

ENDOSCOPY

What is Endoscopy?

Operation with the help of a telescope.

Endo - inside

Scopy - To see

Endoscopy is the visualization of internal organs through a telescope.

What is Video Endoscopy?

Visualization of internal organs as video with the help of camera attached to a telescope.

What is Hysteroscopy?

Hystero - uterus

Scopy - to see

Visualization of inside of uterus through telescope is called Hysteroscopy .

What is Laparoscopy?

Laparo - abdomen & Pelvis

Scopy - to see

Visualization of organs inside abdomen through a telescope is called laparoscopy .

What is diagnostic endoscopy?

When endoscopy is done for diagnosing diseases, it is called diagnostic endoscopy.

What a Operative Endoscopy ?

When endoscopy is used to correct any problem inside then it is called operative endoscopy.

Is it necessary to do hysteroscopy & laparoscopy together ?

Normally Laparoscopy (to check uterus & other female genital organs) and Hysteroscopy (to check of uterus from inside) is done together .When we do only Hysteroscopy or Laparoscopy can diagnose that particular organ, a complete diagnosis cannot be made.

In some cases, either Laparoscopy or Hysteroscopy alone is done. As in case prior to IVF, only Hysteroscopy is done to visualize uterus from within. At that time, Laparoscopy is not

required. In other case, like sterilization operation, only Laparoscopy is Done. In respect to this, when endoscopy is required for infertility problem, both laparoscopy and hysteroscopy to be done otherwise diagnosis & surgical correction if required cannot be done.

How is Hystero Laparoscopy done?

- On the day of Operation , Patient has to come fasting for 6 hrs prior to surgery (Nil by mouth - NBM)
- The patient has to get admitted at least 2 hrs prior to surgery.
- Some blood tests have to be done prior to surgery if not done previously. If required, enema will be given to prepare her bowel.
- Patient and relative has to give consent for surgery & anesthesia.
- In the OT, Patient's abdomen & private parts are cleaned with antiseptic solution and covered with clean (autoclave) cloths.
- Patient is given complete general anesthesia, After anesthesia, Patient is not aware of pain or any sensations

For Hysteroscopy Surgery

After anesthesia, thin 1.9 mm to 4mm sized diameter Endoscope (Hysteroscope) is introduced through the mouth of uterus under vision. The cavity of Uterus with walls, the opening of fallopian tube and cervical canal is visualized clearly & examined carefully. All finding are documented and necessary videos are recorded.

If there is any defect or problem inside the uterine cavity, that is corrected at the same time. After the operation is done, & the patient comes out of anesthesia, she is shifted to recovery room.

If normal routine Hysteroscopy surgery is done, the patient is given ice cream or juice 2 hrs after surgery. If the patient is all right, she can be discharged after 2 to 3 hrs.

For Laparoscopy Surgery

The organs inside abdomen lie side by side & close to each

other. So to view the internal organs clearly & to operate inside properly, it is necessary to create space inside the abdomen. For this Carbon Dioxide (Co₂) gas is instilled into the abdominal cavity. The pressure of Co₂ is maintained continuously till operation continue with advanced instruments. Co₂ is instilled into abdominal cavity with the help of small needle. After this 5mm incision is made in the umbilicus & 5mm telescope is introduced into the abdominal cavity.

The uterus, fallopian tube, ovaries and neighboring organs are visualized clearly. Another 5 mm incision is made in lower belly to help visualization of all organs. All organs are examined carefully. All findings are documented & necessary videos are recorded.

If any surgery has to be done, It is done at the same time. For operative Laparoscopy extra instruments are put through small 5 mm incision on abdomen and operation is done.

After the surgery is completed, all organs inside the abdominal cavity are again cleaned with saline. When everything is done satisfactorily, all instruments except telescope are removed. Co₂ is also removed from the abdominal cavity. After that the telescope is withdrawn or removed from the abdomen.

If any incision is more than 5 mm, it is sutured with minute invisible thread and waterproof bandage is applied over the incision.

