

The background of the slide is a light gray gradient. It is decorated with numerous realistic water droplets of various sizes. Some droplets are large and prominent, while others are small and subtle. They are scattered across the slide, with a higher concentration in the top-left and bottom-right corners. The droplets have highlights and shadows, giving them a three-dimensional appearance.

INFERTILITY AND ITS MANAGEMENT

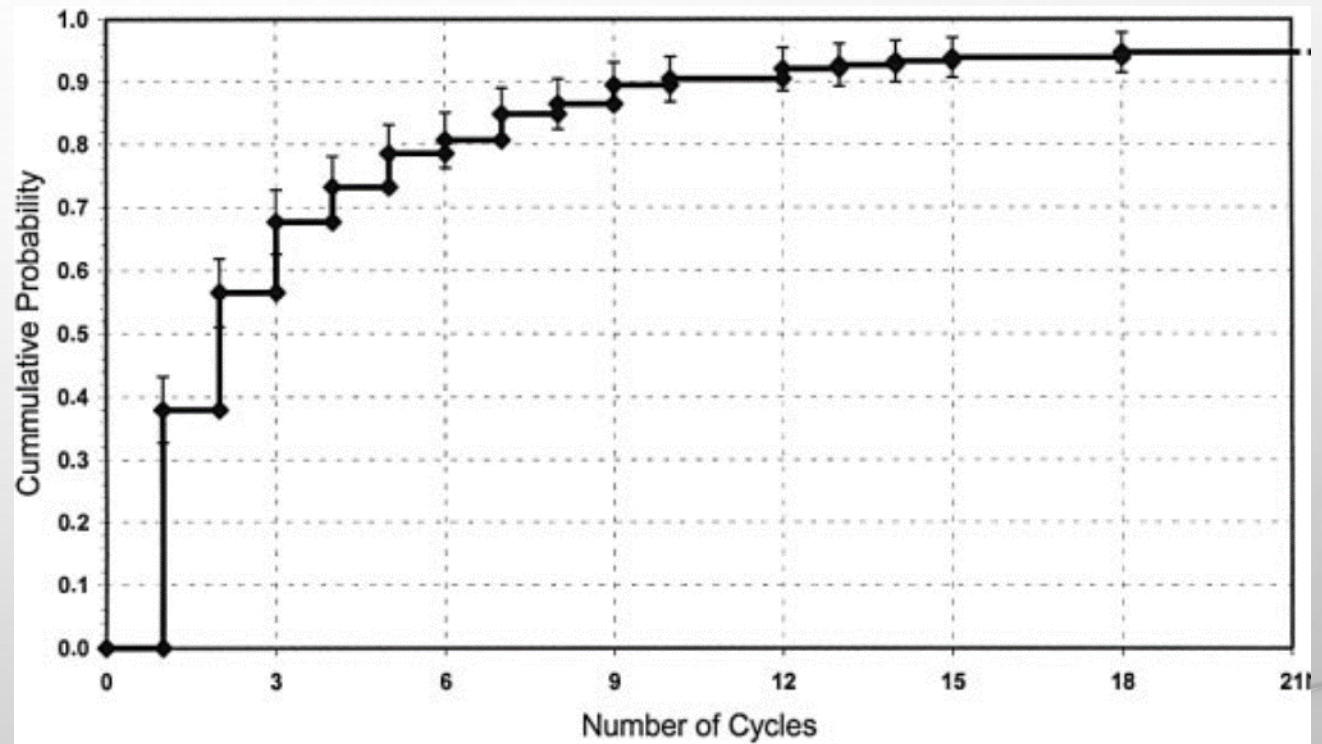
DR. THILINA PALIHAWADANA

LEARNING OBJECTIVES

- WHAT IS INFERTILITY?
- WHAT ARE THE CAUSES OF INFERTILITY?
- HOW TO INVESTIGATE FOR AETIOLOGY IN INFERTILITY?
- HOW TO TREAT INFERTILITY?
- HOW TO DEVELOP A MANAGEMENT PLAN FOR A COUPLE WITH INFERTILITY?

