

stimulating ovulation with drugs such as **Clomid**, **Metrodin** or **Pergonal**. In addition, **ovarian wedge resection** can help the ovaries work more effectively and stimulate regular menstrual cycles and ovulations.

If pregnancy is not a consideration, the incidence of **breast cancer** and **endometrial (uterine) cancer** is **much higher** in these women. Thus, some type of **progesterone withdrawal** needs to be implemented on a **long term** basis.

The above stated **ovarian wedge resection** is a surgical procedure in which a wedge of tissue is removed from the ovary and the ovary is subsequently reduced in size and repaired. While this is an older operation, it has been recently resurrected because of significant improvements in our ability to prevent adhesion formation. In addition, it is extremely effective in lowering the male hormone production and regulating the menstrual cycles thus improving fertility, and decreasing chances for uterine and breast cancer. The **pregnancy rate** after this procedure is about twice what it is with Clomid.

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The symbol on the front cover symbolizes the creation of a new human person. It represents the equation $1 + 1 + 1 = 1$. A man, a woman and God all come together to create the new child.

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POLYCYSTIC OVARIAN DISEASE (PCOD)



A
FertilityCare™
EDUCATION
BROCHURE

Thomas W. Hilgers, M.D.

POLYCYSTIC OVARIAN DISEASE

Polycystic Ovarian Disease (PCOD) is a condition which is often associated with infertility. The main reason that it is associated with infertility is because these are ovaries that do not function normally and ovulate only irregularly. **The hallmark of a woman with polycystic ovaries is a woman who has long and irregular menstrual cycles.**

Many years ago, there was a syndrome identified as the **Stein-Leventhal Syndrome**. This was a condition which was associated with **amenorrhea** (the absence of menstrual periods), **obesity**, **hirsutism** (excessive hair growth), **hypertension** (high blood pressure), and **infertility**. This was the classic appearance of a woman with **Polycystic Ovarian Disease**. However, with advancing knowledge, especially hormone evaluation, ultrasonography and laparoscopy, it is now known that **most women** who have polycystic ovaries are **not** obese, do **not** have amenorrhea (although their cycles are usually long and irregular) and are **not** hypertensive. They will, however, often have **infertility problems** and have some mild degrees of **hirsutism**. The excess of hair growth may appear underneath the

umbilicus on the abdominal wall and around the nipples and on the upper lip or chin.

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EVALUATION

In order to properly evaluate this the woman should learn how to **NaProTRACK her menstrual cycles**. This can be accomplished by attending **CREIGHTON MODEL FertilityCareSM System** classes. This natural system for the understanding of human fertility is the first system ever developed which allows a woman to **network family planning with reproductive and gynecologic health**. This tracking of the menstrual cycle is extremely important to an eventual **evaluation** and subsequent **treatment** of the problem.

A **complete hormone profile** should be accomplished. This should involve the evaluation

of the following hormones: **FSH, LH, Androstenedione, Testosterone, Free Testosterone, DHEAs, Prolactin, Beta Endorphin, TSH, Thyroid Profile, Progesterone and Estradiol-17 Beta**. With an evaluation of these hormones, a whole variety of different causes of irregular menstrual cycles can be eliminated and a fairly definitive diagnosis of **Polycystic Ovarian Disease** can be identified.

In addition, a **pelvic ultrasound examination** should be done. The ovaries in women with **PCOD** have a typical appearance in which there are **multiple cysts that form under the capsule of the ovary**. These ovaries are often enlarged as well. In addition, with the use of **diagnostic laparoscopy**, the diagnosis can be definitively made. Some 60 percent of women with Polycystic Ovarian Disease will also have **endometriosis**. A laparoscopy provides the opportunity to treat the endometriosis with laser at the time of the laparoscopy.

TREATMENT

Treatment for **Polycystic Ovarian Disease** is aimed at several factors. A **decrease in the production of the male hormones** is one aim of treatment. This can be accomplished by giving cortisone-like medications, Spironolactone, or by doing an **ovarian wedge resection**. Fertility treatment can be accomplished by inducing or