

# Diamond Institute for Infertility and Menopause

*October is the National Infertility Awareness Month*

OCT 2011



**"Hand in Hand with Patients" The Assistance You Require With The Care You Desire,**

Since 1968, The Diamond Institute took upon the mission to educate our patients, the medical community, as well as the general public about infertility.

October is the National Infertility awareness month. We take this opportunity to review some of the common questions patients ask themselves;

### Do I or my partner have infertility problems?

If you have unprotected sex for 1 year then the answer is yes.

### When should I look for help?

If you have been trying to conceive for 1 year. However, if you are 35 years or older you should look for help after trying for 6 months and even sooner if you are 40 years. Some patients may have medical conditions such as Polycystic Ovarian Syndrome, endometriosis, or pelvic surgery affecting fertility and should look for help sooner than later.

### Who can help me?

The best person to consult at first is your OB/GYN or your

primary care physician. They are the ones that know you the best. They can recommend the necessary testing and may refer you to an infertility specialist if needed.

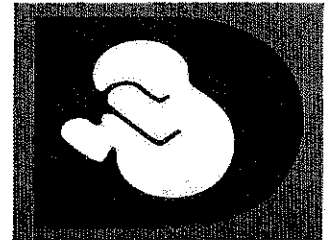
### What are the common causes of infertility problems?

In almost 1/2 of the couples the male partner is part or the solo cause of the problem. About 1/3 of the patients have ovulation problems. About one quarter may have endometriosis or tubal problem and in 5% the infertility is unexplained. Most of the patients have a combination of medical factors listed above.

### What are some of the basic tests we need to have in order to find the reason for our infertility?

The most common tests are:

- Testing the male sperm
- Blood testing of the female hormones
- Hystersalpinogram (HSG) to evaluate the uterus and the fallopian tubes.



### What are the most common treatments?

See Reverse side

### Is it possible that there is no solution for our problem?

In modern infertility we have treatments for all different causes. The question is not can we help the patient?, but more of how far is the patient willing to go.

### Does Insurance cover any of these procedures?

Many patients' insurance may cover diagnostic testing and treatment to include IVF and egg donation. For those that are not covered or partially covered there are different solutions for example, the New Life Insurance program.

### What solution is available for the modern family?

See reverse side

### **Locations:**

89 Millburn Avenue  
Millburn, NJ 07041  
Phone: 973-761-5600  
Fax: 973-761-5100

30 Hatfield Lane  
Suite 105  
Goshen, NY 10924  
Phone: 845-291-1111  
Fax: 845-291-1103

10 Point Finger Road  
Paget, DVD4, Bermuda  
Phone: 441-236-3851  
Fax: 441-236-8949

## **Female Infertility Solutions:**

### **Controlled Ovarian Stimulation (IUI)**

The ovary is stimulated using hormonal formulations for the production of multiple eggs and ovulation timing. Blood work as well as uterine and ovarian ultrasound are used to monitor the cycle. IUI involves selection of the best sperm and inseminating it into the top of the uterine cavity so it can progress and meet the released egg in the fallopian tube.

### **In Vitro Fertilization (IVF)**

When indicated by conditions such as tubal blockage, endometriosis, ovarian dysfunction, male factor, as well as unexplained infertility, eggs are obtained after controlled ovarian stimulation, fertilized, and the formed embryos are transferred back. Egg retrieval and embryo transfers are performed at our center. Extra embryo(s) can be frozen for future transfers. Assisted hatching (the thinning of the embryo capsule) is implemented to enhance conception, based on the patients' needs.

### **Egg Donation:**

A woman who is unable to use her own eggs to conceive a baby may opt for egg donation. This is a very rewarding option due to high success rates as well as reduction of risk for miscarriage and/or genetic malformation. Most of the time, donors remain anonymous; however, donors known to recipients can participate. Diamond Institute prepares each donor and recipient for all clinical processes involved and complies with all current FDA Egg Donation guidelines and regulations.

### **Gestational Carrier:**

An extension of in vitro fertilization, gestational surrogacy refers to an arrangement where a surrogate carries a pregnancy for the intended parents. Diamond Institute evaluates carriers as well as intended parents (medically and psychologically) before initiating any procedures. A legal agreement is established as well.

## **Female Infertility Solutions:**

### **Pre-implantation genetic Diagnosis (PGD)**

The Diamond Institute, in association with genetic institutions, performs embryo biopsies for chromosomal and genetic testing. One embryonic cell is used to detect abnormalities such as Down's Syndrome or Cystic Fibrosis.

### **Male Infertility Solutions:**

#### **Cryo IUI**

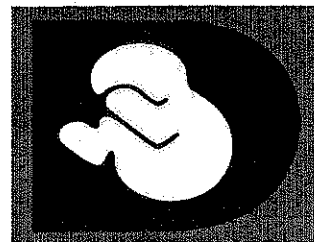
A unique treatment, practiced only in a few centers, including the Diamond Institute, helps couples with male factor infertility achieve a pregnancy without the need for IVF/ICSI. Sperm samples are accumulated and frozen to be used during insemination. The cryopreserved sample will be used later for timed insemination.

#### **Intacytoplasmic Sperm Injection (ICSI)**

The Diamond Institute is among the first in the United States, and the first center in New Jersey to offer ICSI to its patients'. A single sperm is micro-injected into each egg to create embryos for ET.

#### **Testicular Sperm Aspiration for ICSI (TESA)**

The Diamond Institute is among the first centers in the world to successfully offer TESA as a part of male infertility services. TESA is a novel method applied to retrieve sperm from the testicles for IVF by ICSI. It allows us to isolate a single sperm out of testicular tissue removed by biopsy. This is of utmost importance for patients with extremely low sperm production and absence of sperm in the ejaculate (azoospermia). The technique is also helpful for men with surgical or congenital blockage of the vas deferens.



## **Modern Family Solutions:**

There are many options available depending on the patient's needs. Some options include sperm donation, egg donation, and gestational carrier.

### **Navigating the road of infertility information**

We live in an era of Internet, social networking, and proliferation of Hollywood movies dealing with infertile couples, single parenthood, and modern family.

Some of our patients feel overwhelmed from "Too much" information.. Today, just by opening the Internet and goggling "infertility" it looks as everyone has infertility problems.

Understanding our patients' needs, walking hand in hand with them through their difficult and happy moments we keep our mission for excellent patient care blended with education and emotional support.