

Health & Medicine

Fertility C.A.R.E.~A Labor of Love

One Physician's Personal Journey

Mark P. Trolice, M.D., FACOG, FACS, FACE is the Director of Fertility C.A.R.E. (Center of Assisted Reproduction & Endocrinology) and is double Board-certified in REI and OB/GYN. He maintains annual voluntary recertification in these specialties and has been awarded the American Medical Association's "Physicians' Recognition Award" annually. In May 2005, Dr. Trolice was inducted into the prestigious American College of Endocrinology adding to his unique distinction of also being a fellow in the American College of OB/GYN and the American College of Surgeons. His fellow physicians selected him for Best Doctors in America® annually since 2007, honoring him as one among the top 5% of doctors in the U.S., and named him "RE of the month" by the national organization www.FertilityAuthority.com.

In 2004, he founded Fertile Dreams, Inc. a non-profit organization dedicated to increasing fertility awareness and granting scholarships for those unable to afford fertility treatment by sponsoring an annual Paths 2 Parenthood Patient Conference and Embracing Hope Gala in Orlando, FL. As part of this commitment toward family building, he and his wife, Andrea, fulfilled a long awaited dream by opening their Angels Among Us adoption agency in 2009. Dr. Trolice has authored research studies and published in several leading medical journals and a textbook. He has lectured at numerous physician conferences and patient seminars around the country. In addition to participating regularly on numerous TV news/talk shows, radio, web broadcasts, and in the newspaper for 'expert' interviews on reproductive health topics, Dr. Trolice is on the Editorial Boards of *The Female Patient* and *OBG Management* as well as Advisory Board of *Conceive Magazine*. Having written the Foreword to the recent book "I am More Than My Fertility," and he is currently writing "A Family Dream – Finding Your Place in Fertility."

Dr. Trolice is Clinical Associate Professor in the Department of OB/GYN at the University of Florida in Gainesville, Florida State University, and the University of Central Florida and has been the President of the Florida Society of REI from 2008-09. He is has been the Division Director of Reproductive Endocrinology & Infertility (REI), at Orlando Health in Florida from 1999-2010,

responsible for the medical education of Obstetrics and Gynecology (OB/GYN) resident physicians and third/fourth year medical students.

OWN: *What motivates you to help couples conceive?*

In medical school, I spent one week during my OB/GYN clerkship where I rotated with the doctors who were treating infertility. I was so moved because of the intimacy, the connection, devastation and the personalized attention these patients were getting. I never knew how much it affected people. I knew just in that one week that was all I was ever going to do in my career. I did my residency and fellowship knowing that I was going to go into the field of infertility for the rest of my life.

OWN: *Tell us a little about your personal story.*

When I met my wife we knew that we were going to have a couple of years delay in building our family during my training. In my third year of OB/GYN residency, we decided to try and have a child and experienced difficulty. We went through the usual routine, trying all the ovulation kits and things like that. At six months we started to get anxious. After a year, my wife began getting tested to investigate our infertility. She had surgery and we underwent multiple treatment cycles. She had complications, more surgery; I even had surgery. You feel very much out of control. A lot patients feel that way; some can develop a learned helplessness so no matter what you do it's not going to happen. At about this time I was going into my own practice and you can only imagine how hard it was to have patients crying all day long and going home and crying with your wife. I couldn't escape the unrelenting stress over the challenges of trying to grow a family. Time passed, totaling 10 years, we prayed and the mutual decision was made to build our family through adoption. We are now so blessed with what we have. It's scary before you do it, but the fulfillment is joy and gratification of this miracle. The birth giver and the recipient parents are both heroes. The birth giver is doing such a heroic act by being able to do something so selfless, to give their child to another family because they will be able to give that child things you know that you wouldn't be able to provide. Then the recipient parents take on a child that is not biologically theirs but



is going to love them in every single way as if they were. We are enamored with the five children we have adopted and we may adopt more.

The decision to go into the fertility field was prior to my own experience with infertility, but it has helped me as a physician and a person; I have grown and can relate even more to my patients. It has also assisted me precipitate and facilitate their process. Fertility is a physical, emotional, and financial investment and, unfortunately in Florida, there is not very good insurance coverage. One of my goals for my Fertile Dreams non-profit organization is to achieve mandatory infertility insurance coverage. A lot of fertility diagnosis and treatment is out of pocket (self-pay) for patients so we try to expedite their time with us to reduce the cost of family building. We want to get them through this challenging journey. I always describe it as our patients have their faces pressed up against the windows of families or peering through the fence of the playground; they don't want to be there very long. They are very aware of that gap in their life. Twenty hours a day, seven days a week, a woman's heart is aching, even in her dreams she is invaded by that childlessness.

