

Intrauterine Insemination (IUI)

Intrauterine insemination (IUI) is a technique by which motile sperm are placed via a soft catheter at the apex of the uterine cavity around the time of ovulation.

The purpose of IUI is to facilitate fertilization of the egg or eggs that are being released by the ovary. IUI avoids the normal filtering of sperm by the cervical mucus, and in essence shortens the distance the sperm have to travel in order to reach the egg. If an egg is successfully fertilized an embryo will be formed, and hopefully that embryo will then implant in the uterus and result in a successful pregnancy.

The morning of insemination, you will be invited into our lab and we will show you the results of your sperm sample before and after washing. Afterwards you will be brought into a room and will be asked to lie on a bed in the gynecologic position. The doctor will then introduce a speculum that has been warmed to body temperature into the vagina. This instrument will help visualize the cervix. Next the doctor will take the catheter filled with washed sperm and will place it into the uterine cavity.

An insemination is not painful and will last only a few moments. Following the procedure we will advise you to stay lying down for 10-15 minutes. You can continue your normal routine for the next 2 weeks but should avoid vigorous exercises. You will need to wait 2 weeks before testing since the medication given to provoke ovulation (Ovidrel, HCG) stays in your system and could give you false results.

In the vast majority of cases IUI is a safe and effective procedure for facilitating pregnancy. However, there is always a small chance of complications.

Possible risks of IUI include:

- Cramping
- Bacterial or viral infection, possibly resulting in pelvic pain, fever, the need for antibiotic treatment and in severe cases formation of a pelvic abscess and/or pelvic adhesions
- Bleeding
- Multiple pregnancy, i.e. twins, triplets, etc.
- Ectopic pregnancy, e.g. pregnancy in the fallopian tube

CONSENT TO INTRAUTERINE INSEMINATION OF SPERM

Name of Female Partner: **Date of Birth**/...../.....

Name of Male Partner: **Date of Birth**/...../.....

Address:
.....

We have requested the **Montreal Fertility Centre** and its staff to perform treatment involving double gradient sperm washing and intrauterine insemination (IUI) with the washed sperm of the male partner named above for the purpose of creating a human embryo within the reproductive tract of the female partner listed above.

We acknowledge and affirm that we have been given written information (opposite page of this form) explaining the purpose of IUI and have read this information carefully.

We further acknowledge that we have been given the opportunity to ask questions, and that all of our questions about the risks and benefits of IUI have been answered to our satisfaction.

We affirm that we would like to proceed with intrauterine insemination.

Lastly, we understand that we are free to withdraw our consent to IUI at any time, but that the withdrawal must be in writing, and that the withdrawal of consent can only apply to reproductive material not already used by the female partner named above. We also affirm that our relationship with the **Montreal Fertility Centre** will at all times be governed by the laws of the Province of Quebec.

SIGNATURE OF FEMALE: **DATE:**/...../.....
(Day/Month/Year)

SIGNATURE OF MALE : **DATE:**/...../.....
(Day/Month/Year)

SIGNATURE OF WITNESS: **DATE:**/...../.....
(Day/Month/Year)

I confirm that I have explained the procedures, risks, benefits and alternatives to the patient(s). Moreover, I have offered the patient(s) the opportunity to ask questions, and all of their questions have been answered.

Neal Mahutte or Sophia Ouhilal MD: **DATE:**/...../.....
(Day/Month/Year)