Once the patient comes out of anesthesia, she is taken to recovery room. She is given ice-cream or juice after about 2-3 hrs. and is discharged after about 4 hrs of operation.

If any major surgery is done or any special type of operation is done, this patient may be discharged later. Duration of stay and time to start liquid orally may vary.

When to do Hysteroscopy/ Laparoscopy ?

Due to revolutionary development in the technology of endoscopic instruments, endoscopy has become very safe, quick and keen surgery. Many different problems and diseases in females are such which can be treated by only with endoscopy.

Now, almost all the female fertilities surgeries can be done through endoscopy. Hence there is no need to open the abdomen.

When to do Diagnostic Endoscopy ?

▶ Diagnostic Hysteroscopy :

This is done to diagnose any problem or defect in the uterine cavity like

1. As part of treatment of infertility
2. Prior to IVF
3. Repeated abortions
4. Any suspected pathology inside the uterus like,
 - Septum inside uterus.
 - Adhesions inside uterus.
 - Defect in shape of uterus
 - Retained product like foetal bone after abortion.
 - Mis placed Copper-T.
 - Excessive bleeding during menses.
 - Doubtful Tuberculosis of uterus
 - Doubtful uterine cancer

▶ Diagnostic Laparoscopy :

1. In Infertility treatment to visualize internal organs like uterus, fallopian tubes-ovaries & neighbouring organs.
2. To test patency of fallopian tubes
3. To diagnose certain disease which can be diagnosed only with laparoscopy like
 - Endometriosis
 - Adhesions inside abdomen.
4. When other means of investigations fail to diagnose disease like,
 - Long standing Abdominal pain
 - To search for misplaced IUD/ Foreign body inside abdomen
 - Tumors near or in uterus
 - To diagnose any damage due to past surgery or major illness

▶ Operative Hysteroscopy

Diagnosis of disease / defect & correction of the same if required can be done in same sitting if endoscopy is performed at institute having such facility.

- Correction of defect in uterine shape.
- Remove (Resect) Uterine Septum
- Remove adhesion inside uterus.
- To remove foreign body inside uterus like Copper-T, fetal bones etc
- Tubal cannulation in case of blocked fallopian tubes.
- Biopsy of polyp/mass inside uterus
- In case of menorrhagia (heavy bleeding)
TCRE (Coagulation of uterine lining to stop bleeding.)
- Biopsy of doubtful areas in uterus.
- Remove submucous fibroid / polyp / dermoid cyst etc.

▶ Other diseases where endoscopy is done

A) Hysterectomy : To remove uterus

- For ovarian cyst like
- Endometrioma (Chocolate Cyst)
- Dermoid Cyst
- All other cyst (+b), Copper-T

B)

- Treatment of endometriosis
- Treatment of ectopic pregnancy (Pregnancy in fallopian tube)
- Sterilisation/ family planning operation (Tubectomy)
- Reversal of (Opening tubes) Tubectomy - Tuboplasty
- Prolapse of uterus.
- Stress incontinence - when urine leaks during coughing
- Vagino plasty in women who do not have adequate vagina.
- Rudimentary horn of uterus, if it creates problems.

▶ Operative Laparoscopy

- To improve fallopian tubal condition

- **To open tubal block**
 - If the tube is blocked at cornual (uterus) end, it is opened by tubal cannulation.
 - If the tube is blocked in middle, through surgery the block is opened by anatomizing two Cut ends.
 - If block is near fimbria, fimbrial block is opened by placing instrument through fimbrial end
- **To make tubes free and mobile**
- **Remove Adhesions around tubes**
- **To improve condition of ovary**
 - Drilling of Polycystic ovaries.
 - Remove ovarian cyst
 - To make ovaries free and mobile

► **Endoscopy for other surgeries in females :**

Almost all the surgeries related to female organs which are to be done through big incision on abdomen, can be done through endoscope introduced by small small holes on abdomen.

- **Remove fibroids :**

Fibroids are removed by technique called morcellation , in which they are cut into small piece & removed.