OWN: *What types of fertility treatments are available today?*

Treatment options available today are more than ever before. It's very exciting. The breakthrough in fertility over the last thirty years has been gradual and there have been some milestones. We can fertilize a woman's egg with sperm through an injection called ICSI, using a biopsy of the embryo to analyze it for hereditary genetic disease, and also freeze eggs to preserve them for cancer patients. We are now growing embryos longer to reduce the number of embry-

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that the percentage of the fertility problems are 40% male, 40% percent female, 20% unexplained, with 30 – 40% a combination of factors. I always tell my patients when a woman says, I think this is the time when I would like to have a child, nothing else matters to her.

When she is faced with the realization that it is turning into a problem, it really becomes the first life crisis for a couple. They feel they don't know where their place is because prior to that they kind of had their life script. Go to school, have a career, get married, have children. When you feel that's been unraveled and thrown into turmoil, it's very much a crisis. A lot of people experience panic, are overwhelmed and don't know their place. Particularly for women: they have one foot in a career and one foot in trying to have a family. Women have it much more difficult than men in this regard.

A man will usually want to restrict how far to go because his whole world is his wife, but with a woman, her whole world is divided between her husband and wanting to have children. So the woman often will take the lead and more risks.

OWN: Can infertility be hereditary?

There is a condition in a woman called Polycystic Ovarian Syndrome which is the most common hormonal problem affecting 5-10% of women during their reproductive years. What you see there is a hormonal imbalance affecting ovulation, excessive hair growth, weight gain and other metabolic problems. Not a direct

genetic link like Sickle Cell Anemia or Cystic Fibrosis, but it does seem to run in families.

OWN: What does Fertility Care offer couples who are trying to conceive?

We do embryo biopsies for genetic hereditary diseases through InVitro Fertilization (IVF), which is removing eggs from the woman then adding sperm from the man to create embryos which are then transferred inside the woman. Every aspect of reproduction we do under one roof which makes us different from other facilities. We have psychologists, both male and female infertility specialists, acupuncturists, our own pharmacy, surgery center, and an adoption agency: A couple can have comprehensive family building at one center where they receive personalized care and where we have the ability to truly connect with the individual or couple. We can't promise we are going to be successful with every woman but we promise that we will do absolutely everything we can to make their experience pleasant and let them know that they are not just a number. One of the things we say is people don't care how much you know until they know how much you care. It is very powerful for a woman to know that her physician cares about what she is going through.

OWN: Do you stay in touch with the families you help?

We have patients that still send letters to us letting us see how much their children have grown. It is so heartwarming. Most mornings I come in to the office and on my desk are letters from families saying, "Thank you. Because every time

I look at my child I think of what all of you have allowed for us to have". There are some things that you do in this world that you make you feel so proud and fulfilled and at the end of the day to say "I really touched someone", it's an amazing feeling. I am blessed to be in a field where you can really affect a family forever and that is something that I never take for granted. We have a very caring staff and our facility is truly a labor of love.

os to transfer whereby reducing the risk of multiple gestations. Now more than ever there are ways to help a couple, and a woman, in building their family and preserving their fertility. When should couples think about growing their families? Is there an ideal age? Certainly before the age of thirty is ideal. Pregnancy rates will go down as a woman gets older. It's a natural process in that women are born with all of the eggs she will ever have. One to two million at birth, two hundred to four hundred thousand at puberty; hundreds get used up every month and only one makes it to ovulation, the rest die off. You have one egg and millions of sperm vying for that egg. Human reproduction is terribly inefficient. As a woman goes through her early thirties, her eggs continue to decline and her fertility rate goes down. So, protecting your fertility is not waiting too long because of the biologic clock; it is real. There are definite ways in protecting your fertility. Avoiding sexually transmitted infections, maintaining a normal body mass index, living a healthy lifestyle and not smoking. Cigarette smoke accelerates the loss of eggs. There are also things that men can do to protect fertility. Avoiding excessive hot tub use, because the heat reduces sperm count, heavy cigarette use can reduce sperm function, and obesity and some medications also affect the sperm count.

If you are less than thirty five years old we recommend at least a year of trying, as long as a couple doesn't have any other problems. If a woman is having regular menstrual cycles and there are no significant risk factors for her or her partner, then waiting a year is reasonable. When you are older than thirty five, because age does play a role, six months is usually recommended before seeking help. Seeking a fertility specialist sooner than later will increase your chance at becoming pregnant...sooner than later. After waiting a year, we find

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A photograph of a smiling couple with a newborn baby. The woman is holding the baby, and the man is smiling next to her. They are all looking at the camera.