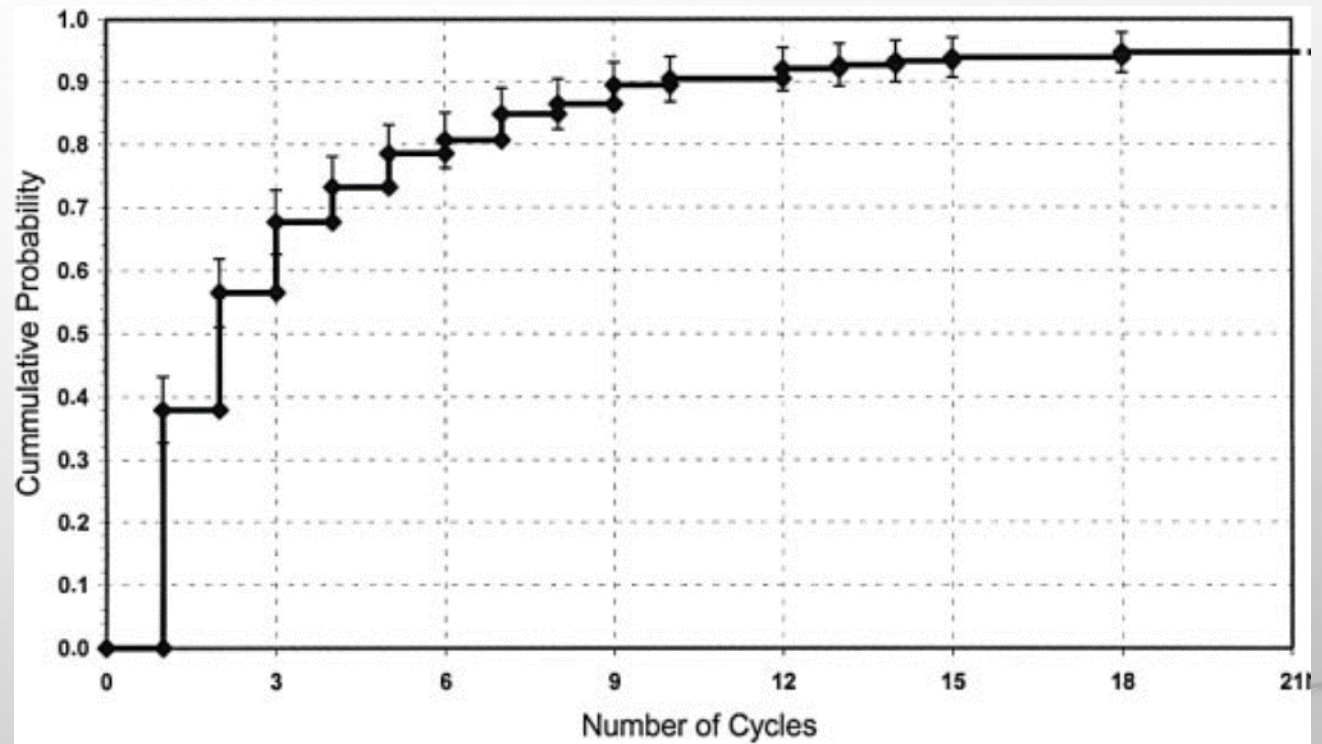
WHAT IS INFERTILITY

- A COUPLE'S INABILITY TO CONCEIVE AFTER 1 YEAR OF UNPROTECTED INTERCOURSE
- DEFINE WHEN TO INVESTIGATE AND TREAT



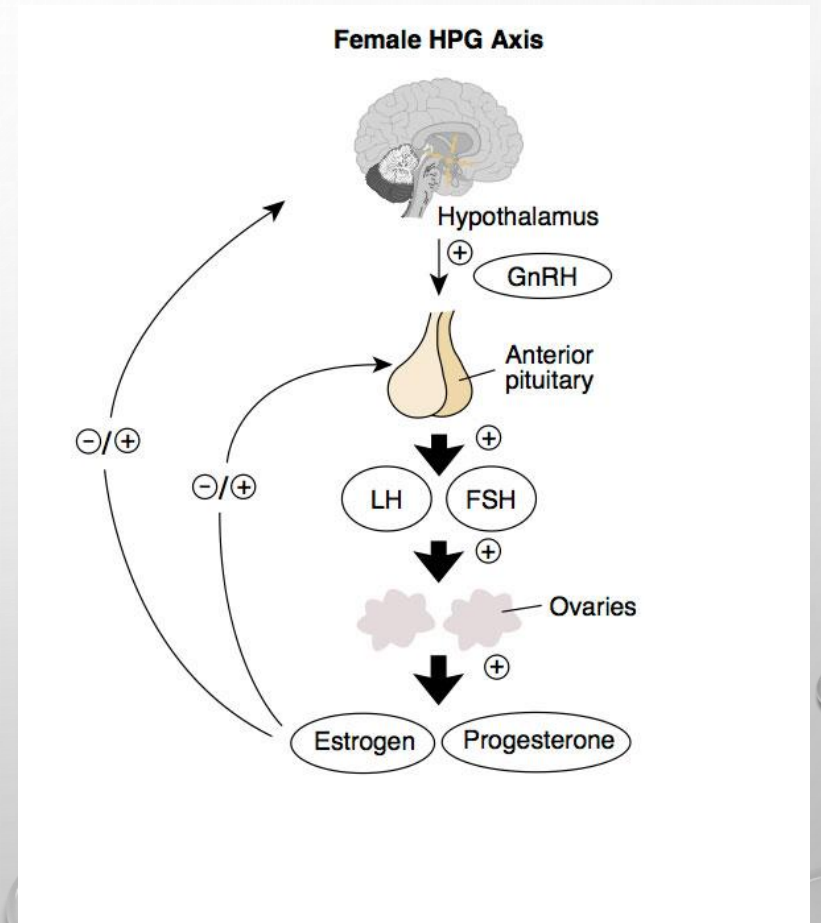
WHAT IS INFERTILITY

- EARLIER INVESTIGATIONS FOR
 - ADVANCED AGE
 - FEATURES SUGGESTIVE OF ABNORMALITY
 - CONDITIONS AFFECTING FERTILITY
 - SOCIAL / PERSONAL REASONS