Why endoscopy is viewed all over the world as superior & bloodless surgeries when compared to open surgery.

Extreme Care :

In endoscopy, we get Magnified view of each & every part of the organs. So operation is made more easier and keen due to magnification.

Safety :

- If you do surgery with utmost care, endoscopy is a safe surgery. Because of technologically developed high resolution cameras, good quality telescopes and fine instruments, this operation has become more safe.
- The patient is monitored with modern monitor. So it is a safe surgery. More safety due to reliable inventions & improvement for long duration in past.

- More safe due to small holes or no incisions.
- Many operations are possible to be done more safely with endoscopy.
- Since an incision on abdomen is small, recovery is fast & she can resume her work early.
- Operation is faster due to small incision & less stitches suturing.
- Due to specific modern instrument for specific surgery it has become fast.
- Because of all this advantages, the world is slowly switching over to endoscopic surgeries only

Advantages to patients when surgery done by Endoscopy

- As described above, if endoscopy is done with utmost care and safety, it has many advantages to patients.
- The incision are very small. Big incision which requires to be covered with clothes are not there. Hence there is cosmetic advantage.
- Patient is discharged in 2 to 3 hours so daily routine of whole family is not disturbed.
- Patient can do normal activity from next day. If it is a major surgery like Hysterectomy, She can do her work without anybody's help and recovers faster.
- Patient can resume her duties earlier. They can resume office earlier. So it is a blessing for working woman. Even non-working woman can resume her routine & help family.
- Blood loss is less and hence weakness is also less.
- After endoscopy adhesions between internal organs is less compared to open surgery. So the chance of post operative pain is even less and quality of life is good. Surgeries of deeply situated organs in body can be reached easily through endoscope & can be operated nicely.

The entire operation can be recorded and recording is given to the patient. This can be helpful in future in following was

- To review the surgery by another doctor or same doctor later.
- To compare previous & new condition inside abdomen and uterus.
- Assess quality of the previous surgery whether it was done completely.
- To improve the knowledge of doctors
- To educate trainee doctors.

Is Endoscopy Expensive?

The instruments & system of endoscopy is expensive. For each surgery, disposable instruments & articles are required. Trained staff, good setup inside operation theatre is required. Hence this operation is little expensive than open surgery. But at Endoscopy Excellence Institute of Bavishi Fertility Institute, where number of surgeries are more. these extra charges are not completely beared by patient. The institute also bears extra cost of treatment.

So at Bavishi Fertility Institute, the expense of endoscopic surgery is not much compared to open surgery. There is only a slight difference in the expense. So with little higher expense, skilled surgery will be done and is beneficial to patient.

If endoscopy is so beneficial, why all doctors are not insisting on endoscopic surgery?

If endoscopy has to be done in a world class way, it requires expensive disposable instruments & setup, big & modern operation theater, anesthesia machines & monitors . The surgeon should also be trained in endoscopy. The Operation Theater and Endoscopy Instruments have to be upgraded & updated on regular basis with newer technologies.

Such a quality combination of facility & technology is rarely seen at any institute that's why many doctors insist for open surgery though same surgery can be done by endoscopy very nicely.

What is the difference between the endoscopy surgery done at our institute & over the world ?

Now world has become a global village.

The newer technologies which are available in other countries of the world is available in India also. There is no limit for medical knowledge. We are treating more number of patients compared to developed countries. Hence the skill of Indian doctors have improved very much.

So the latest treatment available in other countries of the world is also available in India and at very low cost.

In our Institutes , the most modern surgeries are done with utmost care, and safety in a caring environment without compromising quality.

Then what will be choice for
your operation ?
Endoscopy or anything else ?

Bavishi Fertility Institute
gives you trust best
endoscopy operation facilities and services.

Technology • Trust

How does the natural conception take place?

Out of 100 couples who enjoy unprotected intercourse and try to conceive naturally, only 80% of couples achieve pregnancy at the end of one year. If a couple fails to achieve pregnancy in spite of unprotected intercourse for one year, it is considered as a problem in conceiving- infertility.

