



Intrauterine Insemination

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Intrauterine insemination is a basic procedure in the treatment of infertility. It consists in introducing a specific amount of sperm in the uterine cavity.

Intrauterine insemination is a procedure that is carried out in the doctor's office. It is simple and takes between 15 - 30 minutes as an out-patient procedure. In other words, it does not require hospitalization, or time off to recover. Complications are basically non-existent, and are closely related to those during Stimulation of Ovulation.

Couples who benefit from this procedure are those who have been diagnosed with infertility due to problems with the cervix, containing an inadequate amount or quality of mucus, male factor infertility at a low to moderate degree, or other unknown causes. Another suggested use of intrauterine insemination is when Ovulation Induction is being performed to increase possibilities. Ovulation is monitored with a vaginal ultrasound to ensure that there is an adequate growth of follicles.

Intrauterine insemination is also a beneficial procedure in cases where the male has a low sperm count or inadequate sperm mobility at a low to moderate degree, because the sperm

is deposited in an area close to the Fallopian tubes, in close proximity to where fertilization takes place.

When intrauterine insemination is commonly recommended:

1. Altered Cervical Factor
2. Low to moderate Male Factor Infertility
3. Infertility due to unknown causes
4. Low to moderate Endometriosis

Steps to insemination:

1. Medical treatment to stimulate ovulation.
2. Monitoring of Follicles to individualize the dose and avoid complications.
3. Sperm preparation in lab.
4. Sperm transfer to uterine cavity.

For Intrauterine insemination to be successful, ovulation should be assured. To achieve adequate ovulation, medications are administered that stimulate the ovary to produce 2 or 3 eggs at a time. This increases the possibility of becoming pregnant. Follicles are monitored to avoid over-stimulation and multiple pregnancies.

If pregnancy isn't achieved after 4 – 6 treatment cycles, a Laparoscopy can be performed. This is a minor surgical procedure done under general anesthesia.

The Laparoscopy allows the surgeon to evaluate other possible factors affecting fertility, such as Endometriosis, pelvic adhesions, etc. The final step to the treatments involves sperm transfer through In-Vitro Fertilization or ICSI.

The probabilities of becoming pregnant are between 20-25%. However, when there are continued treatments, the probabilities of becoming pregnant can be from 50 - 80% in cases where there is an adequate sperm count and the Fallopian tubes are functioning adequately.
