



PATIENT INFORMATION LEAFLET

CLOMID (CLOMIPHENE CITRATE)

You have been given this leaflet as you have been commenced on Clomid.

WHAT IS CLOMID?

Clomid (clomiphene citrate) is used in women who do not ovulate (produce eggs) regularly each month leading to infertility. Clomid stimulates ova (eggs) to develop in the ovaries and be released ready for fertilisation.

HOW TO TAKE CLOMID

Clomid is a tablet taken by mouth (orally) and started on day 2 of the menstrual cycle (day 1 is the day you start bleeding). Initially a 50 milligram (mg) tablet is taken once a day for 5 days. To help you remember to take Clomid, take the tablet at the same time each day.

Ovulation usually occurs 5-12 days after the last Clomid tablet.

WHAT IF YOU HAVE NO MENSTRUAL CYCLE?

If you do not have a regular menstrual cycle, or you have very infrequent periods, you will be given a progestin (such as Provera) to induce bleeding. You will then begin Clomid on the second day after your induced period has started.

WHEN IS THE OPTIMAL TIME FOR INTERCOURSE?

The best time to have intercourse is from 5 days after the last Clomid tablet (day 10 of your cycle) every other day for one week; although it is recommended, when trying to conceive, to have regular sexual intercourse 2-3 times per week.

HOW IS TREATMENT RESPONSE MONITORED?

First Treatment Cycle

1. A blood test will be performed in the second half of your cycle (14-16 days after the last Clomid tablet) to measure progesterone level (usually on day 21 of a 28 day menstrual cycle). This will enable us to see if you have ovulated.
2. If you ovulate but do not conceive and menstruation occurs, the same dose of Clomid is repeated in the following cycles.
3. If bleeding does not occur by 6 weeks after your last Clomid tablet, you should take a pregnancy test. If you are pregnant, you will not require further treatment and should report to your GP.
4. If your pregnancy test is negative, repeat the test in one week to confirm the result.
5. If you are not pregnant, start another cycle of Clomid treatment at the same dose.

6. Your Reproductive Medicine team will review your response to treatment and may increase the dose of Clomid to 100mg if you do not appear to be ovulating. This will again need to be taken daily for 5 days. Steps 1-5 will be repeated.
7. If your progesterone concentrations remain low, this indicates that you are still not ovulating in response to the treatment. The dose of Clomid could be further increased to 150mg per day for 5 days for the following cycles. This would only be recommended following discussion with your consultant team.
8. **Do not** increase the dose yourself.
9. Ultrasound scan (USS) monitoring is not usually required.
10. You will only be given a maximum of 12 cycles due to the increased risks/side effects associated with Clomid (see below).

WHAT TO DO IF YOU FORGET A DOSE

Take the missed dose as soon as you remember it. However, if it is almost time for your next dose, call your doctor for additional directions. **Do not** take a double dose to make up for a missed one.

SIDE EFFECTS

Side effects with Clomid are not common and tend to be dose related. The more frequent symptoms include:

- Hot flushes.
- Abdominal discomfort (bloating or soreness).
- Headache.
- Breast discomfort.
- Menstrual irregularities with bleeding or spotting between cycles.

Occasionally visual symptoms can occur, including blurred or double vision and visual spots or flashes. If these occur, you must stop treatment and inform your doctor immediately. If you experience stomach swelling, weight gain or shortness of breath you must contact your doctor immediately.

Prolonged use of Clomid (more than 12 cycles of treatment) may increase the risk of ovarian cancer and for this reason it is generally not used for more than 12 cycles of treatment.

RESPONSE TO TREATMENT

Approximately 7 out of 10 patients treated with Clomid will ovulate and 4 out of 10 patients will conceive. Most women who will ovulate do so during the first three months of treatment. If you are ovulating and have not conceived after 6 cycles, other methods of ovulation induction should be considered.

The incident of twins is increased to 5-10% however multiple births of more than twins are rare (less than 0.5%).

The rate of miscarriage is not increased, nor is the incidence of congenital anomalies.



If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

USEFUL LINKS

Treatment for Infertility – NHS

<https://www.nhs.uk/conditions/infertility/treatment/>

CONTACT DETAILS

Department of Reproductive Medicine



(0161) 276 6209



Emergency Gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)

EGU is located at Wythenshawe Hospital (enter via entrance 15)

The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care.

There are no emergency gynaecology services at Saint Mary's Hospital, Oxford Road.