

WholeLife Authentic Care

What to Expect with NaProTECHNOLOGY Evaluation Overview

At WholeLife Authentic Care, we work with patients to evaluate a multitude of conditions, like underlying causes of infertility, menstrual cramps and chronic pelvic pain, premenstrual syndrome and premenstrual dysphoric disorder, ovarian cysts, abnormal uterine bleeding, polycystic ovarian syndrome, repetitive miscarriage, postpartum depression, hormonal abnormalities, and chronic discharge. This handout is intended to give you an overview of what you may expect during an evaluation with us. Sometimes all the information that you receive is overwhelming. Our hope is that by having some of the routine procedures in writing, this process will be simplified. This is intended to be a general guideline for you since individual circumstances will vary.

Natural Family Planning (NFP) and Fertility Awareness Based Methods (FABMs)

There are many different ways to chart your menstrual cycle. The physicians at WholeLife Authentic Care can evaluate any type of charting you bring to your appointment. For fertility evaluations and/or certain medical issues, we require charting with the Creighton Model FertilityCare System (CrMS). This standardized system is based on charting of the cervical mucus and is taught by trained FertilityCare Practitioners (FCPs). Classes are available at our FertilityCare Center. Please see our brochure to learn more about CrMS classes. You must have 6-8 weeks of CrMS charting completed prior to your first fertility appointment.

CrMS is used to identify various biomarkers and is employed as a diagnostic tool. Physicians evaluate CrMS charts and then employ NaProTECHNOLOGY techniques to identify and treat the root cause of disease. Evaluations such as hormone panels and sonograms are timed to the CrMS chart, specifically targeted to various times in the menstrual cycle. Medical and surgical techniques are applied to then address the underlying condition in the body, working cooperatively with the reproductive system and not against it. We strive to heal the body and improve overall health function which helps to improve the reproductive system at the same time.

Previous Records

Please arrange to have the following medical records sent to our office for review: OB/GYN office visit notes, hormone lab results, operative reports from OB/GYN surgeries, sonogram (ultrasound) results, and hysterosalpingogram (HSG – tubal dye study) results. An imaging disc of the sonogram and HSG results can be very helpful to us. If you have previously worked with a NaProTECHNOLOGY provider, it is important for us to obtain information from them. Medical records can be sent to our clinic via mail or fax. We cannot accept any records via email due to lack of security. We ask that these records arrive, along with your completed Patient History Form and copy of your Creighton Model chart with at least 6-8 weeks worth of charting prior to scheduling your appointment.

Hormone Profile

The hormone profile is timed to your CrMS chart and gives us information pertaining to your specific menstrual cycle. We will provide you with all lab orders and lab location information. Some labs can be drawn within our office. We will provide you additional information for the hormone profile once we know what labs you need. Once all hormone lab results have

been received, we will review them and provide specific recommendations for you. Depending on what labs are ordered, the results may take several weeks to be completed and reviewed.

Seminal Fluid Analysis

This analysis provides information regarding the quantity and quality of the male sperm. The seminal fluid analysis is collected during a natural act of intercourse using a perforated seminal fluid collection device. We use ReproSource Lab to complete this test. A testing kit can be purchased at the clinic and costs \$15 per kit. Once all results have been received, we will review them and provide specific recommendations.

Ovarian Cyst Evaluation

The ovarian cyst evaluation (OCE) is a series of sonograms (ultrasounds) to evaluate ovulation in order to determine if it is normal or abnormal. Another term or phrase that is sometimes used to describe this is follicular sonograms or series. The sonograms are timed to the CrMS chart. A baseline sonogram is generally done between cycle days 5 and 10, and the rest of the sonograms are timed to peak type mucus and peak day (based on the CrMS chart). A baseline sonogram evaluates the cervix, uterus, and ovaries. This sonogram can tell us if an abnormality exists in these areas. Not all diseases can be found with a sonogram. As peak day and ovulation approach, we can monitor the developing follicle. We track the follicle, monitoring its maturation and ovulation, ensuring a corpus luteum is formed. If ovulation is deemed to be abnormal, specific treatments can then be recommended based on the ovulation defect. The ovarian cyst evaluation can be done at the same time as the hormone profile if desired. Additional tracking with sonograms is needed if patients are treated with timed hCG triggers to help them ovulate. The number of sonograms needed for hCG trigger shots tends to be less than the first ovarian cyst evaluation. Sonograms can be performed in our clinic with a trained sonographer.