Female partner is responsible for infertility in 40% of cases, male partner in 40% of cases, both the partner in 10% of cases and 10% of cases remain unexplained. Newer diagnostic modalities and treatment options have created a new ray of hope for even the most difficult cases and practically "every couple can enjoy parenthood".

After puberty, a man continuously produces millions of sperm in his testes. Two testes are situated in scrotum. Sperm produced in testes travel through epididymis, vas deferens, seminal vesicles, prostate and urethra and are ejaculated in semen.

Female reproductive organs are situated in her pelvis, vagina is connected to uterus (womb). Two fallopian tubes one on each side are connected to the uterus.

Far ends of the tubes have finger like projections called fimbria. They are placed nearer to the ovary to catch any released oocytes. A woman has two ovaries one on each side, they produce oocytes (egg), in every menstrual cycle, alternatively. This occurs under the influence of FSH & LH hormones released from pituitary gland situated in brain. Mature oocyte egg is released from one ovary (follicle rupture) and is captured by fallopian tube. Hormones have effect on endometrium also and prepare it for embryo implantation.

Mouth of uterus cervix secretes plenty of watery fluid to ease transportation and storage of sperm under the influence of hormones produced by developing follicle.

If couple has intercourse during this time and semen is discharged in vagina, the motile sperm travel through receptive cervical mucus, to uterus & then to fallopian tubes.

Only one sperm fertilizes one egg in fallopian tube, which

results into an embryo. Embryo develops in fallopian tube for five days and becomes a blastocyst.

Fallopian tube transports blastocyst to the uterus, where it implants and develops as a pregnancy.

If pregnancy does not occur, hormone production reduces and the endometrium is shed off, which is called menstrual cycle- period. A new cycle of events starts again.

What Causes Infertility?

If the process of natural conception fails because of any reason, patient finds it difficult to conceive.

Female factors for Infertility

- Irregular, inadequate or total non production of eggs (Oocyte)
- Damaged, dysfunctional or blocked fallopian tubes
- Damaged, destroyed or poor endometrium
- Improper sperm storage and transport at cervix
- Other problems like polycystic ovary, endometriosis, adhesions, etc.
- Endometriosis : Endometrium which is inner lining of uterus grows outside uterine cavity.
- Damage due to infections : effect of infection acquired in past i.e. sexually transmitted disease, T. B. etc.
- Small Diseases of the other organ of abdomen may affect i.e. Appendix
- Polycystic ovary : ovary with characteristic structure and function which has multiple small cysts and combination of various hormonal problems with variable presentation.

Male factors for Infertility

- Azoospermia : Complete absence of sperm in semen, due to production failure, blocked transportation tract, Inadequate hormones
- Oligospermia : Less number of sperm in semen.
- Asthenospermia : poor sperm motility, Complete absence of motility 100% non-motile sperm.

- Teratospermia : More percentage of abnormal shaped sperm
 - Hypospermia : less volume of sperm
 - Pyospermia : pus cells in sperm
- Difficulty in Intercourse, Ejaculation failure, an ejaculation, retrograde ejaculation
- It is not possible to diagnose the exact cause of infertility into 15-20% of couples; it is called "Unexplained Infertility"

Treatment

- The principle of the treatment is to find the cause of infertility and treat it.
- Usually, the treatment is planned with consultation with the couple as per the cause and as per the circumstances, likes and dislikes, desires, acceptability and affordability of the couple. Only a complete fertility Institute can provide all the treatment options under one roof and chance to select best suitable option.



What is Intra Uterine Insemination (I.U.I.) ?

I - Intra = In

U - Uterine = In Uterus

I - Insemination = Procedure of injecting sperm

The procedure of putting- injecting 'prepared sperm' (washed sperm) directly into the cavity of the uterus (inside the uterus) is called Intra Uterine Insemination-IUI

In semen there is seminal plasma, bacteria, prostaglandin etc. substances other than sperm. Sperm is separated from good shape and motility from semen by removing all other detoris substances in lab. Healthy sperm is separated from husband semen, nourished and injected in uterine cavity.

