

Castleton Obstetrics

→ AND GYNECOLOGY ←

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CLOMIPHENE CITRATE (CLOMID OR SEROPHENE)

INFORMATION FOR OUR PATIENTS

We have recommended that you take Clomiphene as a treatment for your fertility problem. We prepared this information sheet so that you would fully understand why this choice was made for you, what to expect from your treatment, and what some of the problems might be.

HOW CLOMIPHENE WORKS

Clomiphene is a medication that stimulates the release of a pituitary hormone called FSH (Follicle Stimulating Hormone) which is a hormone that stimulates eggs to grow in the ovaries. We prescribe Clomiphene to help ovulation occur in women that have irregular menses or in women with unexplained infertility.

HOW CLOMIPHENE IS TAKEN

Clomiphene is a pill taken orally and is frequently begun at a dose of 50 or 100mg per day for five days. (cycle day five through nine). The dose of Clomiphene may be increased by 50mg increments. Ovulation is expected to occur five to nine day after the last tablet of Clomiphene is taken. This means that you should begin testing your urine for ovulation beginning the 5th day after the last tablet is taken. When an LH surge is detected, you should have intercourse every day for three days.

HOW MUCH CLOMIPHENE COSTS

Each 50mg tablet costs approximately \$6.00.

HOW WE DETERMINE THAT CLOMIPHENE IS WORKING

If you have not been ovulating regularly, the presence of a menstrual flow usually three weeks after the last Clomiphene tablet is the most obvious sign of response to Clomiphene. If you are using urinary ovulation predictors (e.g. Clear Plan Easy, Ovu-Quick, Assure LH), they will change color just before ovulation. Other methods for monitoring ovulation include ultrasound and serum measurements of progesterone blood levels. Pregnancy is the ultimate confirmation that Clomiphene is working.

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WHAT IS DONE WHEN THERE IS NO RESPONSE

Initially the dose of Clomiphene is increase until ovulation occurs. For patients who are unresponsive to Clomiphene alone will be referred to a reproductive endocrinologist. Once ovulation is established, we continue the treatment every month until pregnancy occurs for a maximum of six months.

WHAT SIDE EFFECTS CAN I EXPECT

Clomiphene is a safe drug, but no medication is without risk. Potential minor side effects include hot flashes (10%), nausea and vomiting (2.2%), abdominal bloating and mild abdominal discomfort (5.5%), especially during the time of ovulation. Clomiphene can also affect menstruation. Flow could be lighter or heavier than usual. There may be a two or three day delay (compared to your usual starting date) and you might experience some cramping. Hyperstimulation of the ovaries is reported with an incidence of five to thirteen percent and is manifested generally as mild to moderate ovarian enlargement. A sudden weight gain of ten pounds or more or persistent pelvic pain late in the cycle may indicate the presence of hyperstimulation. Although it is rarely a problem, your physician should be notified if these symptoms develop. Intercourse and excessive physical exercise should be avoided as the enlarged ovaries are very fragile. Ovarian enlargement dissipates rapidly once menses occurs although it may persist if there is a pregnancy. Further Clomiphene therapy should be avoided until the ovarian enlargement resolves, but only rarely is subsequent treatment delayed. The occurrence of multiple births following Clomiphene induction is reported to be between four percent and nine percent and 98% of these are non-identical twins. There is no evidence of an increase in congenital abnormalities in patients receiving Clomiphene since the congenital abnormality rate is the same as in the general population (one in twenty). Clomiphene is not the fertility drug that has produced the well publicized multiple pregnancies. There is no increase in miscarriages in pregnancies resulting from Clomiphene treatment.

RISK OF OVARIAN TUMORS

An epidemiologic study was published which reported an increase risk of ovarian tumors in infertility patients who took Clomiphene citrate. However, this was only in patients who took Clomiphene citrate for longer than one year. The 2.5 risk was based on 11 cases of ovarian tumors, not all of which were cancer. This report has never been confirmed in subsequent studies.