STEP BY STEP
OVULATION INDUCTION

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This book attempts to show and explain the latest techniques in ovulation induction, defining their current relevance to treatment in a simplified, easy to follow manner for the practising infertility specialist. As well as giving practical guidance, it also touches on the latest research work achievements.

Most chapters are accompanied by flow charts for management, serving as a guide to problem solving. The accompanying CD ROM shows the techniques of laparoscopic ovarian drilling, multifetal pregnancy reduction, and a collection of colour Doppler images in ovulation induction.

This book is directed at all gynaecologists and infertility professionals, both medical and paramedical, and postgraduate students of gynaecology.

Contents:

1. Anovulation and Tests for Ovulation
2. Ovulation Induction with Clomiphene
3. Clomiphene Resistance – What Next?
4. Gonadotropins
5. GnRH Agonists and Antagonist
6. PCOS and Insulin Sensitizers
7. Hyperprolactinemia
8. Ovarian Reserve and Fertility in Old Women
9. Surgical Ovulation Induction
10. Endometrial Receptivity – A Vital Role
11. Luteal Phase Defect
12. Complications of Ovulation Induction
13. Selective Multifetal Pregnancy Reduction
14. Ultrasonography and Colour Doppler Imaging in Ovulation Induction

KEY SELLING POINTS
♦ Excellent handy reference manual
♦ For gynaecologists and infertility professionals and postgraduate students
♦ Outstanding value for money
♦ Free interactive CD ROM

BOOK INFORMATION
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Ovulation induction aims to achieve repeated unifollicular ovulation in the correction of anovulatory infertility, the commonest cause of which is polycystic ovary syndrome (PCOS). PCOS is associated with insulin resistance, particularly in those who are overweight. Gonadotrophin stimulation is the next step in treatment for women who are "clomiphene resistant", however, results of gonadotrophin stimulation in women with PCOS are less successful. In PCOS associated with hypersecretion of LH, purified urinary follicle-stimulating hormone (u-FSH) preparations have theoretical advantages over the use of human menopausal gonadotrophin (hMG) preparations (containing both FSH and LH), but whether this claimed advantage extends into clinical practice remains uncertain.