During natural intercourse, semen is ejaculated in vagina. Because of acidic Ph of vagina, millions of sperm die in vagina. Only a few sperm enter the cervical canal through cervical mucus and from there, they go slowly through the uterine cavity to fallopian tubes.

To avoid destruction of good sperm in vagina, we separate good sperm from semen, nourish them and put them directly into the uterus after increasing their fertilizing capacity.

They reach fallopian tubes more easily. As we do insemination at the time when chances of Oocyte coming to fallopian tubes is maximum, chances of fertilization & there for conception increase.

How does IUI help?

During IUI, we insert good sperm in uterus at the time of ovulation. It increases the possibility of fertilization & pregnancy.

Who can benefit from IUI?

Failure of ejaculation in man

- Some physical defect
- Nervous system defect
- Psychological problem
- Retrograde ejaculation

Problem at cervix

- When there is a thick cervical discharge, it will not allow the sperm to enter the uterus.
- Less cervical discharge
- When there is a no definite cause of infertility and unexplained infertility
- Physical defects in male and female partner

Abnormality of sperm count

- Oligospermia : less number of sperm
- Asthenospermia : sperm with compromised motility
- Teratospermia : sperm with abnormal shape
- Hypospermia : Less volume of semen

Another related causes

- If the semen is thick and viscous
- When frozen semen is to be used
- Polycystic ovary in female
- Adhesiolysis in uterus
- Endometriosis mild and moderate

If the endometrium is seen out side the uterine cavity it is called "Endometriosis"

Immunological

- In male if there is antisperm antibody, which decrease the fertilization capacity.
- In female if there is antisperm antibody, which decreases fertilization capacity. Antisperm antibody can be present in the blood and also present in entrance part of the uterus.

Requirements for a successful IUI

- Eggs /Egg (oocytes) must be produced.
- Fallopian tube/tubes must be open & must be functioning properly.
- Adequate number of motile sperm must be present in semen required for IUI.

Egg- Oocyte formation

Hence, IUI can be done successfully, only in a lady who

produces eggs-oocytes. Therefore female partner is given medicine for successful & timely production of adequate number of good quality eggs-oocytes. Follicle & endometrium development is monitored by TVS (Trans vaginal sonography). If the follicle & endometrium are ready then Hcg injection is given for follicle rupture. After Hcg injection, the follicles usually rupture approximately after around 36 hours.

Open fallopian tubes

If the fallopian tubes are open, then & then, the oocytes from the ovary reaches the fallopian tubes & sperm also reaches fallopian tubes via uterus. Fertilization takes place & embryo is formed in the fallopian tubes.

Adequate sperm

For successful fertilization there must be adequate sperm in fallopian tubes. Hence it is necessary to have good number of motile sperm in husband semen.

For Egg-Oocyte production

- Natural oocyte production
- Oocyte production by medicine

IUI with Natural Oocyte production

The sonography is done between 3rd to 5th day of her menstrual cycle. Repeat sonography will be done on day 9th-10th day & onwards to judge the follicle development. When follicles are well developed, the hCG injection is given for ovulation triggering. IUI is usually done after 36 to 44 hours of hCG injection.

IUI with egg oocyte production with drugs

(Ovulation Induction)

Good oocytes formation is a primary requirement for conception. Chances of pregnancy are more if more number of good quality oocytes are timely formed. So, tablets & injections are used for more number of oocyte productions. TVS (trans vaginal sonography) is done between the 2nd to 5th day of her menstrual cycle to rule out presence of any cyst in the ovaries. Medicines are started only after these preliminary examinations. After 9th 10th day oocyte formation is monitored

by sonography. Follicle & endometrium development is monitored, by TVS (trans vaginal sonography). If the follicle & endometrium are ready then hCG injection is given for follicle rupture. (Ovulation Triggering) After hCG injection, IUI is done between 36-44 hours.

