

# Conceivable

REPRODUCTIVE RESOURCE CENTER

20 years of Innovation

Rodney Lyles, M.D. • Celeste Brabec, M.D.

June 2009

## Multiple Pregnancy Risk with Fertility Treatment

The recent controversy over Nadya Suleman, dubbed “Octomom” by some, has spurred debates locally and nationally over the issue of high order multiple pregnancies. As a result, several states, including Missouri and Georgia, are bringing forth legislation to propose limits on number of embryos that may be implanted by fertility clinics.

We at RRC support any means, legislative or otherwise, that can help reduce the risk of higher order multiple pregnancy. The issue of legislation is difficult, however, as it brings the possibility of government involvement in individual couples’ reproductive lives.

As for us at RRC, any potential Bill that might pass would not change a thing about how we practice now, nor how we have practiced over the last 10 years. We have, for more than 10 years, been pioneers in the technique known as day 5 blastocyst transfer, and have published and lectured both nationally and internationally on this topic. This advanced technique results in very high pregnancy rates while at the same time very low high order multiple pregnancy risk. The belief by some couples that they must take the risk of high order multiple pregnancies to achieve a good chance of success is absolutely false.

Based on the most recent national data, and for the last 10 years (check the facts, see the stats at SART.org), RRC’s pregnancy data confirms that our pregnancy rates rank well above national averages, while transferring a very low number of embryos (average 1.8). We feel strongly this is in no way hurting a couple’s chance to conceive, and is responsible, ethical, state of the art fertility care, maximizing BOTH superior pregnancy rates and optimal outcomes for moms and their babies at the same time. IVF is not a means of creating multiples; IVF is a way to reduce them.

## “Lunch and Learn” or “Bagel Briefing” *Your Choice!*

Interested in learning about infertility? Having trouble sorting out which diagnostic tests make the most sense? Which treatments are best? When to refer? Medicine is becoming so specialized, it is often difficult in today’s busy practice to keep up.

We will come to you! Let us know which you prefer – *Lunch and Learn* or *Bagel Briefing* - and we will arrange a date and time to come to your office with a light snack for a brief review.



Available topics include “*Unexplained Infertility*”, “*PCO*”, “*IVF*”, “*Donor Eggs and Donor Sperm*”, “*Fibroids*”, or choose the topic of your choice

and/or we can take questions from your doctors, nurses or staff.

30-45 minute time slots are available in the 7:30 to 9:00 a.m. time frame or 11:00 a.m. to 1:00 p.m. time frame.

This is a great way for a no fee, no obligation opportunity to help you help your patients! Call our Business Manager, Toni Clark, at 913-894-2323 for more information.

## Super Docs



Both of our Board Certified Reproductive Endocrinologists, Dr. Rodney Lyles and Dr. Celeste Brabec, were voted *Super Docs* in Reproductive Endocrinology and Infertility for 2008-9.

They were honored at the annual banquet on February 4, 2009 in downtown Kansas City. Congratulations Super Docs!

# RRC Staff

## **Board Certified Reproductive Endocrinology**

Rodney Lyles, M.D.  
Celeste Brabec, M.D.

## **Scientific Laboratory Director**

Michael Wilson, Ph.D.

## **Business Manager**

Toni Clark

## **Embryologists**

Kathy Hartke  
Michelle Kiehl

## **RRC Support Staff**

Mary Ellen Bulmash, PA-C  
Marci Hodge, RN  
Amy Miller, MA  
Brandi OudeAlink, WHNP  
Tari St. Clair, LPN  
Aimee Turney, ARNP  
Margaret Vogt, WHNP

## **Laboratory Staff**

Brenda Bowen  
Jonetta Rodgers

## **Office Staff**

Barbara Day  
Wanda Dvorak  
Teri Karrer  
Carol Reese

Website: rrc.com  
Reproductive Resource Center  
is open from 7:30 a.m. to 4 p.m.  
Phones are answered Monday  
through Friday, 8 a.m. to 4 p.m.  
Calls received during off-hours  
are returned as soon as possible.  
If you have inquiries pertaining  
to any urgent issues, please call  
913 894-2323.

Every effort will be made to  
have the appropriate individual  
answer your question.

Editor of Conceivable Newsletter  
is Celeste Brabec M.D.

## Featured Employee: Brandi Oude Alink, WHNP



Brandi Oude Alink is a Certified Women's Health Nurse Practitioner and one of RRC's IVF Nurse Coordinators. She joined RRC in 2003 and has been instrumental in the lives of all of our patients who are undergoing IVF! Her passion for the field of fertility and women's health began in graduate school, and she takes great pride and satisfaction in her work. She is responsible for scheduling IVF consultations, orchestrating IVF calendars, teaching medication administration for IVF protocols, and virtually all issues related to ART. Brandi is a Mizzou fan and enjoys scrapbooking and baking in her spare time.

## Recent Meetings and CMEs attended by RRC Staff

### February 2009

*Kansas City Gynecological Society Quarterly Meeting*  
Overland Park, KS  
Celeste Brabec, M.D.

### December 2008

*Midwest Fertility Nurse Association Meeting*  
Kansas City, KS  
Brandi OudeAlink, WHNP and Marci Hodge, R.N.

