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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید.

ने दुगठु उरनमे ची लेंड वै उं विरथा वरवे इस नंघर उे बेन वरवे: 01932 723553

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Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

Website: www.ashfordstpeters.nhs.uk

Ovulation Induction with Letrozole Treatment Fertility Unit



What is Letrozole and why is it prescribed?

Letrozole is a fertility drug to stimulate ovulation and is sometimes used as an alternative to Clomifene. Letrozole is an aromatase inhibitor and works by lowering the production of oestrogen and enhancing the release of FSH. It has also been shown to be effective at inducing ovulation in fertility patients and may be more effective than Clomifene in certain patients.

When is it prescribed?

- if you have not responded to clomiphene (clomid) ovulation induction
- if you are over sensitive to clomid and produce too many/too large follicles
- if you are unable to tolerate clomid
- if treatment with clomid has negatively affected the lining of your womb previously (thinned the lining)

How should this medicine be used?

- Letrozole is a tablet taken by mouth.
- Letrozole tablets are given for five days, beginning on the second full day of your period (day one is the first full day of bleeding).
- To help you remember, take the tablet around the same time every day.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Dr Megan Carr and Miss Lilian Ugwumadu

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What if you have no menstrual cycle?

If you are having very irregular periods or no periods, you will be asked to take progestin (such as Provera) to bring on a period. Then commence the Letrozole on the second day after your induced period has started.

How is the response to treatment monitored?

It is important to confirm that an egg is being produced in response to the treatment and also that you are not producing too many eggs. This will mean having a vaginal ultrasound scan around day 10 of your menstrual cycle. The follicle number, size and rate of growth as well as the endometrial thickness are studied by ultrasound. You will also have a blood test (progesterone levels) a week after positive ovulation (around day 21) to confirm.

- If you are responding to the Letrozole, there is no need for further monitoring.
- If you ovulate but do not conceive and menstruation occurs, the same dose of Letrozole is repeated in the following cycles.
- If you are not responding after, then the dose of Letrozole will be increased, and you will be monitored for the following cycle.

Do not increase the dose yourself.

The treatment is for a maximum of 6 cycles. We may decide to shorten the treatment depending on how you respond to the medication.

What should I do if I forget a dose?

Take the missed dose as soon as you remember. However, if it is almost time for the next dose, email or call the fertility unit for additional instructions. Do not take a double dose to make up for a missed one.

What side effects can this medication cause?

Whilst taking the Letrozole tablets, you may experience some mild side effects that include hot flushes, nausea, headaches or dizziness. Rarely abdominal discomfort may occur if your ovaries have over-responded to the Letrozole (ovarian hyper-stimulation syndrome – OHSS). If this occurs, please contact your GP or the fertility unit for advice.

In the normal menstrual cycle, only one egg develops each month. Letrozole may cause more than one egg to mature and this increases the risk of multiple pregnancies to about 1 in 10. The rate of miscarriage is not increased, nor is the incidence of congenital anomalies.

To book your ultrasound scans:

Please contact the Fertility unit on the first day of your period to book your scan (if your period starts on a weekend, then email or telephone on the Monday). Please note scanning is not available at the weekend.

Further advice

- Take Folic acid 400mcg daily to reduce the risk of spina bifida in the baby you do conceive
- Maintain a normal weight and continue to lose weight if you are overweight
- Not to smoke

If you have any further questions please contact:

Fertility Unit – email: asp-tr.asphfertility@nhs.net
01923 723973