



# Ovarian Hyperstimulation Syndrome (OHSS) Page 1 of 3

## What is Ovarian Hyperstimulation Syndrome?

Ovarian Hyperstimulation Syndrome (OHSS) is a complication that can sometimes occur with gonadotropin medications, which are used in fertility treatments such as superovulation and IVF. These drugs are used to stimulate the ovaries to produce more than one mature egg. OHSS occurs when the ovaries over-respond to this medication and produce too many eggs. OHSS occurs in about 3-5% of treatment cycles. Women with Polycystic Ovarian Syndrome (PCOS), women under 30 years of age, or women with a history of OHSS are at the greatest risk of developing OHSS. Women who are developing a large number of follicles (seen on ultrasound), or who have a high blood level of estrogen are at risk for developing OHSS.

## What are the symptoms of OHSS?

There are several degrees severity with of OHSS.

It is not uncommon for women to experience mild symptoms of OHSS, which include:

- Abdominal bloating
- Pelvic/abdominal discomfort
- Nausea

In some women, OHSS may become more severe, resulting in the following symptoms:

- Severe discomfort
- Severe bloating
- Nausea and vomiting
- Diarrhea
- Dizziness
- Shortness of breath
- Generally feeling unwell

### **Aurora Reproductive Care**

River Centre, 4th Floor  
405 - 475 2nd Avenue South, Saskatoon, SK S7K 1P4

t: 306 653 5222 f: 306 653 5200

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## Why are we concerned about OHSS?

OHSS can cause severe dehydration if left untreated. This can lead to serious complications such as kidney failure, other organ failure and blood clot formation. The enlargement of the ovaries can cause the ovaries to twist and cut off their blood supply. This requires emergency surgery for removal of the ovary. The most severe cases of OHSS may require intensive care admission, or could even lead to death.

## How is OHSS treated?

OHSS can be very serious if left untreated. Women undergoing fertility treatment are monitored carefully for any risk factors and/or signs of OHSS so that it can be diagnosed early and treated appropriately.

Most women with mild to moderate OHSS can stay at home with rest, lots of fluids and frequent monitoring by the physicians and nurses. Sometimes the fluid in the abdomen needs to be drained. This may be done through the vagina.

In more severe forms of OHSS, hospital admission may be required for as long as 1-2 weeks. Rehydration with IV fluids, drainage of the fluid in the abdomen with a drain placed in the abdominal wall, and close monitoring are often required during hospital admission. The blood may become thick leading to blood clots, so medications may be given to reduce the chance of this occurring.

OHSS resolves spontaneously, usually 2-3 weeks after it develops. The treatments are intended to maintain hydration and comfort while it gets better on its own.

## How can OHSS be prevented?

The signs of OHSS are monitored during fertility treatments. The physician may recommend certain measures, such as changes or the addition of medications, to reduce the risk and severity of OHSS. Often, single embryo transfer will be recommended as OHSS is worse if a twin pregnancy occurs. In very rare circumstances, the risk of severe OHSS may be so high that your doctor may recommend that the cycle be cancelled (i.e. no egg retrieval), or that the embryos all be frozen, and transferred at a later date, since pregnancy can make OHSS worse.

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## What should you watch for?

The following symptoms may indicate that OHSS is developing:

- A weight increase of over 5–7 lbs
- Nausea or vomiting
- Increased bloating (if you have been told to do daily waist measurements, an increase of 4–5 cm or more)
- Difficulty breathing or pain on taking a deep breath
- Diarrhea
- Increasing abdominal pain or discomfort
- Reduced urine, or very concentrated urine (i.e. dark yellow, strong-smelling)

If you develop any of these symptoms, or if you are worried at all, call the clinic at (306) 653-5222 or go immediately to the closest emergency department.

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