

PREPARATION FOR FROZEN EMBRYO TRANSFER CYCLE

Checklist items may be done in any order but most require an appointment.

Patient name: _____

appointment date

Financial Consultation

appointment date

Consent Form

appointment date

Updated IVF Profile Labs (women only)

appointment date

Saline-Infused Ultrasound and Practice Transfer

appointment date

Prescription

FINANCIAL CONSULTATION

Your first step is to plan and prepare for the financial aspects of your frozen embryo IVF cycle. Please schedule this appointment with one of our financial consultants early in your pre-cycle process, since several weeks may be required to finalize your payment agreement. All financial details must be in place before you can proceed with your cycle. This step can be completed on the same day as one of your other office visits, if you wish. Just communicate with the front desk to ensure that appointments and arrangements are made for each step.

CONSENT FORM

One signed and notarized consent form is required for a frozen embryo cycle, and a copy is included at the end of this book. Feel free to talk with a doctor or embryologist if you have any questions or concerns about the form, which grants permission for us to prepare you and your frozen embryo(s) for the transfer procedure. This form must be signed by both you and your spouse and notarized before any of your embryos are thawed. You can take care of this brief paperwork following one of your ultrasound scan appointments if your spouse is with you, or you can schedule a separate 15-minute appointment for the two of you to come in. You also have the option of taking the form with you to sign and have notarized outside our office at your convenience. Just return it to us before your transfer is scheduled.

IVF PROFILE LABS

Lab work was done prior to your initial IVF cycle and may have included screening for HIV, RPR (Syphilis), Hepatitis B and C, Blood Type and Rh, Rubella, Cystic Fibrosis Carrier and CMV Titer. If a female patient's tests were done longer than one year before a frozen embryo cycle, labs must be redone. None of the male labs need to be repeated.

SALINE-INFUSED ULTRASOUND AND PRACTICE TRANSFER

The saline-infused ultrasound is a test that evaluates the inside of the uterine cavity. It is done in our office by either Dr. Bird or Dr. Donesky and is accomplished by opening the vagina with a speculum and injecting warm saline into the uterus by way of a tiny, flexible catheter placed through the cervical opening. The filling of the uterus is observed on ultrasound to detect any irregularities, such as fibroids or septums. This test is best performed after your period is complete (bleeding has stopped) so it is usually scheduled **between day 6 and day 11** of your menstrual cycle. The procedure is relatively painless, but some patients experience cramping. To help avoid discomfort, you may take Ibuprofen one hour before your procedure.

If you have never had a saline-infused ultrasound or if your last one was done more than six months ago, your doctor may recommend repeating the procedure. The SIUS also serves as a “practice” for the actual embryo transfer. The depth of the uterine cavity and the curvature of the cervical canal are measured to use as a reference to help facilitate a smooth transfer of a thawed embryo.

PRESCRIPTION

Listed below are the medications that may be included in your prescription. Please notify a member of the IVF Team when you are ready to have your prescription called in to a pharmacy. Refills are included as part of your prescription (noted as PRN), so you can call the pharmacy directly when you need additional medications or supplies.

Prenatal Vitamins

Zithromax

Vivelle DOT – 0.1mg estrogen patches

Progesterone in ethyloleate or oil – 50mg/ml

needles and syringes for mixing and administration

Specialty mail-order pharmacies are the Fertility Center's pharmacies of choice. They provide the **best prices** for fertility medications and supplies. They also offer **home delivery including overnight services**, have a **pharmacist available 24 hours a day, seven days a week** and have a **toll free number**. You are encouraged to call specialty pharmacies if you have medication questions about your ordered prescriptions just as you would phone your local pharmacy. These pharmacies strive to facilitate your medication needs in the most helpful and understanding way possible.

UTERINE PREPARATION

Begin taking your prenatal vitamins as soon as your prescription is filled. You will need to call our office when your period starts to make an appointment for a baseline scan and lab. We'll use a vaginal ultrasound to check for cysts on your ovaries and draw blood to determine your progesterone level. Your scan and lab must be done within three days of starting your period, or your body will take over production of hormones and your uterine lining will be out of sync for your embryo transfer. After your baseline scan and lab, you will begin taking your prescribed antibiotic.

Once we confirm that your ovaries are quiet and that your progesterone is low, you will apply two estrogen patches to your lower abdomen. You will replace these patches every third day while slowly increasing the number of patches until your lining has thickened appropriately to be receptive to an embryo transfer. When changing your patches, attach the new ones to different areas to allow your skin to recover from the previous patches. Adhesive residue can be removed easily with baby oil. If your lining is not thickening adequately, estrogen tablets in vaginal suppository form may be added to your medication protocol.

You will be given a calendar schedule that details when to administer and replace your patches and when to schedule appointments for scans and labs. Samples of calendars are included in this book.

Once your lining is ready, you will be instructed to start your progesterone injections. These intramuscular injections must be taken twice a day, and the start of these injections must be coordinated with the stage in which your embryos were frozen. Once you start progesterone injections, you will decrease your patches to two every third day.

If you have any questions about your progesterone injections or need a refresher course on administering the shots, refer to your injection instructions or contact Jan Lambert or another member of our IVF Team.