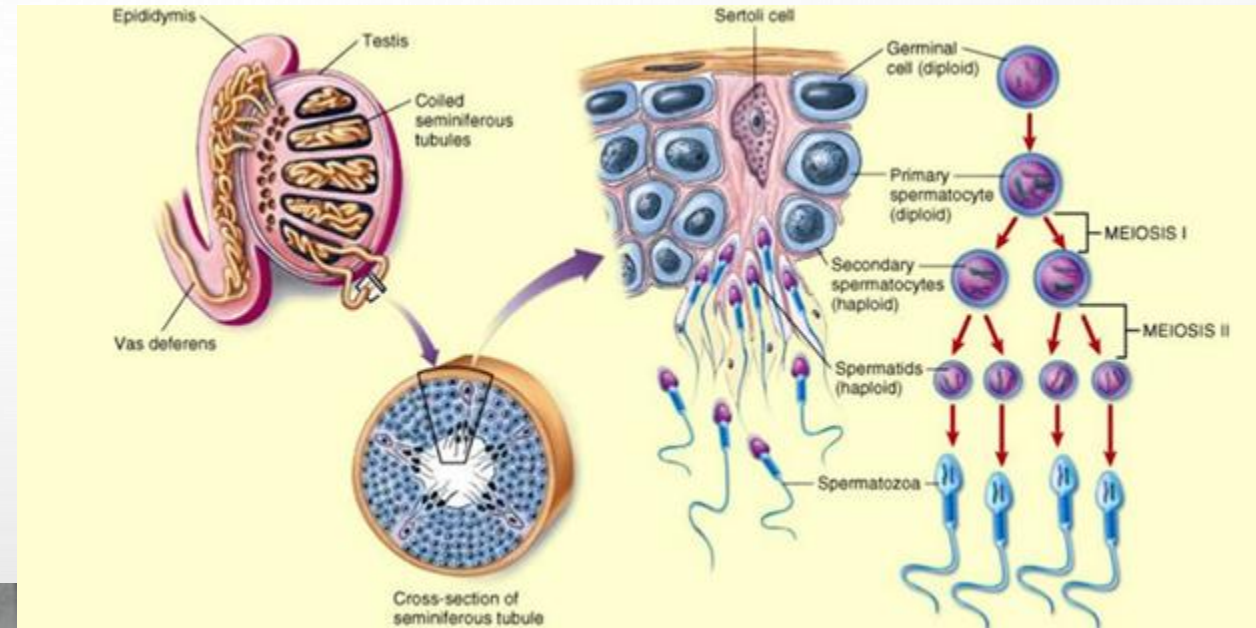
WHAT ARE THE CAUSES OF INFERTILITY?

- REQUIREMENTS FOR FERTILITY
 - OVULATION



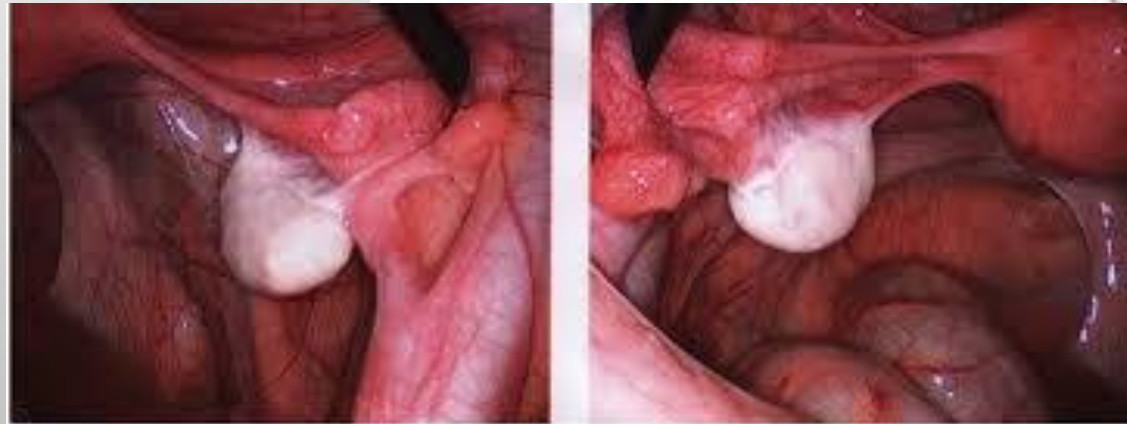
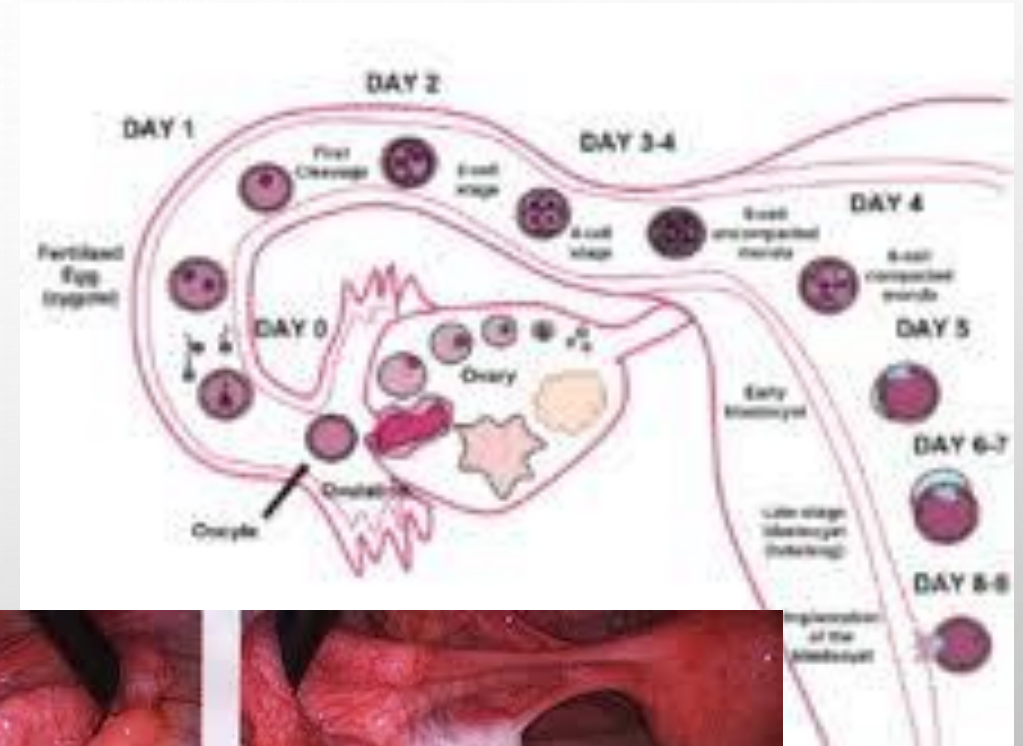
WHAT ARE THE CAUSES OF INFERTILITY?