With medicines we get more number of good quality oocytes. So there is higher chance of conception through IUI compared to natural oocyte formation cycles.

Procedure of Semen Preparation

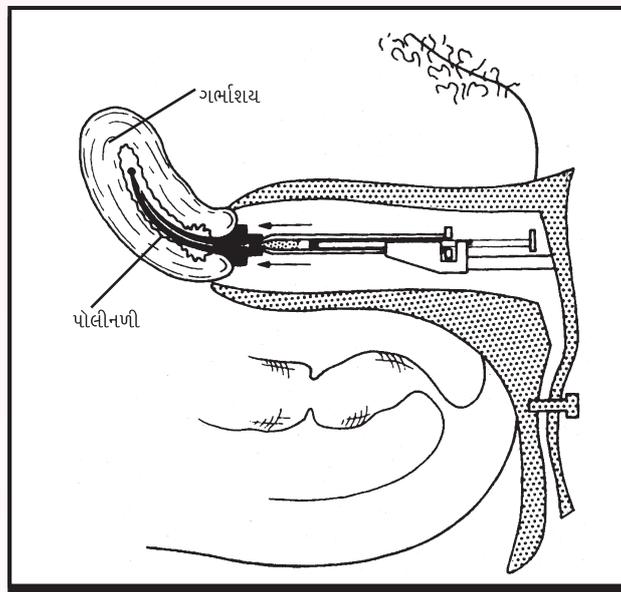
- Appointment for IUI is fixed.
- Husband is requested to give semen on the day of IUI at his convenience, but at least two hours before the expected time of IUI.
- Instruction sheet on 'How to collect semen' is given before semen collection.
- Collected semen sample is labeled and examined at laboratory. All the materials and disposables to be used for sperm preparation are carefully labeled with the name of couple before using them. Hence, there is no chance of changing or mixing of semen samples.
- The process of sperm preparation takes 1 to 2 hours time. Through out the process semen sample is kept at 37°C temperature which is the temperature of human body. Total process of sperm preparation is done using disposable materials. Any material used for one sample is never used for another sample to avoid any chance of cross infection.
- Please ask for opinion of your doctor on, "either it is advisable for you to have intercourse on the night before IUI, or not".
- FOR IUI, WE ALWAYS USE HUSBAND'S SPERM ONLY.

Insemination procedure:

- Process of putting the prepared sperm directly in to the uterus of the female partner is called Intra Uterine Insemination (IUI)
- A lady has to lie down on the examination table with her legs flexed and separated. Sterile draping is done. The mouth of

uterus -cervix is gently exposed by putting a small instrument in the vagina.

- A soft fine hollow cannula is gently introduced in to the uterus through cervix. A syringe filled with prepared sperm is attached to the end of cannula.
- The sperm sample is slowly pushed in to the uterus.
- Patient is allowed to rest for 10 minutes after withdrawing cannula. Then patient is allowed to go home.



Care after IUI:

- The lady can do all routine work.
- There are no food restrictions.
- It is better to have intercourse up to 1 to 2 days after the IUI. Couple can have intercourse as per their desire after these 2 days.
- Medicine should be taken as per the instruction given.
- If your period is delayed by 5 days, you may come to Bavishi

Fertility Institute for a check up. If you can not come, please test your first morning urine for pregnancy test and inform the result to Bavishi Fertility Institute for further guidance.

- If you get your period please come to Bavishi Fertility Institute on day 2,3,4 or 5 of the cycle to decide the further treatment.

Luteal Phase Support (Pregnancy support drugs)

Progesterone hormone helps in successful development of pregnancy. After rupture of an oocyte, a follicle becomes corpus luteum (CL). This CL produces progesterone hormone in the second half of menstrual cycle. Inadequate progesterone can hamper pregnancy development. To avoid progesterone deficiency progesterone is supplemented by vaginal pessaries, injections or oral tablets.