### November 2008

*Kansas City Gynecological Society Quarterly Meeting*  
North Kansas City, Mo

**Sponsored by:** Reproductive Resource Center of Greater Kansas City  
**Speaker:** Celeste Brabec, M.D.

**Guest Speaker:** Thomas Poole, Ph.D., Fertility Center of San Antonio  
"Advances in Embryo Culture Techniques"

### November 2008

*American Society for Reproductive Medicine 41st Annual Meeting*  
San Francisco, CA

Marci Hodge, R.N., Toni Clark, Business Manager,  
Michael Wilson, Ph. D. and Celeste Brabec, M.D.

### Oct 2008

*Organon Nurses Fertility Education Series*  
Olathe, KS

**Speaker:** Celeste Brabec, M.D., "Recurrent Pregnancy Loss"  
Brandi OudeAlink, WHNP, Marci Hodge, R.N., Mary Ellen Bulmash, P.A.-C

# Teaching Pearls

## Management of Uterine Fibroids

**M**yoimas are the most common pelvic tumor in women, occurring in 20% of women of reproductive age. Peak occurrence is in women between 40 and 45 years of age. Sorting out when to leave fibroids in place, and when to remove them, can prove difficult.

Uterine myomas traditionally are classified as being submucosal (beneath the endometrium), intramural (centered in the muscular wall of the uterus) or subserosal (beneath the uterine serosa). While many are asymptomatic, one third of women with myomas report abnormal uterine bleeding.

The relationship of myomas to subfertility is not well understood. Myomas can also be related to recurrent pregnancy loss. For fertility purposes, indications that make one consider myomectomy include:

1. Any submucosal fibroid(s), as these may compromise endometrial function by interfering with implantation and cause inflammation compromising fertilization much like an IUD

2. Intramural and subserosal fibroids that exceed 3cm, or of any size which impinge upon or distort the endometrial lining
3. Fibroids of sufficient size, location and number to cause pain, abnormal bleeding or other symptomatology.

Evaluation of other possible causes of male and female infertility (including evaluation of sperm, ovarian function/reserve and tubal factor), as well as other possible causes of recurrent pregnancy loss and abnormal uterine bleeding should be performed PRIOR to myomectomy. Patients should be counseled that cesarean section prior to the onset of labor with all future pregnancies will likely be necessary after intramural myomectomy.

Pre-operative evaluation of fibroids should include transvaginal sonography and possibly MRI to confirm sizes and locations. Hysterosalpingogram can evaluate both the endometrial cavity and fallopian tubes. Sonohysterography can evaluate the cavity.

It is critical to know exact location of fibroids so that the best

approach – abdominally or hysteroscopically – can be chosen. Hysteroscopic resection of a fibroid(s) should be reserved for those that lie wholly within the cavity. When half or more of the fibroid lies intramurally, laparotomy-myomectomy is a better approach when the goal is complete resection. Following a laparotomy-myomectomy, it is recommended patients NOT become pregnant for 3 months to allow the uterus to heal. (Patients who have had wholly submucosal fibroids removed hysteroscopically should wait at least 1 month). Following that time, however, patients are encouraged to proceed rapidly with trying on their own or fertility treatments, as new fibroids can grow in time.

For a consultation with one of our Board-Certified Reproductive Endocrinologists, Call (913) 894-2323.

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## emailable

If you prefer to have *Conceivable* emailed to you in the future instead of mail, please drop our Business Manager a quick email to notify us of that change, [tclark@rrc.com](mailto:tclark@rrc.com)

If you have a topic you would like to see discussed, please email your ideas to [tclark@rrc.com](mailto:tclark@rrc.com).

**NEW**

### Multi-Cycle Discount Program

This new plan reduces the cost per cycle in the event your patient needs more than one IVF cycle to achieve success.

Call (913) 894-2323 or come see us for details!

*Just  
Released*

2007 National  
IVF Center SART  
Pregnancy Report

See [SART.org](http://SART.org)

Take a look to see  
why you should  
choose Reproductive  
Resource Center

Also visit [rrc.com](http://rrc.com)

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Reproductive Resource Center  
12200 W. 106th St., Suite 120  
Overland Park, Kansas 66215

## Choose RRC for your patients with infertility needs. **Here's why:**

- RRC is the only regional fertility center where all doctors are Board Certified in Infertility AND all doctors were voted "Super Docs" by other doctors in the metro area.
- RRC is the ONLY center in the region to offer on-site embryo biopsy for pre-implantation genetic diagnosis with a full-time Ph.D. Embryologist Laboratory Director on-site.
- RRC was the first center in the region to offer ICSI, a donor egg program, blastocyst transfer and blastocyst freezing.
- RRC does more cycles per year than all other programs in the metro area combined, and has done so for the past 20 years.
- RRC has an excellent national reputation, and has been consulted to help other programs throughout the country when they are having difficulties.
- RRC staff have published and presented scientific data on our revolutionary techniques both nationally and internationally.
- RRC has the most experienced, most highly educated staff in the metro area.
- RRC just celebrated our 20th Anniversary.
- RRC has some of the highest pregnancy rates and lowest high order multiple rates in the country, right here in your backyard.

**Learn the facts, check the stats.**