- REQUIREMENTS FOR FERTILITY
 - OVULATION
 - NORMAL SEMEN PARAMETERS



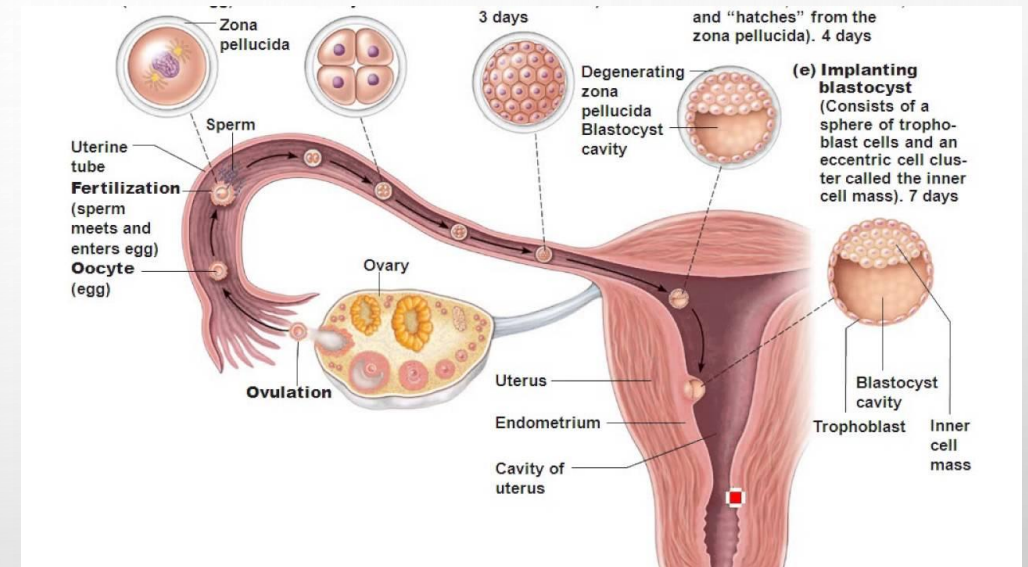
WHAT ARE THE CAUSES OF INFERTILITY?

- REQUIREMENTS FOR FERTILITY
 - OVULATION
 - NORMAL SEMEN PARAMETERS
 - NORMAL SEXUAL FUNCTIONS
 - PATENT AND FUNCTIONAL FALLOPIAN TUBES
 - NORMAL PELVIS



WHAT ARE THE CAUSES OF INFERTILITY?

- REQUIREMENTS FOR FERTILITY
 - OVULATION
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 - NORMAL SEXUAL FUNCTIONS
 - PATENT AND FUNCTIONAL FALLOPIAN TUBES
 - NORMAL PELVIS
 - NORMAL UTERUS AND ENDOMETRIUM



WHAT ARE THE CAUSES FOR INFERTILITY

- ANOVULATION OR OVULATORY DYSFUNCTION
- HYPOGONADOTROPIC HYPOGONADISM
- HYPERGONADOTROPIC HYPOGONADISM
- NORMOGONADOTROPIC HYPOGONADISM

