

What happens next?

For most women (once the correct dose has been established) we would encourage you to continue for six months without having to be scanned. After this, if you are still not pregnant, please ring your Fertility Nurse for advice.

If, during the time you are receiving treatment, your periods become irregular ie. longer than 33-34 days, or you lose over a stone in weight (gaining is not an option!), please contact your Fertility Nurse.

Good Luck
(Please call if you are pregnant!)

Cornwall Centre for Reproductive Medicine
Wheal Unity Clinic

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Clomifene or Letrozole Ovulation Induction treatment



What is clomifene?

Clomifene citrate or Letrozole are the most commonly used drug in the treatment of women who fail to ovulate (produce an egg) regularly. Clomifene or Letrozole drugs have the effect of boosting the production of those hormones that stimulate eggs to grow.

Does it work for everyone?

Over half of women will respond to clomifene/letrozole treatment (more so if you are of normal weight). Of these women 40-50% will get pregnant. If clomifene/letrozole does not work the next step would be to consider assisted conception.

Is there any alternative treatment?

In the very unlikely event you are allergic to clomifene/letrozole a very similar tablet called tamoxifen can be used.

What will happen if I don't have treatment?

If you do not take clomifene or letrozole you may still occasionally produce eggs. Most people who take clomifene/letrozole have more regular egg production and therefore more regular cycles.

Will I have twins?

The main drawback to the treatment is the increased risk of a multiple birth. Normally one in 80 births will be twins, when using clomifene your chances rise to one in 10 births. Higher multiple births such as triplets or more, are possible but unusual.

Are there any risks or side effects?

Side effects are rare and are usually minor and confined to the period of time that you take the drug. They include nausea, dizziness, rashes and abdominal discomfort. Occasionally you may notice hot flushes, breast tenderness and hair or skin changes. Serious problems are rare, however should you experience **visual disturbances** you must stop taking the drug immediately and inform the unit.

There is also a theoretical, but not proven, concern that prolonged use may make the development of ovarian cancer more likely. Therefore it is recommended to be taken for a year only, taking it for any longer is unlikely to give any significant benefit.

When and how is it taken?

Take clomifene/letrozole for four days starting the day after your period starts (ie. start taking them on day two of your cycle). If you need a blood test at the beginning of your cycle, please have this done before you take your clomifene/letrozole, even if this means you do not start taking them until day three or four. Usually the starting dose is 50mg (one tablet a day) or for letrozole is 2.5mg. The dose may be increased to 100mg and occasionally to 150mg. Occasionally for Clomifene we recommend a lower dose.

How do you know if it's working?

To monitor the effect of the clomifene/letrozole we will ask you to phone when you start taking it so we can organise a scan sometime between day nine and 13. This will enable us to look for a developing egg follicle, and to check that the ovaries are not being over or under stimulated.

Following this scan you will usually be given a form requesting a blood test. This is to check that an egg has actually been released. Most women find it convenient to attend their local GP surgery for this (if this is not possible please discuss this with your Fertility Nurse). The blood test must be taken seven to 10 days before your next period is expected. The test is therefore normally needed seven to 10 days after the scan.

Before you start your next course of clomifene you will be given a date to ring your Fertility Nurse for the results of the blood test. This is so we can check that the dose is correct for you. Occasionally, although we see a developing egg follicle, the blood test may be disappointing and the egg may not have been released properly. In this instance sometimes an injection is given to help.