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Letrozole

Information for Patients

Fertility Clinic, University Hospital of Wales

What is letrozole and why is it prescribed?

Letrozole is a drug that is used in women who do not ovulate (produce eggs) regularly each month leading to infertility. It stimulates ova (eggs) to develop in the ovaries and be released ready for fertilisation.

Before taking Letrozole

Sometimes medicines can have drug interactions. For these reasons, before you start taking Letrozole it is important that your doctor knows:

- If you think you may already be pregnant
- If you have been told you have ovarian cysts
- If you have been told you have a hormone-dependent tumour (this is a cancer which is made worse by hormones)
- If you have heavy or unusual menstrual periods
- If you are taking any other medicines. This includes any medicines you are taking without a prescription, such as herbal and complementary medicines.

How to take Letrozole

Please email Cav.Gynae.Fertility@wales.nhs.uk on Day 1 of your period (the first day of bleeding).

Letrozole is a tablet taken by mouth. The starting dose is usually 2.5mg a day from day 2 to day 6 of your menstrual cycle, day 1 being the day you start to bleed. To help you remember to take Letrozole, take it around the same time every day. If you do forget to take a dose, speak with your doctor, as you may need to change your treatment cycle. Do not take two doses together to make up for a forgotten dose.

How is the response to treatment monitored?

An ultrasound scan will be arranged for between days 9 and 13 of treatment cycle and we will advise you depending on your response. Your fertile period is when your follicle(s) are found to be 17mm or more. You will be advised to have sexual intercourse on alternate days during this time as this is your best chance of conceiving.

We may also ask you to test urine for signs of ovulation using the LH kit if your response is slow or to accurately time ovulation.

Have intercourse the same day you see the colour change and the next day.

A blood test will be arranged a week after positive ovulation test to check for ovulation.

If bleeding does not occur by 6 weeks after your last Letrozole tablet, you should perform a pregnancy test. If you are pregnant, you will not require further treatment and should report to your GP.

If your pregnancy test is negative, repeat the test in one week to confirm the result. If you are not pregnant, start another cycle of Letrozole treatment at the same dose as above, on your next period between day 2 to day 6 of your cycle or contact the clinic for advice.

If the scans and blood tests show that you have responded well and ovulated in your first cycle, continue to take Letrozole in your next menstrual cycle. You should not need further monitored scans

What if you have no menstrual cycle?

If you do not have regular, or have very infrequent periods, you will be given a progestin tablet (such as Provera) to induce bleeding. Then commence Letrozole on the second day after your induced period has started and follow the above instruction.

What side effects can this medication cause?

The main side effects include abdominal pain, alopecia, gastro-intestinal changes, joint pain, mood change, dry skin, headache and flushing. There is a small risk of multiple pregnancies. There is a rare risk of ovarian hyperstimulation (OHSS); this is when the ovaries become enlarged with multiple follicles, causing symptoms of abdominal discomfort and bloating.

What do I do if I have not responded to Letrozole?

If the scans show that the ovaries have not responded to Letrozole, the dose of Letrozole can be increased. The treatment will be monitored by scans. Please do not change your dose without instruction from the fertility team.

Response to treatment

Most women will ovulate over six months of treatment. The pregnancy rate is approximately 30 percent.

Useful websites

NHS Choices: www.nhs.co.uk

Fertility Network UK: INFO@FERTILITYNETWORKUK.ORG