WHAT ARE THE CAUSES FOR INFERTILITY

- SEMINAL FLUID
ABNORMALITIES
- ANEJACULATION
- ABNORMAL VOLUME,
COUNT, MOTILITY,
MORPHOLOGY, VIABILITY
- AZOOSPERMIA

WHAT ARE THE CAUSES FOR INFERTILITY

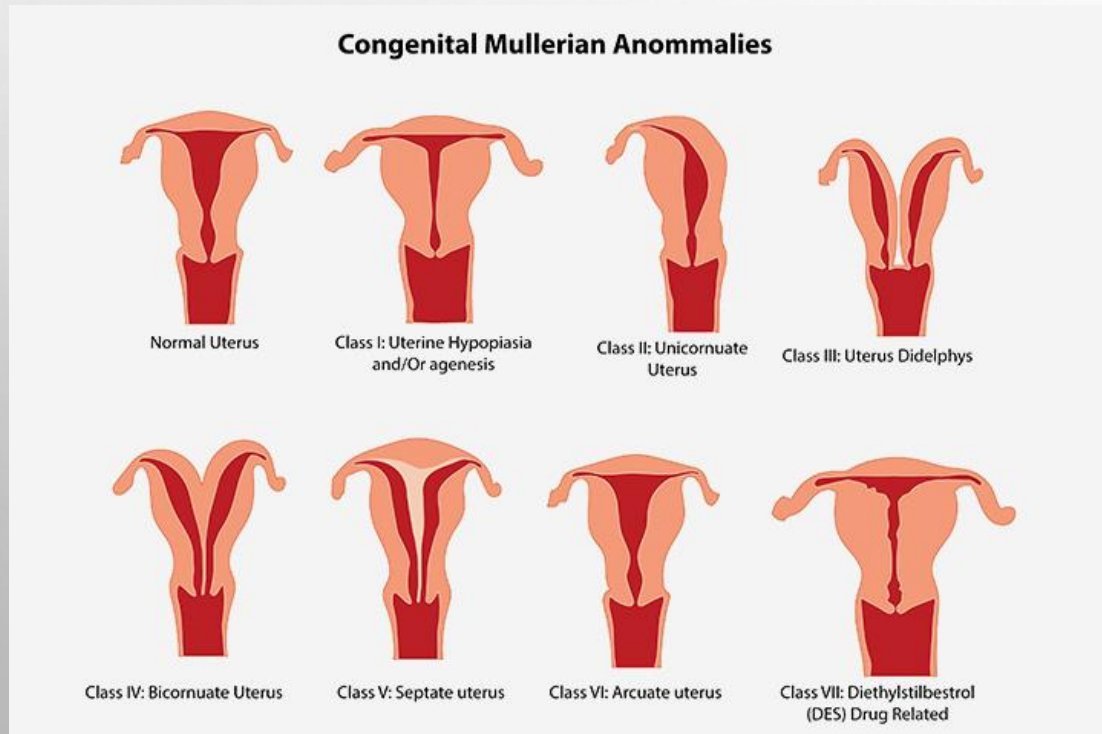
- SEXUAL DYSFUNCTION
 - FREQUENCY
 - REGULARITY
 - PENETRATION
 - EJACULATION

WHAT ARE THE CAUSES FOR INFERTILITY

- FALLOPIAN TUBE ABNORMALITIES
 - BLOCKED TUBES
 - SCARRED TUBES
 - PERITUBAL ADHESIONS
- PELVIC DISEASE
 - ENDOMETRIOSIS
 - PID

WHAT ARE THE CAUSES FOR INFERTILITY

- UTERINE ABNORMALITIES

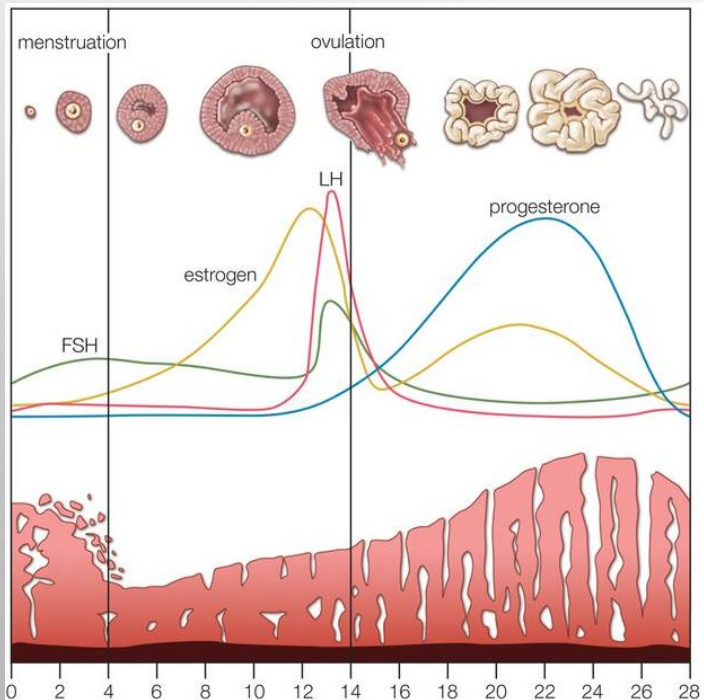


- CONGENITAL ABNORMALITIES

- SEPTATE UTERUS
- UTERINE AGENESIS
- FIBROIIDS
- POLYPS
- ABNORMAL ENDOMETRIUM
 - TB, INFECTION, ASHERMAN'S SYNDROME

HOW TO INVESTIGATE FOR AETIOLOGY?

ANOVULATION



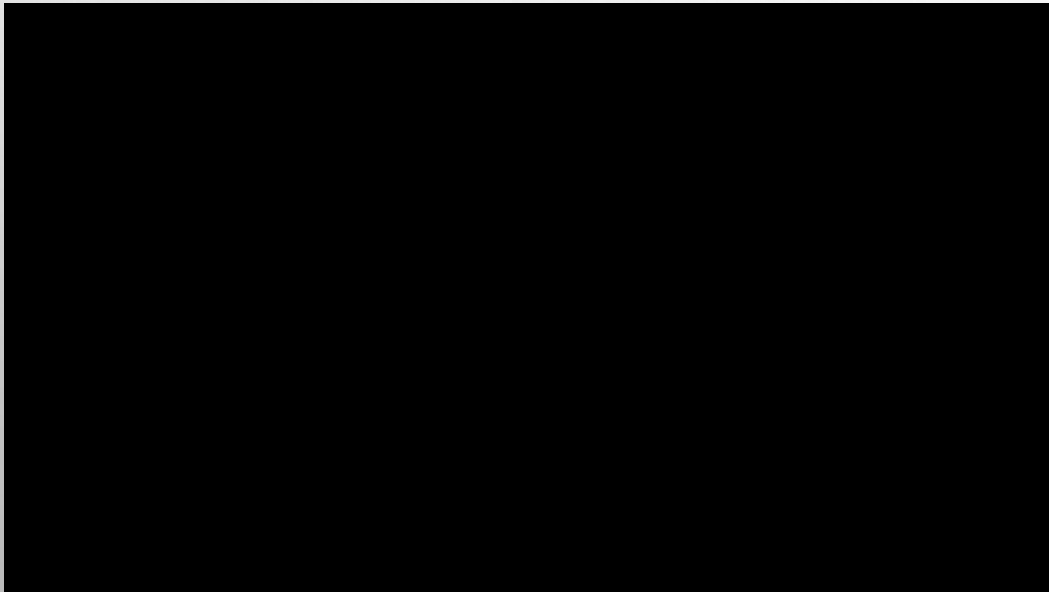
- MIDLUTEAL PROGESTERONE LEVEL
- USS FOLLICLE TRACKING
- BBT
- LH SURGE

HOW TO INVESTIGATE FOR AETIOLOGY?

