Administering Ovidrel or hCG Trigger for Ovulation Induction and IVF

Goal:
Proper timing, mixing, and administration of Ovidrel or hCG for ovulation “trigger”

Protocols:
Ovidrel is used in almost all ovulation induction, superovulation, and some in-vitro fertilization (IVF) treatment cycles. Ovidrel is a recombinant human chorionic gonadotropin (r-hCG) that works to trigger the developing eggs to complete maturation and, eventually, ovulation. Ovidrel (250 mcg) comes in a premixed syringe ready to administer and is given subcutaneously.

Human Chorionic Gonadotropin or hCG is most often prescribed in in-vitro fertilization (IVF) treatment cycles. It is a hormone that is very similar to luteinizing hormone, or LH, in its action and structure. Both LH and hCG trigger developing eggs to complete maturation and, eventually, ovulate. The trade names for this drug include Pregnyl and Novarel. hCG is given intramuscularly.

After using gonadotropins (FSH, Gonal-F, Follistim, etc.) to develop your eggs, Ovidrel or hCG must be given in order to accomplish the final steps in egg maturation prior to either ovulation or successful egg retrieval for IVF.

When your team has determined that you are ready for “triggering”, you nurse will call you with the proper time for administration of the Ovidrel or hCG. In the case of IVF, administering this drug at the correct time is extremely important. Egg retrieval will be performed 36 hours after the injection. There is more flexibility for other types of cycles, such as IUI. With IVF we need to be more precise in the timing to minimize the likelihood of loss of eggs by ovulation too early or underdeveloped eggs by retrieval before 36 hours of exposure to hCG.

Ovidrel (premixed and ready to administer) is injected subcutaneously with a ½ inch needle in the abdomen or thigh.

hCG is administered as an intramuscular injection for IVF cycles and as a subcutaneous injection for ovulation induction/IUI cycles. For IVF cycles, 10,000 IU of the powder should be diluted in 1.5 to 2 cc of diluent and injected with a 1.5 inch needle. The injection may be given in the buttock or self-administered in the thigh. Occasionally for IUI cycles, hCG 10,000 IU may be prescribed and is diluted with 1cc diluent and given subcutaneously in the abdomen or thigh. Your nurse can review proper technique with you if you have any questions.
Common Questions and Answers:

Q. Do I have to mix the Ovidrel?

A. No, the Ovidrel comes in the proper dose (250 mcg), in a premixed syringe, and is ready to administer subcutaneously in your abdomen or thigh.

Q. The vial of liquid used to mix the hCG powder has 10 cc of fluid. What do I do with the rest after using the 1-2 cc to mix with the powder?

A. You can throw out the remaining 8–9 cc of fluid after taking out the 1-2 cc. It is only the 1-2 cc which is mixed with all the powder that is used for actual injection. The rest of the fluid without powder is extra.

Q. How much diluent (fluid) do I need to mix the hCG?

A. You should use 1 cc for the subcutaneous injection and 2 cc of fluid for the intramuscular injection. The exact amount is not critical as long as all of the powder is dissolved and as much of the mixture of diluted powder as possible is injected.

Q. Are there other names for hCG?

A. As long as the medication says “chorionic gonadotropin 10,000 IU”, you have the correct medication, regardless of the label. Pregnyl and Novarel are the other brand names, but generic “chorionic gonadotropins 10,000 IU” is also fine.

Q. Some fluid leaked out after injection, is that okay?

A. Some small amount of leakage is common and perfectly normal.