

Mini-Stim IVF

Mini-Stim IVF can be very successful in patients for whom NC IVF is not a good option (PCOS patients) or for whom NC IVF has not worked. Some patients are very hesitant to pursue Stimulated Cycle IVF and for these patients Mini-Stim IVF may represent a perfect solution.

Mini-Stim IVF uses oral fertility medications (clomiphene or tamoxifen or letrozole) in combination with a few days of fertility shots (Gonal F, Follistim or Menopur) to recruit 2-5 follicles. Most cycles will result in 2-5 eggs retrieved and 1-2 embryos available for embryo transfer. In the rare situation that more than 2 embryos are available on the day of transfer we can freeze those additional embryos for use in a future cycle. Mini-Stim IVF avoids the full cost of ovarian stimulation drugs which can run to about \$5,000 per treatment cycle. With Mini-Stim IVF the risks of ovarian hyperstimulation and high-order multiple pregnancy can be markedly reduced. Total cost of Mini-Stim IVF is less than half of the total cost of a conventional IVF cycle.

However, Mini-Stim IVF can result in cycle cancellation as a result of unexpected premature “LH surging” or ovulation. This occurs in less than 10% of treatment cycles. In such cases, if the fallopian tubes are open, we may recommend converting the treatment to an intrauterine insemination (IUI) cycle which can lead to a possible successful pregnancy. Success rates with Mini-Stim IVF can be very similar to those with conventional IVF but at lower cost and at lower risk to you (See Zhang JJ, Merhi Z, Yang M, et al. Minimal stimulation IVF vs conventional IVF: a randomized controlled trial. *Am J Obstet Gynecol.* 2016 Jan;214(1):96.e1-8).

SUMMARY

COST: Under \$6500

MEDICATIONS USED: clomiphene/tamoxifen/letrozole pills, 1-4 daily shots of Gonal F/Follis-tim/Menopur, hCG trigger shot, progesterone vaginal capsules, estrogen pills

GOAL: Retrieval of 2-5 mature eggs

RISKS: Cancellation prior to egg collection, no eggs at egg collection, no fertilization of eggs, no embryo available for embryo transfer

BENEFITS: Low cost per cycle, no risk of ovarian hyper stimulation syndrome, low risk of multiple pregnancy depending on number of embryos transferred

BEST CANDIDATES:

Younger patients (<39 years old)

Diagnosed with blocked or damaged Fallopian tubes

Diagnosed with severe endometriosis

Diagnosed with male factor infertility

Diagnosed with unexplained infertility

Diagnosed as having a risk of developing Ovarian Hyperstimulation Syndrome (OHSS)

Diagnosed with a low ovarian reserve

OTHER CANDIDATES:

Patients who have failed multiple NC IVF or Stimulatd Cycle IVF treatments

Patients who wish to pursue more economical treatments

Patients concerned about multiple pregnancy

Patients wishing to limit the possibility of extra embryos due to religious reasons

Patients hoping to avoid the freezing of embryos due to religious reasons

Patients who are fearful of injections