SEMINAL FLUID ABNORMALITIES

- SEMINAL FLUID ANALYSIS

- SPERM FUNCTIONAL TESTS



HOW TO INVESTIGATE FOR AETIOLOGY?

SEXUAL DYSFUNCTION

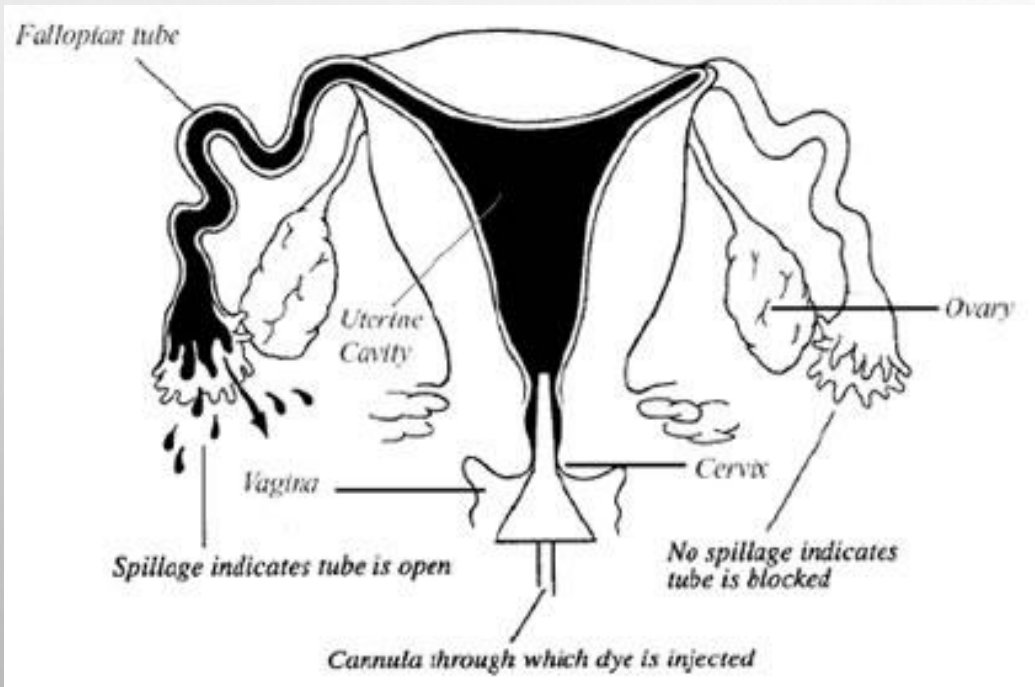


MAINLY BY HISTORY

- LOW FREQUENCY
 - LACK OF LIBIDIO
- IRREGULAR INTERCOURSE
 - WORK COMMITMENTS
- NON-PENETRATIVE SEX
 - ED
- EJACULATORY PROBLEMS
 - PREMATURE, RETROGRADE

HOW TO INVESTIGATE FOR AETIOLOGY?

TUBAL DISEASE

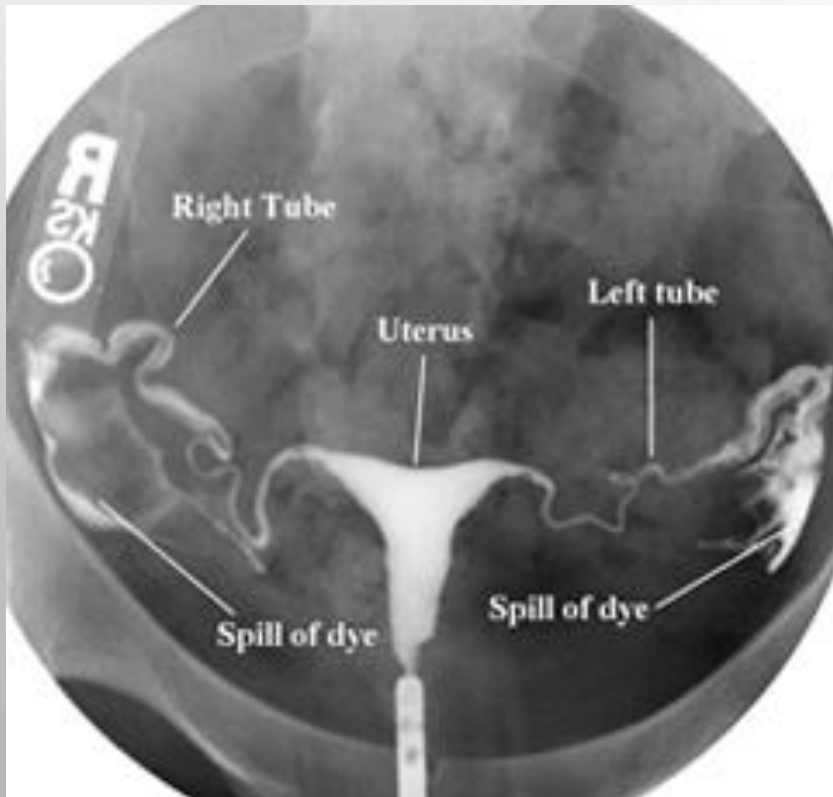


HYSTEOSALPINGOGRAM (HSG)

- LOOK AT THE OUTLINE OF UTERUS AND TUBES
- PATENCY OF TUBES CAN BE DEMONSTRATED

HOW TO INVESTIGATE FOR AETIOLOGY?

