



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

OVARIAN HYPERSTIMULATION SYNDROME

Ovarian Hyperstimulation Syndrome (OHSS) is a potential complication of fertility treatments that stimulate the ovaries, particularly in vitro fertilisation (IVF). It can be serious, so it is important that anyone having fertility treatment understands what it is, how to recognise it, and when to seek help. The latest data from the Human Fertility and Embryology Authority (HFEA) show that severe or critical OHSS is now rare, occurring in around 0.1% of IVF cycles in the UK.

WHAT IS OHSS?

OHSS happens when the ovaries over-respond to fertility medication. During treatment, the ovaries may develop too many follicles (the sacs that contain eggs).

When this occurs:

- Fluid can leak from blood vessels into the abdomen, and less commonly into the chest or around the heart.
- The kidneys and liver may be affected, though this is usually mild and settles on its own
- OHSS most commonly occurs during IVF, but it can also happen with:
 - Other injectable fertility treatments
 - Tablet treatments that stimulate the ovaries, such as clomiphene citrate (Clomid).

WHEN WOULD I DEVELOP OHSS?

OHSS usually develops:

- After the trigger injection (hCG) used before egg collection in IVF
- After ovulation in other fertility treatments

The stimulated ovaries release substances that disturb the body's fluid balance, leading to fluid build-up in the abdomen, pelvis, and rarely the chest or around the heart.

Mild discomfort after egg collection is normal. However, if you are concerned or develop symptoms listed below, contact your clinic for advice.

WHO CAN GET OHSS?

Some people have a higher chance of developing OHSS, including those with:

- Polycystic ovary syndrome (PCOS) or a high number of follicles on ultrasound
- Age under 30, particularly when combined with other risk factors.
- A previous history of OHSS
- 20 or more eggs collected.

- A high egg reserve shown by an elevated anti-Müllerian hormone (AMH) level.

OHSS can worsen due to rising pregnancy hormones, especially in multiple pregnancies.

If pregnancy does not occur, symptoms usually resolve within 7–10 days.

If pregnancy does occur, symptoms may worsen and last several weeks.

Importantly, OHSS can occur even without any risk factors, which is why all patients should be aware of the symptoms.

WHAT ARE THE SYMPTOMS?

Symptoms can range from mild to severe and may include:

- Abdominal bloating or discomfort
- Increased thirst
- Nausea and vomiting
- Swelling of the abdomen or legs
- Reduced urine output or dark-coloured urine
- Shortness of breath or chest pain

WHEN SHOULD I SEEK MEDICAL ADVICE?

If you experience symptoms of OHSS noted above, please ring the Reproductive Medicine Department during office hours on **(0161) 276 6000** or contact the nursing team on **Salve**. If you feel unable to wait until the Department is open, you should attend an Emergency Department.

WHICH EMERGENCY DEPARTMENT SHOULD I ATTEND?

If you develop breathing problems, chest pain or pain and swelling in your legs, this may indicate an urgent situation that needs prompt medical attention, and you should attend your nearest emergency department.

If you are able to safely attend Manchester Royal Infirmary Emergency Department, your care can be managed more seamlessly with our Reproductive Medicine medical team.

We appreciate this may not be possible and should you need to attend another A&E, please let us know as soon as possible. you should inform the Department of Reproductive Medicine via phone or salve. This allows the medical and Nursing team to manage your condition and plan the appropriate follow-up as well as inform the regulatory the body that regulates fertility treatment in the UK (HFEA) as data on severe cases of OHSS need to be collected nationally.

WHAT SHOULD I DO IF I HAVE OHSS?

- Eat and drink normally, drink according to thirst, not excessively.
- For pain, take paracetamol or codeine as directed (safe in pregnancy).
- Avoid anti-inflammatory medicines such as aspirin or ibuprofen, as these can affect kidney function.
- Stay gently active to reduce the risk of blood clots.
- Monitor how much urine you pass.

- Avoid sudden or jerky movements, as enlarged ovaries can twist (a rare emergency called ovarian torsion). Ovarian torsion symptoms include sudden severe abdominal pain, vomiting, and feeling unwell. Seek urgent medical help if this occurs.

WILL I NEED TO BE ADMITTED?

Mild OHSS can usually be managed at home. Hospital admission may be required if symptoms are severe or not improving.

WHAT MAY HAPPEN AT THE HOSPITAL?

Diagnosis is based on symptoms, examination findings, and test results. You may have:

- A physical examination
- Blood tests to assess kidney and liver function and blood concentration
- An ultrasound scan to check ovarian size and fluid build-up

WHAT IS THE TREATMENT FOR OHSS?

There is no treatment that reverses OHSS, but symptoms usually improve with time. Treatment focuses on symptom relief and preventing complications, including:

- Pain relief (paracetamol or codeine)
- Anti-sickness medication
- Intravenous fluids if dehydrated or unable to eat and drink.
- Support stockings and blood-thinning injections to prevent clots. These will be continued until your period starts (if not pregnant), or until at least 12 weeks of pregnancy if you conceive.
- Paracentesis (drainage of abdominal fluid) if the abdomen is very swollen or painful.

CAN OHSS AFFECT MY PREGNANCY?

There is no evidence that OHSS causes miscarriage/birth defects.

There may be an increased risk of pre-eclampsia and preterm birth.

Severe OHSS increases the risk of blood clots, so preventative treatment may be required.

CONTACT DETAILS



Department of Reproductive Medicine: 0161 276 6000



<https://mft.nhs.uk/saint-marys/services/gynaecology/reproductive-medicine/>



Out of Hours Advice: Emergency Gynaecology Unit (EGU): 0161 291 2561