

Pipelle - Endometrial Scratching

Pipelle is a procedure which involves medically administering damage to the lining of the womb (endometrium). Research has shown that Pipelle significantly increases the number of live births to women undergoing fertility treatment, as the "scratching" helps the embryos to attach to the lining of the womb.

The "scratching" is performed only once, usually up to 14 days before starting fertility treatment. The theory supporting this procedure is that the scratch causes limited damage to the endometrium which stimulates the lining to regenerate and heal.

The procedure is simple and takes about 15 minutes. A small catheter called a Pipelle is inserted through the neck of the womb (cervix) to make the scratch. A degree of discomfort is to be expected, and pain killers such as Paracetamol or Ibuprofen are advised an hour before the procedure.

The Herts & Essex Fertility Centre was one of the first fertility clinics in the UK to introduce the use of this procedure as a routine. We perform Pipelle before all fresh, as well as frozen IVF cycles, and have seen a significant improvement in our success rates.



Herts & Essex Fertility Centre



HERTS & ESSEX FERTILITY CENTRE

Bishops' College
Churchgate
Cheshunt
Hertfordshire EN8 9XP

T: 01992 78 50 60

E: enquiries@hertsandessexfertility.com

Follow us on

 [HertsEssexFertilityCentre](https://www.facebook.com/HertsEssexFertilityCentre)

 [FertilityUnit](https://twitter.com/FertilityUnit)

www.hertsandessexfertility.com

Treatment Information
Appointment
Egg Collection
Pipelle

Herts & Essex
Fertility Centre



Treatment Information Appointment (TIA)

The Herts & Essex Fertility Centre is unique in that each patient is offered an hour-long appointment with a Fertility Nurse on a one-to-one basis, prior to starting treatment. This gives you the opportunity to study all the treatment consent forms with a fertility expert, and to ask as many questions as you want in complete privacy before you sign the forms.

Your fertility treatment cannot begin until relevant consent forms are completed and signed, as this is a legal requirement of the Human Fertilisation and Embryo Authority (HFEA) which regulates all IVF clinics in the UK. Most IVF clinics hold Treatment Information appointments in groups, where you are just one of many couples going through the consent forms together. In our experience this is totally unsatisfactory for you as a patient. So at the Herts & Essex your TIA will be completely individual and confidential.

TIA also gives you the opportunity to talk through the treatment procedure you have chosen, step-by-step. The treatment may require you to self-inject drugs, so we take this opportunity to make sure that you are completely comfortable with the procedure. Most fertility drugs we prescribe are given by subcutaneous injection – commonly described as “subcut” – that is an injection under the skin, usually in your lower abdomen or upper thigh.

We will give you a provisional programme of dates for your treatment appointments, to help you plan time off work, if necessary.



Drug protocols

In order to increase your chances of success with your chosen fertility treatment you should ideally produce a good quantity of eggs. In a normal cycle you would produce only one mature egg. However, we will stimulate your ovaries and aim for you to produce up to fifteen eggs.

Following your screening tests we will be able to recommend your necessary medications and allocate you to one of two medication stimulation protocols: the Long GnRH Agonist Protocol or the Short Antagonist Protocol.

The Long Protocol

Known as “down regulation”, the Long Protocol will make your ovaries temporarily inactive. This promotes easier management of your treatment cycle during stimulation by daily hormone injections. This protocol is used in women with normal ovarian reserve. An ultrasound scan is needed to confirm that down regulation has been successful.

The Short Protocol

There is no down regulation with the Short Protocol, and this is reserved mainly for women with poor ovarian reserve. At the other extreme it is used sometimes in women with very high ovarian reserve, to reduce the risk of ovarian hyperstimulation.

In both protocols, you will need daily Follicle Stimulating Hormone (FSH) injections to promote the development of multiple follicles in the ovaries.

Ultrasound scans

Regular transvaginal ultrasound scans will help us assess how your ovaries are responding to the injections, by counting and measuring the size of the developing follicles and the thickness of the endometrium (the inner lining of the womb). We aim to allow each follicle to develop to about 18-20mm in diameter and the endometrium to have a minimum thickness of 7mm-8mm.

The late-night injection

Once your follicles and endometrium are at the optimum stage of development, you are given a single injection of human Chorionic Gonadotrophin (hCG). hCG is a hormone which will ripen your eggs so that they can be collected 36 hours later, about four hours before they would have been naturally released by your ovaries.



Why do we call it the late-night injection?

The injection is usually given between 9pm and 1am, a time chosen to correlate directly with the timing of your egg collection appropriately 36 hours later.

Egg collection

Following your late-night injection of hCG, your eggs will ripen and be ready for collection 36 hours later. Both you and your partner must attend the clinic at the given specified time for your eggs to be collected, and for your partner to produce a fresh semen sample.

You will be sedated but slightly conscious during egg collection. It is unusual to feel anything more than mild discomfort. While sedated the fertility consultant will carry out egg recovery, extracting each egg with a special needle, inserted vaginally and guided by ultrasound scan. Each follicle is aspirated individually, until all visible follicles are drained from both ovaries. The egg collection procedure takes approximately thirty minutes, after which you will return to the recovery room to be cared by our specialist nursing team.

On your return to recovery, your partner/friend/family member will join you. You must be able to drink fluids and have passed urine before discharge from the clinic.

You should allow approximately 2-3 hours for the egg collection visit. Due to the after effects of sedation, you are advised not to drive for 24 hours, and you must make provisions for your return home.

Before discharge you will see your fertility consultant and embryologist who will confirm the number of eggs collected, the quality of semen prepared and the chosen method of fertilisation. You will receive a Laboratory Guide with details of what will happen over the forthcoming days as your embryos develop.