TUBAL DISEASE



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TUBAL DISEASE



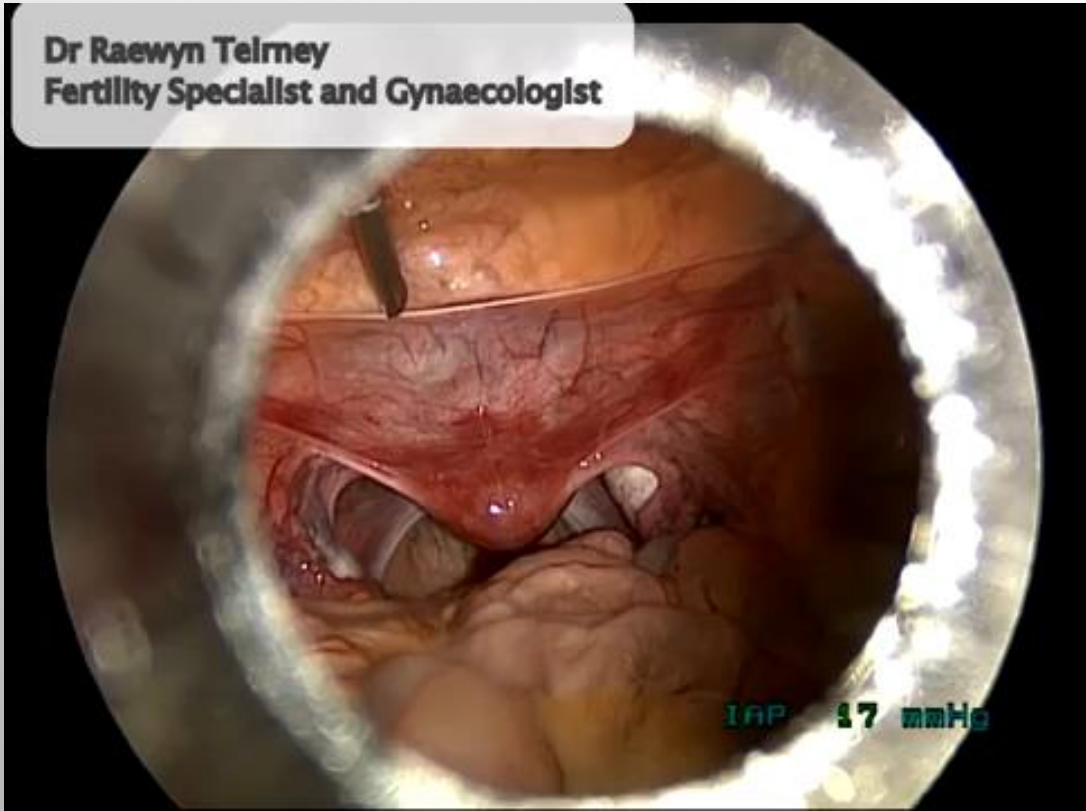
HYSTEROSALPINGOGRAM (HSG)

- LOOK AT THE OUTLINE OF UTERUS AND TUBES
- PATENCY OF TUBES CAN BE DEMONSTRATED

HOW TO INVESTIGATE FOR AETIOLOGY?

TUBAL DISEASE

Dr Raewyn Teimey
Fertility Specialist and Gynaecologist



LAPAROSCOPY AND DYE TEST

- ASSESS TUBES **AND** PELVIS
- WHEN PELVIC DISEASE IS SUSPECTED
- CORRECTIVE SURGERY ALSO AT THE SAME TIME.

HOW TO INVESTIGATE FOR AETIOLOGY?

UTERINE ABNORMALITIES



ULTRASOUND SCAN

- GROWTHS AND INDENTATIONS
 - FIBROIDS, POLYPS, ADENOMYOSIS

HOW TO INVESTIGATE FOR AETIOLOGY?

UTERINE ABNORMALITIES

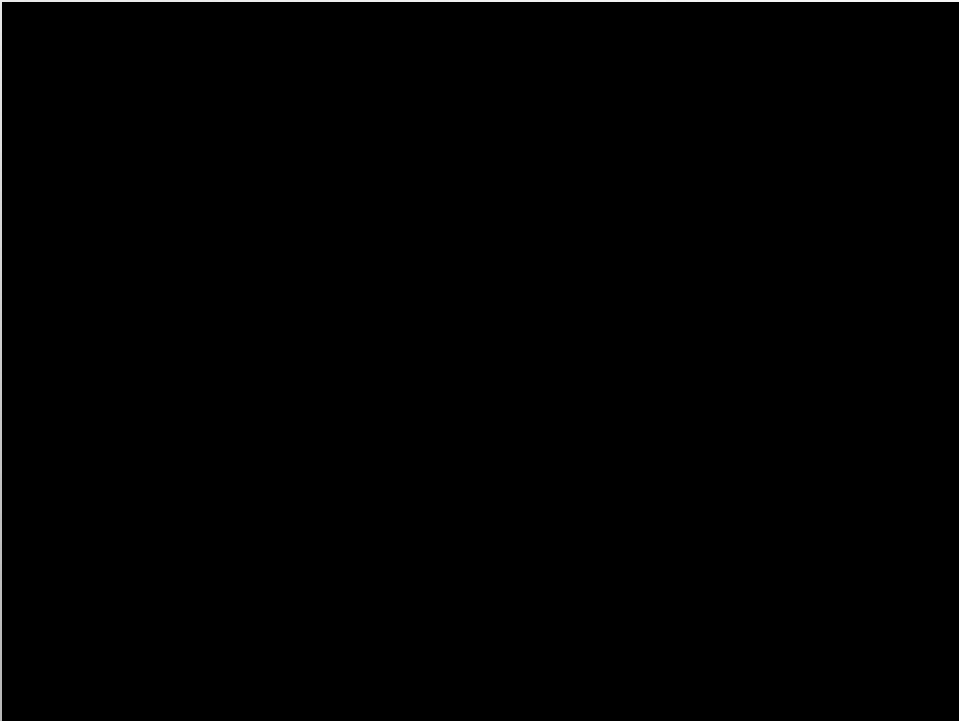


ULTRASOUND SCAN

- GROWTHS AND INDENTATIONS
 - FIBROIDS, POLYPS, ADENOMYOSIS
- 3D SCAN TO ASSESS CAVITY

HOW TO INVESTIGATE FOR AETIOLOGY?

