

International Conference on **HEPATITIS**

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International Conference on **GYNECOLOGY AND OBSTETRICS**

October 29-30, 2018 | Amsterdam, Netherlands

Empty follicle syndrome

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The magnitude of the problem, he's focused on empty follicles always facing the IVF specialist at the end of ivf procedures and so all financial factors has been spent and so prediction and management of such cases will prevent loss of the cycle and its impact on the patient and subsequently losing a huge budget.

Types: Genuine EFS due to failure to retrieve oocytes despite optimal hCG surge and so will not respond to rescue protocol. False type which occurs due to presence of low hCG level due to an error in the administration or bioavailability of hCG.

Prevention: Prevention of such cases is done by assessment

of serum HCG the day after the trigger and if hCG concentration is < 100 mIU then second bolus of hCG should be given then reschedule OR 24 to 36 hours later.

Management: If the patient doesn't get any eggs after flushing three mature follicles so stop the procedure ensure the patient has taken the trigger injection at the right time rapid home pregnancy test if it is positive this rolls out diagnosis of empty follicle syndrome and so proceed in egg collection. If pregnancy test is negative this will confirm his diagnosis of empty falcon syndrome so stop the procedure leave the rest of the follicles intact will the patient out of operative room give the patient an addition of those of which imagery injection to support follicular growth.

Biography

Waleed Hamed Abdelbaky Aboelela has completed his MD degree in 2017 from Al Azher university hospitals. Also he has spent about 4 years for training at ART unit of the international Islamic centre for population studies and research University. Now he is acting as the medical director of Alnile IVF centre and Almerly centre for IVF and Advanced Endoscopic surgery. He also serves as a Lecturer of obstetrics and gynecology department and Director of endoscopy unit at Alazher university hospital (Assiut).

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