

Fertility Program

PATIENT'S FACT SHEET: **HUMAN CHORIONIC GONADOTROPIN (HCG)**

Human Chorionic Gonadotropin (HCG) is a hormone manufactured during pregnancy by the placenta. Its chemical structure is almost identical to luteinizing hormone (LH), the hormone produced by the pituitary gland which in normal situations causes ripe eggs to ovulate. When given by injection, HCG likewise causes ripe eggs to ovulate, and allows us to time in-utero fertilization attempts with accuracy.

HCG is the generic name for the medication. The brand name that we generally use is Ovidrel®. We use it because it is totally lab-synthesized and comes in a pre-mixed, ready-to-use syringe, which gives it advantages over other formulations such as Novarel®, Pregnyl®, and Profasi®. These other brands are derived from placentas rather than being synthesized, which potentially make dosing less accurate. Also, they require the medication to be mixed just before injection, which is inconvenient and may also lead to inaccurate dosing.

HCG enables us to time ovulation with precision, to perform intrauterine inseminations at the ideal moment. HCG causes ovulation to occur 36-40 hours after the injection. When we have determined that you have ripe eggs, we instruct you to administer HCG. Generally we recommend injection at 8PM, which will make the appropriate time for insemination around 8 or 9AM a day-and-a-half later. (That is, injection at 8PM on Monday prompts ovulation on Wednesday morning, by noon.)

There are no specific harmful side effects from HCG itself. We use it along with other agents to stimulate the ovaries, and we will discuss the pros and cons of these other medications with you.

The usual dose of Ovidrel® is 250 micrograms (which equals 10,000 units). This is the amount in one pre-filled syringe. It is given by subcutaneous injection, and we will instruct you in the technique for administration.