UTERINE ABNORMALITIES



ULTRASOUND SCAN

- GROWTHS AND INDENTATIONS
 - FIBROIDS, POLYPS, ADENOMYOSIS
- 3D SCAN TO ASSESS CAVITY
- HYSTEROSCOPY



HOW TO TREAT INFERTILITY?

- SPECIFIC TREATMENT
 - MYOMECTOMY
 - POLIPECTOMY
 - OVUALTION INDUCTION
 - EMPIRICAL TREATMENT
 - AUGMENTATION OF OVULATION
 - INTRAUTERINE INSEMINATION
 - IN VITRO FERTILISATION
- 

OVULATION INDUCTION / AUGMENTATION

- INDUCTION - IN THE PRESENCE OF ANOVULATION
 - FIND THE UNDERLYING CAUSE
 - TREAT IF A TREATABLE CAUSE PRESENT
- AUGMENT / INDUCE OVULATION BY HORMONAL MANIPULATION
 - CLOMIFENE / TAMOXIFENE
 - LETROZOLE
 - GONADOTROPINS
 - LAPAROSCOPIC OVARIAN DRILLING (ONLY IN PCOS)

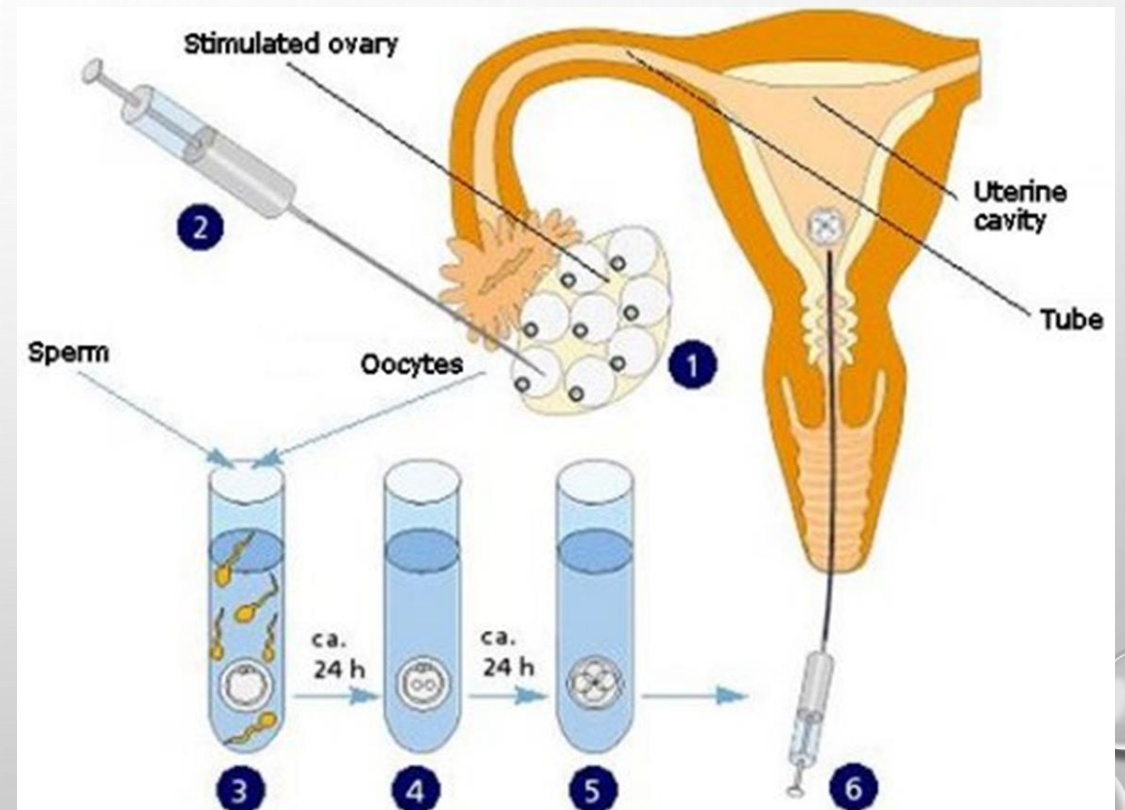
INTRAUTERINE INSEMINATION

- INCLUDE VARIOUS STEPS
 - OVULATION INDUCTION / AUGMENTATION
 - TIMING OF OVULATION WITH HCG INJECTION
 - SPERM PROCESSING
 - INSEMINATION IN THE UTERINE CAVITY



IN VITRO FERTILISATION

- INCLUDE THE FOLLOWING STEPS
 - SUPEROVULATION (10-15 OOCYTES)
 - OOCYTE RETRIEVAL
 - SPERM PROCESSING
 - FERTILISATION OUTSIDE BODY
 - EMBRYO REPLACEMENT
 - LUTEAL SUPPORT



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