Selective Hysterosalpingogram

This test allows the uterus and tubes to be evaluated and is different than the standard hysterosalpingogram (HSG) or tubal dye study. With the selective HSG, a special catheter is placed directly into the internal opening of the fallopian tube. Dye is injected, and structures are visualized using fluoroscopy (x-ray). Each tube is tested separately for pressure and patency. If the pressure is high inside the tube, the tube can be cleared with a very small wire to open it back up. By testing the pressure, we can determine if a partial or complete blockage is occurring and locate the blockage. The uterine shape is also evaluated during this procedure. This procedure can be done during surgery (while under general anesthesia) or in the outpatient x-ray suite (while using local anesthesia). Even if a normal HSG or tubal dye study was done in the past, the selective HSG provides more in depth information and treatment options.

Hysteroscopy and Laparoscopy

Surgical evaluation is important for patients experiencing conditions like abnormal uterine bleeding, painful menstrual cramping, heavy menstrual bleeding, irregular cycles, and ovarian cysts. These are just a few examples of conditions in which surgery may be recommended. Every patient is different and has unique circumstances that determine when and if surgery is a good choice for them.

A hysteroscopy is an outpatient procedure with general anesthesia that evaluates the uterus and cervix. The uterus size, shape, and cavity are evaluated for any abnormalities, and the cervical canal is examined as well. Biopsies and cultures may be completed based on the patient situation and can be done at the same time as the hysteroscopy. If abnormalities are noted, most can then be addressed at the same procedure.

A laparoscopy is also an outpatient procedure with general anesthesia that evaluates all structures in the pelvis and abdomen. Small incisions are used, and carbon dioxide gas is instilled in the abdomen to allow surgery to be completed. Near contact laparoscopy is used to find abnormalities and is necessary to diagnosis such conditions as endometriosis. Other conditions like adhesions (scar tissue), polycystic ovaries, uterine and tubal abnormalities, and bowel and liver conditions may be found during surgery as well. Depending on what abnormalities are found, additional surgery with robotic assistance may be needed at a later date if the condition is very advanced. Endometriosis is treated with excision using a laser in order to achieve the lowest recurrence rate possible. If mild or moderate endometriosis is found, this can usually be treated at the first laparoscopy. If severe endometriosis is noted in addition to severe adhesions (scar tissue) or bowel involvement, additional surgery with robotic assistance is likely needed. Additional surgeons are then used to treat any endometriosis on the bowel or diaphragm, for instance. Specific adhesion prevention measures are used for all surgeries in order to lower risk of adhesions (scar tissue).

Surgery is generally timed to the menstrual cycle and scheduled between cycle days 5 and 15 (the pre-ovulatory part of your cycle). Not all patients will be able to schedule on these days, but we work with each patient's individual situation. A pre-operative sonogram (ultrasound) is done between cycle days 5 and 10. This is helpful for us to prepare for your surgery. A pre-operative visit must be completed within 30 days prior to surgery. A post-operative visit and comprehensive review is scheduled for 2 weeks after surgery. Our surgery scheduler will be assisting you during this time. You will receive additional information regarding surgery preparation and post-operative care. If you are traveling from out of town, you will receive additional information from us as well. Do not hesitate to contact us for questions or concerns.

If surgical procedure codes are needed for insurance purposes, please let us know, and we will provide you with the appropriate codes. This can generally be done when you have your initial visit at our clinic.

Medications

You may be prescribed medications to address hormonal abnormalities, ovulation defects, vitamin deficiencies, and other conditions. Our nurses will work with you to develop a medication management plan since most of the medications are timed to your cycle and come with specific instructions. It is important to take the medications as prescribed. Some medications can be prescribed through the regular pharmacy, while other medications come from compounding pharmacies. Please contact the office for refills using phone or the patient portal. Please allow a minimum of 48 hours for refill requests to be completed.

Pregnancy Tests

If you reach peak + 16 on your Creighton Model chart and menses as not yet started, please take a home urine pregnancy test. If using post-peak hCG, a blood serum pregnancy test is needed – please do not take a home urine pregnancy test since this will not be accurate for you. Please call the office with a positive pregnancy test result or if you need a lab order or blood draw. Progesterone monitoring is important for women with fertility concerns, history of miscarriage, history of preterm delivery or preterm contractions, history of premenstrual syndrome, and known low progesterone levels. We can monitor your progesterone and prescribe bio-identical progesterone during pregnancy based on NaProTECHNOLOGY protocols. At the time of a positive pregnancy test, progesterone support may be initiated and may continue through most of the pregnancy. The earlier the progesterone is started, the more effective it will be in maintaining a healthy pregnancy.

Questions

Please call the clinic at 817-838-5433 or use the electronic patient portal for any questions or concerns. The portal is a great way to communicate securely and allows you to receive lab results and recommendations from us with ease. If you have an urgent question or concern, please call the clinic. If you have a medical emergency, please call 911 for assistance.