnancy can occur. To help prevent infection, you are to continue the doxycycline for two days after the procedure. If you experience heavy bleeding, fever greater than 101F, foul smelling vaginal discharge, chills or severe cramping, please call our office immediately. Our contact information is below:

-Monday thru Friday, please call our secretary, Ms. Shundra Dinkins at 202-715-5155.  
-If it is after business hours, on the weekend or a holiday, call the page operator at 202-715-4141 and have them page the Radiology resident on call.

We will do our best to make sure your experience is as comfortable as possible. Please contact our nurse practitioner Mrs. Amy Harper at 202-715-5129 if you have questions before or after your procedure.

To schedule your consultation, please call our secretary Ms. Shundra Dinkins at 202-715-5155.

### **MALE INFERTILITY: Varicocele Embolization**

A varicocele is a varicose vein of the testicle and scrotum that may cause pain, shrinkage of the testicle and fertility problems as it can lead to:

- Decreased sperm count
- Decreased motility of sperm
- Increased number of abnormal sperm

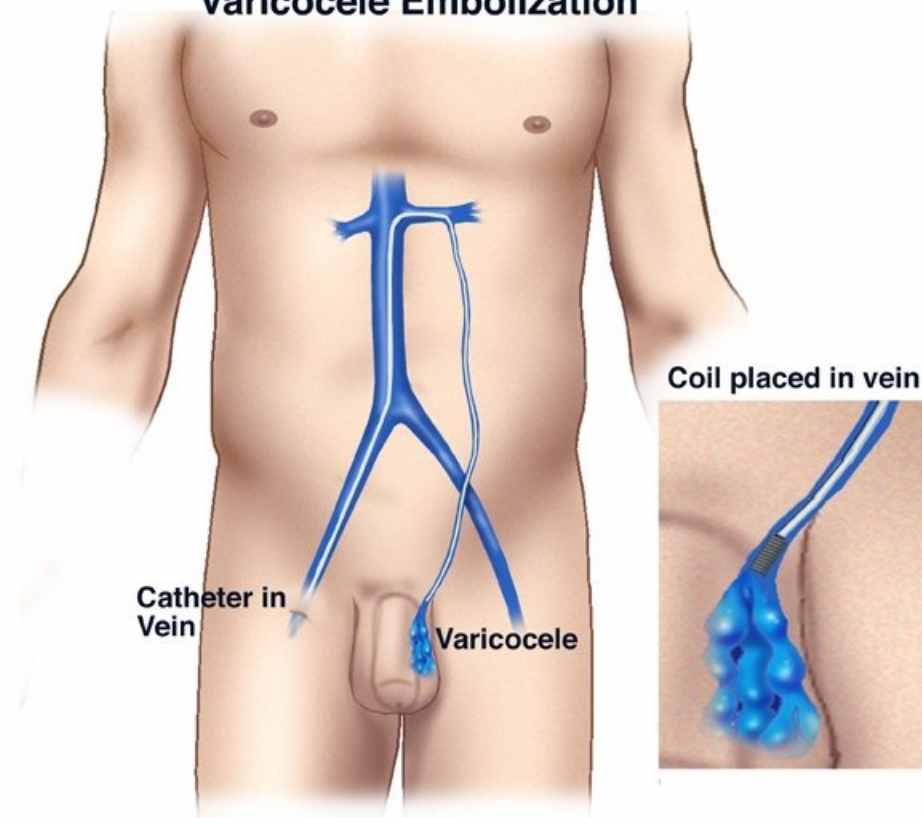
Varicocele embolization is a non-surgical treatment that may be an option to correct male infertility. Varicoceles typically occur in men between the ages of 15-35 and among infertile couples, the incidence of varicocele may be as high as 30%.

### **Before the Procedure**

Our physicians and nurse practitioner will see you in clinic for a consultation. If you are on medication, please bring your medication list with you the day of your consultation and any imaging studies. If you and your doctor decide that Varicocele Embolization is the right option for you, we will schedule your procedure. We recommend that you do not eat anything after midnight the day before the procedure. This is because we will be giving you light sedation during the procedure. You may take your usual medications with a sip of water in the morning. You will need to have someone drive you home the day of the procedure.

### **The Procedure**

## Varicocele Embolization



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Your procedure will be done in Interventional Radiology. When you arrive at the hospital, you will need to go to Registration on the 1<sup>st</sup> floor of the hospital. After registration, you will come to the 2<sup>nd</sup> floor Surgical Waiting Room. From there, you will go to the Recovery Room to change into a hospital gown and to have an IV placed so we can give you medication before, during and after your procedure. You may want to leave any personal belongings such as wallet, purse or jewelry with your family or partner.

You will then be moved to the Interventional Radiology suites. There, the physicians performing your procedure will answer any questions you have and ask you to sign a consent form that says you understand the procedure and agree to have it performed.

Then, the technologists and nurses will prepare you for the procedure which will be performed in the Interventional Radiology suite. You will be asked to lie on a long x-ray table with a large camera above you. This will allow the physicians to take images. You will be given IV medications before the procedure begins and given sedation and pain relief medications during the procedure.

At this point, the physicians will begin the procedure. You will be given local anesthesia at the groin. There, a thin catheter is passed into the femoral vein then to the testicular vein. They will inject contrast dye to visualize the veins so they will know exactly where to embolize (block) the affected veins. The Interventional Radiologist will use coils or particles to block blood flow in the vein. By blocking these veins, blood is re-directed to healthy veins. The procedure usual takes about 2 hours.

## **After the Procedure**

You will be brought back to the Recovery Room after the procedure where you will be monitored as you wake up from the sedation that was given to you during the procedure. Once there, your family or partner will be allowed to sit with you. Once you are fully awake, you will be discharged home. You and your family will have time to review the findings and results with the physician. You will be given a set of discharge instructions before you leave.

Complications are rare after Varicocele Embolization but include pain, infection and allergic reaction to medications. Most patients experience some degree of pain after the procedure. You may take over the counter pain medication such as Tylenol or Advil. You may require stronger pain medication such as one with a narcotic. Nausea from the sedation medication can also occur so we advise you to eat light meals for the rest of the day. Do not drink alcoholic beverages as they could react with the medications you were given during your procedure. You should rest for the remainder of the day and resume your usual activities the following day. Our contact information is below:

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