

## Patient Information

---

### Obstetrics and Gynaecology

# Clomifene Citrate (Clomid)

## What are Clomifene Citrate tablets for?

Clomifene Citrate (Clomid) is used to treat some types of infertility in women who are not ovulating properly. Clomid is used to help women to develop and release mature egg.

## How does it work?

Given early in the menstrual cycle, Clomid suppresses the amount of naturally circulating oestrogen. This 'tricks' the pituitary gland (in the brain) into producing more follicular stimulating hormone (FSH) and luteinizing hormone (LH). These hormones then stimulate the ovary to ripen a follicle (a follicle is a fluid-filled sac within which an egg develops) and release an egg.

## Description

Clomid is an orally administered medication. The initial dosage is 50 mg per day for five days, usually from day two to day six of the woman's menstrual cycle (first day of the cycle being first day of the period). The dosage may be increased in the subsequent cycles if the lowest dose does not result in ovulation.

## Use

The lowest dosage is usually used at the beginning of the treatment to minimise side effects and other risks of the treatment (see below). It can be increased in the subsequent cycles if the desired effect is not achieved.

During the first treatment cycle, vaginal ultrasound scanning is required to monitor the response of the ovaries to the Clomid. This is called 'follicular tracking' and the following instructions apply:

- On the first or second day of the period, contact the Gynaecology Ultrasound Department to book an appointment on day nine or 10 of the same cycle of the Clomid treatment.
- Following this scan, further scans are probably required to monitor the growth of the follicles. They are usually done at two to three day intervals. Scanning will be completed once there is evidence that ovulation has taken place.

## Risks

Clomid is a very safe medication with relatively few contraindications. Women with liver disease should not use Clomid. Clomid should not be given to patients with ovarian cysts, since they may grow larger under the influence of Clomid. A patient who may be pregnant should not take it, although there is no proof of damage to babies.

Some women who use Clomid get blurred vision or other visual symptoms. In these cases, driving and operating machinery may be dangerous. If symptoms persist, treatment should be stopped.

Other side effects include the development of cysts of the ovaries. They usually subside spontaneously after treatment. However, if severe abdominal pain which is much worse than normal cyclical period type pain occurs, you will need to contact your doctor. This pain may be due to hyperstimulation of the ovaries (see next page).

## Patient Information

---

### Obstetrics and Gynaecology

#### Clomifene Citrate (Clomid) - Continued

Other reported side effects are hot flushes, insomnia and irritability.

#### What are the serious side effects of Clomid?

- **Hyperstimulation of the ovaries**

It happens when the ovaries respond excessively to drugs that induce ovulation. The ovaries are enlarged and many large follicles are produced. This will lead to abdominal pain and swelling. In severe cases, there will be retention of fluid in the abdomen and the lungs. It is very unlikely that the severe form of hyperstimulation will occur with Clomid treatment, particularly if monitoring with ultrasound is carried out properly.

- **Multiple pregnancy**

About 6% of Clomid-induced pregnancies will be multiple pregnancy. The vast majority of these are twins, although higher multiple pregnancies (e.g. triplets and quadruplets) can occur rarely. It has to be appreciated that multiple pregnancy carries significantly higher risks compared to singleton pregnancy, e.g. miscarriage, premature labour, bleeding problems, high blood pressure, etc.

- **Putative risk of ovarian cancer**

The association between ovarian cancer risk and prolonged Clomid use remains uncertain. There is no evidence to suggest an increased risk of ovarian cancer when Clomid is used for less than 12 cycles.

#### The role of Clomid in unexplained infertility'

For a woman who has normal spontaneous ovulation, driving the pituitary gland harder with Clomid will not make ovulation any more normal. Current evidence suggests that the treatment of 'unexplained infertility' with Clomid will result in little benefit. If a woman has taken Clomid without becoming pregnant, further investigations or other forms of treatment should be tried.

#### Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

#### Hand Hygiene

In the interests of our patients the Trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Alcohol gel is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Patient Information

---

### Obstetrics and Gynaecology

#### Clomifene Citrate (Clomid) - Continued

##### Other formats

If you require this leaflet in any other format such as larger print, audio tape, Braille or an alternative language, please ask at one of our PALs offices.

If you require interpreting services during your hospital visit please ask a member of staff who will be able to organise this for you via the appropriate department.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

---

---

---

---

---

##### Reference

The following clinicians have been consulted and agreed this patient information:

David Chui (Consultant in Obstetrics and Gynaecology)

Paula Smith (Clinical Matron)

Date Agreed: February 2008

Review Date: Mar 2010

Responsible Clinician: Paula Smith, Clinical Matron