

Infertility treatments

Source: <https://www.nhs.uk/conditions/infertility/treatment/>

If you have fertility problems, the treatment you're offered will depend on what's causing the problem and what's available from your local clinical commissioning group (CCG).¹

There are 3 main types of fertility treatment:

- medicines
- surgical procedures
- assisted conception – including intrauterine insemination (IUI) and in vitro fertilisation (IVF)

Medicines

Fertility medicines are usually prescribed to women as they're mostly used to help with ovulation problems. But, in some cases, they may also be prescribed to men.

Common fertility medicines include:

- **clomifene** – encourages the monthly release of an egg (ovulation) in women who don't ovulate regularly or who can't ovulate at all
- **tamoxifen** – an alternative to clomifene that may be offered to women with ovulation problems
- **metformin** – particularly beneficial for women with polycystic ovary syndrome (PCOS)²
- **gonadotrophins** – can help stimulate ovulation in women, and may also improve fertility in men
- **gonadotrophin-releasing hormone and dopamine agonists** – other types of medication prescribed to encourage ovulation

Some of these medicines may cause side effects, such as nausea, vomiting, headaches and hot flushes.

Speak to your doctor for more information about the possible side effects of specific medicines.

Medication that stimulates the ovaries isn't recommended for women with unexplained infertility because it hasn't been found to increase their chances of getting pregnant.

Surgical procedures

Surgical procedures that may be used to investigate fertility problems and help with fertility are outlined below.

Fallopian tube surgery

If your fallopian tubes have become blocked or scarred, you may need surgery to repair the tubes.

Surgery can be used to break up the scar tissue in your fallopian tubes, making it easier for eggs to pass along them.

The success of surgery will depend on the extent of the damage to your fallopian tubes.

Possible complications from tubal surgery include an ectopic pregnancy³, when the fertilised egg implants outside the womb.

Endometriosis, fibroids and PCOS

Endometriosis⁴ is when parts of the womb lining start growing outside the womb.

Laparoscopic surgery⁵ is often used for women who have endometriosis to destroy or remove fluid-filled sacs called cysts.

It may also be used to remove submucosal fibroids⁶, which are small growths in the womb.

In women with PCOS, a minor surgical procedure called laparoscopic ovarian drilling can be used if ovulation medication hasn't worked.

This involves using either heat or a laser to destroy part of the ovary.

1 <https://www.nhs.uk/service-search/Clinical-Commissioning-Group/LocationSearch/1>

2 <https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/>

3 <https://www.nhs.uk/conditions/ectopic-pregnancy/>

4 <https://www.nhs.uk/conditions/endometriosis/>

5 <https://www.nhs.uk/conditions/laparoscopy/>

6 <https://www.nhs.uk/conditions/fibroids/>

Correcting an epididymal blockage and surgery to retrieve sperm

The epididymis is a coil-like structure in the testicles that helps store and transport sperm.

Sometimes the epididymis becomes blocked, preventing sperm being ejaculated normally. If this is causing infertility, surgery can be used to correct the blockage.

Surgical extraction of sperm may be an option for men:

- with an obstruction that prevents the release of sperm
- born without the tube that drains the sperm from the testicle (vas deferens)
- who've had a vasectomy⁷ or a failed vasectomy reversal

Both operations take a few hours and are carried out under local anaesthetic as outpatient procedures.

You'll be advised on the same day about the quality of the tissue or sperm collected.

Any sperm will be frozen and placed in storage for use at a later stage.

Assisted conception

Intrauterine insemination (IUI)⁸

IUI, also known as artificial insemination, involves inserting sperm into the womb via a fine plastic tube passed through the cervix.

Sperm is first collected and washed in a fluid. The best-quality specimens – the fastest moving – are selected.

Read more about IUI.

In vitro fertilisation (IVF)⁹

In IVF, the egg is fertilised outside the body. The woman takes fertility medication to encourage her ovaries to produce more eggs than normal.

Eggs are removed from her ovaries and fertilised with sperm in a laboratory. A fertilised egg called an embryo is then returned to the woman's womb to grow and develop.

Egg and sperm donation

If you or your partner has an infertility problem, you may be able to receive eggs or sperm from a donor to help you conceive. Treatment with donor eggs is usually carried out using IVF.

Anyone who registered to donate eggs or sperm after April 1 2005 can no longer remain anonymous and has to provide information about their identity.

This is because a child born as a result of donated eggs or sperm is legally entitled to find out the identity of the donor when they become an adult (at age 18).

More on treatments for infertility

Get more information about fertility treatment options on the Human Fertilisation and Embryology Authority (HFEA) website.¹⁰



Eligibility for fertility treatment on the NHS

Fertility treatment funded by the NHS varies across the UK. Waiting lists for treatment can be very long in some areas.

The eligibility criteria can also vary. Your GP will be able to advise about your eligibility for treatment, or you can contact your local clinical commissioning group (CCG).

If your GP refers you to a specialist for further tests, the NHS will pay for this. All patients have the right to be referred to an NHS clinic for the initial investigation.

⁷ <https://www.nhs.uk/conditions/contraception/vasectomy-male-sterilisation/>

⁸ <https://www.nhs.uk/conditions/artificial-insemination/>

⁹ <https://www.nhs.uk/conditions/ivf/>

¹⁰ <https://www.hfea.gov.uk/treatments/>

Going private

If you have an infertility problem, you may want to consider private treatment. This can be expensive, and there's no guarantee of success.

It's important to choose a private clinic carefully.

You should find out:

- which clinics are available
- which treatments are offered
- the success rates of treatments
- the length of the waiting list
- the costs

Ask for a personalised, fully costed treatment plan that explains exactly what's included, such as fees, scans and any necessary medication.

Choosing a clinic

If you decide to go private, you can ask your GP for advice. Make sure you choose a clinic licensed by the HFE¹¹A.

The HFEA is a government organisation that regulates and inspects all UK clinics that provide fertility treatment, including the storage of eggs, sperm or embryos.

Complementary therapy

There's no evidence to suggest complementary therapies for fertility problems are effective.

The National Institute for Health and Care Excellence (NICE) states further research is needed before such interventions can be recommended.

¹¹ <https://www.hfea.gov.uk/choose-a-clinic/>