

THE MIRACLE OF LIFE

THE ACCLAIMED OBSTETRICIAN, ENDOSCOPIC
SURGEON-GYNECOLOGIST, DR. STEFANOS
CHANDAKAS, SHARES WHAT EVERY YOUNG COUPLE
WOULD LIKE TO KNOW ABOUT INFERTILITY. AS HE
MENTIONED, SOLUTIONS ARE AVAILABLE DUE TO
ADVANCED METHODS OF TREATMENT.



Firstly, explain to us the meaning of the term infertility.

This term describes the inability to conceive a fetus. Primary infertility is the term used when a couple has difficulty conceiving for the first time, i.e. gestation has not been achieved in the past. When a couple has procreated at least once and has difficulty achieving another pregnancy, the term secondary infertility is used.

What percentage of couples presents an infertility problem and when should they begin to worry about the delay in having a child?

It is considered that a couple has an infertility problem if they try to conceive for one year without success. About 60% of couples conceive within six months of contraceptive-free sexual intercourse while 20% succeed within 18 months of trying. However, approximately 30% of couples that are at a reproductive age present an infertility problem. In 50% of these couples, a problem is found in the man or the woman that can be treated or corrected, while in the remaining 10% the cause for infertility cannot be found or the cause is unknown (idiopathic infertility). Consequently, there is no reason for a couple to worry if one year of trying has not passed yet.

What are the causes of infertility?

The causes for infertility are many and varied and include ovulation disorders, blockage of fallopian tubes, endometriosis, fibroids, polyps, abnormal anatomy of the fallopian tubes and ovaries due to previous surgery, oligospermia or absence of sperm (aspermia) and autoimmune disorders (antibody production) of both the man and woman. It is a fact that many of these causes are beyond the control of women.

Does a couple's lifestyle affect fertility?

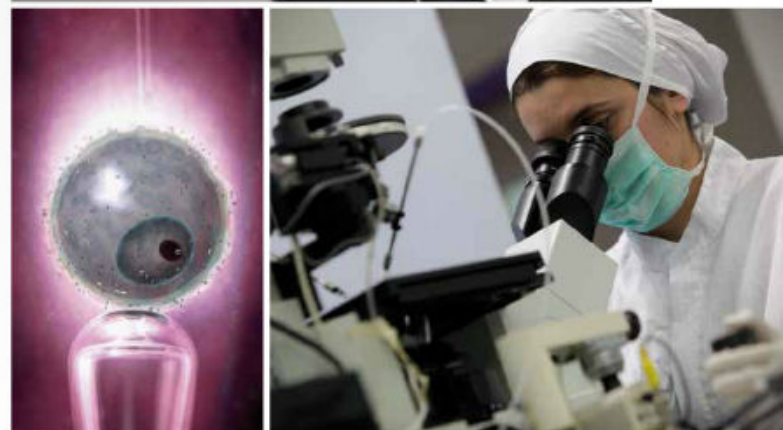
Lifestyle and nutrition both play a role in decreased fertility. It is a good idea, therefore, for both men and women to improve their lifestyle when trying to conceive, by making a few changes. For example, being overweight or extremely underweight decreases fertility in women as the secretion of pituitary hormones that affect the functioning of the female reproductive system is disrupted. Therefore, it is a good idea for body mass index to be below 25 but above 17 for women trying to conceive. Additionally, smoking, the use of medication and toxic substances, and excessive alcohol and coffee consumption has been tied to low sperm quality for men and a decrease in female fertility. A woman trying to conceive should not consume more than four alcoholic beverages per week and more than one coffee per day. Finally, extreme fatigue and stress are associated with decreased fertility. For this reason, it is preferable for women to choose mild forms of exercise (e.g. walking) to improve physical condition, without overdoing it, and to find relaxing habits to enjoy on a regular basis (e.g. massages).

How can it be determined if a couple has an infertility problem?

As I mentioned previously, if the one-year period of trying has passed, the doctor will recommend specific hormonal blood exams to the woman, and at the same time the man's sperm will have to be examined. Aside from blood work, it is most likely that more exams will follow, such as hysterosalpingography, hysteroscopy and laparoscopy with dye test compatibility. The gynecologist will explain



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the role of each of the examinations and based on the results, the appropriate method of conception will be determined, if there are indeed infertility problems.

How is infertility dealt with today?

Treatment options involve ovulation induction, surgical interventions to restore patency of the fallopian tubes, to restore the normal anatomy of the pelvic organs, treatment of endometriosis, artificial insemination with the partner's sperm (IUI) or a donor's (IUD), in vitro fertilization (IVF), ICSI treatment as well as egg donation and sperm donation treatments.

Explain to us in a little more detail the methods of assisted reproduction.

The treatments include: In vitro fertilization (IVF), ICSI treatment as well as egg donation and sperm donation treatments, during



APPROXIMATELY 30% OF COUPLES THAT ARE IN THE REPRODUCTIVE STAGE OF THEIR LIFE PRESENT INFERTILITY PROBLEMS.

A COUPLE IS CONSIDERED TO HAVE INFERTILITY PROBLEMS IF AFTER ONE YEAR OF TRYING IT HAS NOT BEEN SUCCESSFUL.

Bio: Dr. Stefanos Chandakas is an infertility gynecologist and laparoscopic / robotic surgeon, a graduate from the Medical School of the University of Athens. He was trained in England and the United States in obstetrics, gynecology and laparoscopic / robotic surgery. For the past seven years he has been working in London as a consultant at the Princess Royal University Hospital of London, one of the youngest in the British National Healthcare System. At the same time he works as a consultant at the University of Athens, at Attikon Hospital and as a specialist consultant at Mitera maternity hospital and Hygeia hospital. He has been an honorary chair and lecturer in hundreds of international meetings over the past years for issues of infertility, laparoscopic and robotic surgery.

which eggs are taken from the woman's ovaries and together with her partner's sperm are placed in a special dish (shallow well) in the laboratory. Then, the embryos that form from the fusion of the egg and sperm are transferred into the uterus. In some cases eggs or sperm from donors are used, a method that we resort to when the man has a low sperm count or does not produce any sperm. In some cases where the woman cannot produce oocytes, oocytes are used from egg donation program and are fused with the partner's sperm, and the embryo that is formed is transferred to the uterus. Surrogacy, or the process in which one woman carries the embryo of a couple (with the oocyte and the sperm from either the couple or donor) until birth and then the newborn is given to the couple. Success rates vary widely and in total, younger women present higher success rates. The average success rate on a national level in Greece is about 42% per treatment cycle and more than 60% in egg donation cycles.

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Greece is becoming a world international destination for fertility treatment, how do you see that evolving? In the recent years, in my clinic in Greece, we have treated hundreds of couples mostly from Europe, the U.S. and the Middle East for in-vitro fertilization or egg donation programs. In recent years Greece has managed to create a name for itself in this specific medical tourism area, because we offer state-of-the-art treatments with excellent value for money, compared to other European or North American countries. Many times the cost is 25% of that in the U.S.! At the same time, we follow strict EU regulations regarding our treatments and also give the opportunity for the couple to combine their treatment with a wonderful holiday in Greece. We are proud to be part of this new industry for our country and hope to be part of the turnover of the Greek brandname and economy.