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Nota di contenuto	Assisted reproduction techniques : Challenges and management options; Contents; Contributors; Preface; How to use this book; Section 1: Counseling and preparation phase; 1 Risk of cancer from ovarian stimulation; 2 Risk of early menopause following IVF treatment; 3 The HIV positive female; 4 The HIV positive male; 5 The hepatitis B/C carrier patient; 6 The patient with cystic fibrosis; 7 The patient on medication; 8 The patient with thrombophilia; 9 The patient with autoimmune disorders; 10 The patient with malignant disease: fertility preservation; 11 The patient with heart disease 12 The patient with diabetes13 The patient with thyroid disease; 14 The patient with hyperprolactinemia; 15 The patient with polycystic ovaries; 16 The renal transplant patient and IVF; 17 The patient with previous pelvic irradiation; 18 Fertility after chemotherapy; 19 The patient with abnormal cervical cytology; 20 The patient with previous borderline ovarian tumor; 21 The patient with an endometrioma; 22 The patient with cervical stenosis; 23 Vaccination and ART; 24 The patient with hydrosalpinx; 25 The patient with poor ovarian reserve; 26 The patient with congenital uterine anomalies

27 The patient with congenital cervico-vaginal anomalies
28 The patient with uterine fibroids; 29 The patient with previous Essure® sterilization;
30 The patient with previous endometrial ablation; 31 The couple with recurrent implantation failure; 32 The patient with previous uterine artery embolization; 33 Endometrial polyp detected during ART treatment; 34 The obese patient; 35 Asherman syndrome; 36 The older patient; 37 Requests for mild or natural cycle IVF treatment; 38 The ART patient with psychosexual problems; 39 The patient needing third-party reproduction
40 Request for "social egg freezing"
41 The patient with bariatric surgery; Section 2: Pituitary suppression and ovarian stimulation phase;
42 Poor response during ovarian stimulation; 43 Ovarian stimulation for IVF in a patient with previous severe ovarian hyperstimulation syndrome; 44 Unable to achieve pituitary down-regulation; 45 The patient discovered pregnant during pituitary down-regulation; 46 Ovarian cysts following pituitary down-regulation; 47 Poor endometrial development; 48 Missed IVF medications; 49 The patient with a history of estrogen-receptor positive cancer
50 The patient over-responding to controlled ovarian stimulation during IVF
Section 3: Oocyte retrieval; 51 General anesthesia or sedation for oocyte retrieval?; 52 Delayed oocyte retrieval; 53 Empty follicle syndrome; 54 Bleeding following oocyte retrieval; 55 To flush or not to flush follicles at oocyte retrieval?; 56 Inaccessible ovaries at oocyte retrieval; 57 Endometriotic cysts at oocyte retrieval; Section 4: Embryo transfer; 58 Couple splitting while embryos are in storage; 59 Endometrial cavity fluid identified during IVF treatment; 60 Difficult embryo transfer
61 Excessive cervical mucus and retained embryo at embryo transfer

Sommario/riassunto

Assisted reproduction techniques have led to the birth of 4 million babies worldwide. Assisted reproduction techniques (ART), in particular in-vitro fertilization and intra-cytoplasmic sperm injection, are the most advanced forms of infertility treatment. They involve numerous counseling, medical, surgical and laboratory-based steps. At each step various problems and complications could be encountered that challenge even the most experienced ART practitioners. Moreover, patients with complex medical disorders may require ART, presenting further challenges. Assisted Reproduction Te