Pitfalls of IUI

- IUI is a simple and safe treatment; rarely there may be infection, bleeding, pain, allergy etc.
- Apart from this, if a patient develops too many follicles then Ovarian hyper stimulation syndrome can occur.
- There is increased chance of twins, triplets or high order multiple pregnancies.

IUI Success Rate :

- Every treatment cycle of IUI gives approximately 10-15% chance of conception pregnancy.
- Maximum chances of successful result is in first 3 trials.

Limitations of IUI:

In IUI we put sperm near the egg. Fertilization has to take place naturally. We neither can know nor can control the process of fertilization, the number of embryos formed, the quality of embryo, formed and timely transport of embryos to the uterus.

Frequently Asked Questions:

Q : Whose sperm is used for IUI?

A : IUI is always done with husband's sperm only.

Q : Does IUI mean, insemination with donor's sperm?

A : No, IUI means insemination with husband's sperm. Insemination with donor sperm is called "AID" (Artificial Insemination of Donor sperm) or "DI" (Donor Insemination). Both the partners are always informed and a written consent is always obtained before insemination with donor sperm. It is all-together a different treatment and should not be confused with IUI.

Q : How much rest is required after IUI?

A : Patient is advised to rest only for 10 minutes after insemination, more rest is not required. Patient can do all her domestic or professional work.

Q : Is IUI very painful?

A : No, IUI is very simple and painless. It does not cause pain at all. Rarely, if at all, it may cause slight discomfort if the cervix is difficult to negotiate.

Q : Should the couple avoid intercourse after IUI?

A : Couple can always have intercourse after IUI. Infact, IUI is done at a time when there are maximum chances of conception. In case of multiple follicles developing all the follicles may not rupture at a time. Hence it may be advisable to have intercourse for 1-2 days after IUI in such situation. Couple can enjoy intercourse as per their desire during the rest of the cycle also.

Q : How many cycles of IUI treatment a couple should try?

A : Expected pregnancy rate per 1 cycle of IUI is around 10 to 15 %. The best success rate is achieved in first three cycles and reasonably good success rate is achieved in 4 to 6 cycles of IUI. Hence it is advisable to try up to 3 and not more than maximum 6 cycles of IUI treatment. After it further effective treatment should be tried.

Q : What if IUI fails?

A : We should rule out and treat factors responsible for IUI failure. If IUI does not become successful or chances of success are very less then couple should try IVF treatment (Test Tube baby).

Q : What is IVF (In Vitro Fertilization) Test Tube baby treatment.

A : In IVF treatment we take eggs (oocytes) out of the female partner's body. Fertilization is done out side the body in IVF lab. Embryos are made and developed out side of body. The best-selected embryos are transferred back in to the uterus after 48 to 72 hours.

Q : Why IVF is superior to IUI?

A : In IVF treatment we can know and control quality of eggs, process of fertilization, quality of embryos formed and select embryos for transfer. Usually more number of embryos are formed, hence you can choose the best embryos for transfer. Embryos definitely reach their final destination for developing in to pregnancy. Thus, we can overcome diagnosable or non-diagnosable problems like low efficiency of fallopian tubes etc. which can lead to unsuccessful journey of embryos to the uterus.

Q : Can IVF become successful if, a man has very poor sperm count and or very poor motility?

A : In IVF, fertilization is done in the lab. So we can fertilize one egg by injecting one sperm in to the egg. This technique is called Intra Cytoplasmic Sperm Injection (ICSI). In ICSI, for successful fertilization for one egg we need only one sperm - not millions. Thus, ICSI can overcome almost all the problems of sperm like very less count, very less motility, abnormal sperm shapes etc.

Q : Can ICSI help azoospermia (Nil count) patients?

A : If there is slightest production of sperm present in either of the testis, we can take those sperm from testis or epididymis and achieve fertilization with them by using

ICSI technique. Thus azoospermia is no longer an untreatable problem. Many azoospermic men can also become father of children with their own sperm, using ICSI technique.

Which couple will benefit from IUI,
how many cycles should be tried,
stimulation protocol etc.
is a complex matter.
The decision should be left to
an Infertility specialist.

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