



Fertility and Pregnancy Care after Cancer Treatment

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Fertility refers to easy conception or the right to have young children. For women, fertility means that they can get pregnant through normal sexual activity, which can take the baby away during pregnancy. A person's fertility depends on whether his reproductive organs are working properly and other factors, such as when and where sex occurs, how often one-time hormones occur, certain hormones, and whether the partner has any fertility problems. When a private person is unable to have children, it is usually called infertility or infertile. For women, infertility may mean that they are unable to urge them to get pregnant through normal sexual activity, or that they have trouble giving birth during pregnancy. If normal sexual activity is after 12 months or more, or if the woman is 35 years old, after 6 months, doctors generally think that a person cannot get pregnant, they generally think that they are infertile. Fertility problems can also be called reproductive problems or changes. This happens when the level of certain hormones is abnormally low or high, or the sex organs are removed or not working properly. Some people can never be sure why they have fertility problems.

Many experts believe that stress and anxiety will cause changes in infertility. Cancer treatments may affect your fertility cancer treatments are important to your future health, but they can damage your reproductive organs and fertility control glands. Changes in fertility may even be temporary or permanent. Contact your medical team to seek treatment expectations:

- Chemotherapy (especially alkylating agents) can affect the ovaries, causing them to stop releasing eggs and estrogen. This is commonly referred to as primary ovarian failure (POI). Sometimes POI is temporary, and menstrual periods and fertility will be restored after treatment. At other times, the damage to the ovaries is permanent and fertility will not be restored. You will experience hot flashes, night sweats, irritability, vaginal dryness, and irregular or non-menstrual periods. Chemotherapy can also reduce the number of healthy eggs in the ovaries. Women who are close to the age of natural menopause may have a higher risk of infertility. The National Institute of Child Health and Human Development (NICHD) have more information about primary ovarian failure.

- Radiotherapy to or near the abdomen, pelvis, or spine may damage nearby reproductive organs. Certain organs, such as the ovaries, can usually be protected with an ovarian shield or through tubal dilation, which is a method of surgically removing the ovaries from the irradiated area. Radiation therapy to the brain can also damage the pituitary gland.

This gland is important because it instructs the ovaries to produce hormones (such as estrogen) needed for ovulation. The amount of radiation and therefore the area around the body treated play an important role in affecting fertility.

- Surgery for cancer of the reproductive system and cancer in the pelvic area can damage nearby reproductive tissues and cause scarring, which affects fertility. The size and location of the tumor are important factors that affect fertility.

- Hormone therapy (also called endocrine therapy) used to treat cancer can interrupt your cycle, which can affect your fertility. Side effects depend on the precise hormone used, including hot flashes, night sweats, and vaginal dryness.

- Bone marrow transplant, peripheral blood nutrient cell transplant, and other nutrient cell transplants involve receiving high-dose chemotherapy and / or radiation therapy. These treatments can damage the ovaries and cause infertility.

- Other treatments: Talk to your doctor to find out whether other types of treatments (such as immunotherapy and targeted cancer treatment) will affect your fertility. Some chemotherapeutic drugs are more likely to affect the reproductive organs than other chemotherapeutic drugs. The drugs with the highest risk are cyclophosphamide (Cytoxan), lomustine, ifosfamide, procarbazine, busulfan and melphalan. Other drugs such as vincristine and methotrexate are unlikely to damage fertility.

Many of these drugs can also interrupt a girl's menstruation and/or cause premature aging in menopause (when menstruation stops completely). Radiation therapy may damage the testicles or ovaries. Radiation concentrated on or near the pelvic area, abdomen, spine and/or the entire body can damage sperm or eggs. In addition, radiation to the abdomen, pelvic area or the entire body will affect the function of the uterus, making it difficult to get full-term pregnancy. It can also stop menstruation in girls or reduce sperm count and vitality in boys (the way sperm moves). These problems can even be permanent or can be eliminated after treatment. Radiation to certain areas of the brain can also affect fertility. Surgery for cancer involving reproductive organs may mean that doctors must remove the area around these organs to urge removal of the cancer.

During adolescence the balls begin making sperm, and they regularly will continue to do as such for the remainder of a man's life. Certain chemotherapy drugs given during adolescence, be that as it may, can harm gonads and influence their capacity to create sperm. Specific sorts of chemotherapy further down the road can likewise influence sperm creation. Cells begin as posterity of different cells that have partitioned. At the point when cells are new, they are juvenile and not working completely. Chemotherapy (chemo) works by murdering cells in the body that are partitioning rapidly. Since sperm cells partition rapidly, they are an obvious objective for harm by chemo. Perpetual fruitlessness can result if every one of the youthful cells in the balls that separation to make new sperm (spermatogonial foundational microorganisms) are harmed to the point that they can presently don't deliver developing sperm cells.

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