

InfoSheet : OVARIAN HYPERSTIMULATION SYNDROME (OHSS)

INTRODUCTION

Clinically significant ovarian hyperstimulation syndrome is the most serious potential problem occurring as a result of ovulation induction either for IVF or for Superovulation-IUI. This syndrome can develop in 3–5 % of patients.

WHAT ARE THE SYMPTOMS OF OHSS?

The symptoms that may be experienced include:

- A bloated feeling
- Abdominal discomfort
- Nausea
- Vomiting
- In extreme cases – difficulty breathing

WHO IS AT RISK OF OHSS?

- OHSS is a small risk for all patients having superovulation treatment. Patients at most risk of OHSS are those with polycystic ovarian syndrome (PCOS).
- If the risk of OHSS looks high, you might be asked to do some or all of the following:
 - Record your weight daily. If you gain more than 1 kg (2.2 lbs) in 24 hours you should contact VFC.
 - Measure your abdominal girth at the umbilicus (i.e. belly button level) every day. An increase of more than 1–2 cm in 24 hours should be reported.
 - Control your fluid intake. You might be asked to control your fluid intake exactly, for example to specifically drink only 1000 cc (1 litre) of Gatorade and 1 can of V8 per day. This will help keep your electrolytes balanced.
 - Monitor your urine output. If you feel that you are passing less urine than usual, call VFC.

- If there are concerns that you are developing OHSS, the following may be done:
 - Blood tests to check electrolytes, protein levels, and clotting factors.
 - You will be asked to monitor your exact urine output over the next 24 hours.
 - You might be asked to increase your fluid intake by another 500 ml per day
 - Stay off work for at least 24 – 48 hours.
 - A transvaginal ultrasound will be done to check the size of the ovaries and for free fluid in your abdomen.

CAN OHSS REQUIRE FURTHER TREATMENT?

In some circumstances it might be necessary to drain some fluid from the abdomen. This can be done by passing a fine needle either through the vagina or abdominal wall (under ultrasound guidance) and draining the fluid. This fluid is rich in protein, and it might be necessary to replenish that protein by giving you an intravenous infusion of Albumin.

Because of the increased risk of thrombosis, you may be asked to start taking a blood thinner called heparin. This is given by twice daily subcutaneous injections.

HOW SERIOUS IS OHSS?

- Although severe OHSS may be life threatening, this is very uncommon.
- The condition is usually self limiting – and resolves either on its own, or by doing what has been described above.

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