Mr Luciano G. Nardo

Mr Nardo is a Consultant in Gynaecology and Reproductive Medicine at St Mary’s Hospital, Manchester and is a Director of North West Fertility, one of the largest and most successful private IVF centres in the UK. He is nationally and internationally renowned for his clinical expertise in the field of infertility, polycystic ovary syndrome, endometriosis and minimally invasive (key-hole) gynaecological surgery. Mr Nardo is a member of international scientific societies and author of original papers, reviews and book chapters.

For enquiries and appointments
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The **One-Stop Fertility Clinic** is a comprehensive and quick outpatient service that enables Mr Nardo to assess the reproductive performance of both the female and male partners during a single outpatient visit. A diagnosis of the possible cause of infertility will be made, specialist advice will be offered and appropriate treatments will be recommended without further delay.

A series of tests have to be organised at a specific time before the visit in order to have the results available for discussion with Mr Nardo.

Prior to the appointment the female partner will be required to have the following tests:

- Blood test for AMH
- Blood test for Rubella immunity
- Urine sample for Chlamydia screening

Prior to the appointment the male partner will be required to have a semen analysis.

**One-Stop Fertility Clinic** appointment lasts approximately 60 minutes and involves:

- Fertility consultation
- Gynaecological examination
- Transvaginal ultrasound scan of the uterus (womb) and ovaries
- HyCoSy test (to check whether the Fallopian tubes are blocked or open)*
- Discussion of the results of the female partner’s tests
- Discussion of the semen analysis report
- Expert advice on the most appropriate fertility treatment, as necessary

* Hysterosalpingo-contrast-sonography (HyCoSy) is a non-invasive ultrasound procedure that takes approximately 15 minutes. It is usually carried out between day 5 and day 12 of the menstrual cycle. A thin catheter (tube) is passed through the cervix into the uterus (womb) and a tiny balloon is inflated to hold the catheter in place. A transvaginal ultrasound scan is performed and echo-contrast fluid is injected through the catheter. The fluid shows up as bright white and its path can be followed into the uterus and through the Fallopian tubes on each side. Once the patency of the tubes has been established, the ultrasound scan and the catheter are removed.

It is advisable to take some form of analgesia (pain killers like ibuprofen, paracetamol) prior to the procedure, and in order to minimise the risk of pelvic infection a course of oral antibiotics is prescribed after the procedure for 5 consecutive days.