If your transfer results in a pregnancy, you will use estrogen patches and some type of progesterone supplements throughout your first trimester (12 weeks). Your prescription will include refills, so just contact your pharmacy when you need additional medications.

MASSAGE THERAPY

Your IVF package includes one full-body massage to help increase blood circulation and relaxation and your chances for success. The best time to schedule your massage is the day before or the day of your embryo transfer. There is no additional charge to you for this optional service.

EMBRYO TRANSFER

The day that your embryos are thawed will be determined by the embryologist, depending on the stage at which those embryos were frozen initially. If the embryos were frozen as blastocysts, they will be thawed the same day that they are transferred.

Typically, the best two embryos are selected by the embryologist and photographed. Your doctor will go over his recommendations for how many embryos can be safely transferred to your uterus. You will have the opportunity to discuss with your physician and the embryologist, if you wish, how many you are comfortable having transferred.

Please arrive at the Fertility Center in Chattanooga 15 to 30 minutes prior to your scheduled transfer. You may eat and drink as you please beforehand since this is a non-surgical procedure. You will be asked to undress from the waist down only and will be given a blanket to wrap around you. We prefer to do your transfer with your bladder full, so once you get to the Center, PLEASE DON'T EMPTY YOUR BLADDER. Blood will be drawn to check your progesterone level.

Your husband or a guest may accompany you to the procedure room where we do your transfer. Your feet will be placed in stirrups, and a sterile speculum will be inserted into your vagina (similar to a PAP smear). Your doctor will take a few minutes to rinse the cervix and vaginal canal, and swab it to remove any cervical mucous that might be present and trap the embryos. The embryologist will load all the embryos that are being transferred into a very soft, flexible, tiny catheter that will be passed through the cervical opening and up into the endometrial uterine cavity. Monitored by abdominal ultrasound, the embryos will be deposited toward the top of the uterus, and the catheter will be withdrawn. The embryologist will check the catheter under the microscope to make sure none of the embryos remain, and then your legs will be taken down from the stirrups. You will scoot over to a stretcher and be taken to the recovery room where you will rest for about 20 minutes before going home. You will need someone to drive you home, and you will receive written discharge instructions.

You will return to our office for a pregnancy test about nine days after your transfer. If that test is positive, you have just completed four weeks of gestation. A full-term pregnancy typically lasts a total of 40 weeks from the first day of your last period. But in cases of assisted reproduction, your cycle is controlled with medications and you may not have had a period before your IVF cycle. As a result, you need to count backwards 14 days or two weeks from your egg retrieval day to mark the day that represents that beginning of your last period.

In simpler terms, you begin week five of your 40-week term the day after your positive pregnancy test.

PROGESTERONE IN ETHYL OLEATE

Take first injection the evening of retrieval, then once or twice daily as directed.

Store at room temperature. Use one needle to draw and another to inject.

Rotate hips and vary injection sites to avoid tenderness.

Give injections into the hip muscle only – never in the arms or legs.

Injection Instructions – Intramuscular

1. Assemble supplies:
 - electric heating pad
 - alcohol swabs/cotton balls
 - Progesterone in ethyl oleate **** (if in oil, see note at bottom of page)****
 - 3 cc/ml syringe
 - 22GA 1½ inch needle (black hub) for drawing up medication
 - 25GA 1½ inch needle (blue hub) for injecting medication
 - disposal container
 - band-aid (optional)
 2. Keep injection site on heating pad for 5-10 minutes. Place medication vial in a glass of warm water for 3-5 minutes.
 3. Wash your hands.
 4. Remove lid and swab top of Progesterone vial with alcohol.
 5. Twist 22GA needle (black hub) onto syringe.
 6. Turn vial upside-down, then inject needle into vial and draw up 1 ml.
 7. Change your needle, twisting on the 25GA needle (blue hub).
 8. To eliminate air bubbles, tap on side of syringe with needle pointed upward. Push air out of needle before injecting.
 9. Select an area in the upper-outer part of your hip that has been warmed-up with the heating pad and swab with alcohol. Allow it to dry.
 10. Insert the needle quickly through the skin to the hub. Pull back slightly on the plunger. You will probably see an air bubble come back. Inject the Progesterone.
- NOTE: If you see blood when you pull back the plunger, remove the needle from the hip and replace it with a new needle. Don't throw away your medication, even if there's a drop of blood in it. Move to the other hip and try again.
11. Withdraw needle. Apply pressure to the site with a clean, dry cotton ball for a minute or two. Cover with a band-aid, if needed.
 12. Keep injection site on heating pad for 5-10 minutes.

**** For Progesterone in oil :** use 18GA 1½ inch needle (pink hub) to draw
use 22GA 1½ inch needle (black hub) to inject

CYCLE CALENDAR

Month _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

My baseline uterine lining scan appointment is _____
(date)

My second lining scan appointment is _____
(date)

REMINDER: Don't forget to check for voicemail messages.
Dial (423) 899-0500, then press 4, 1, and your 7-digit home phone number.

CYCLE CALENDAR

Month _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

My baseline lining scan appointment is _____
(date)

My second lining scan appointment is _____
(date)

REMINDER: Don't forget to check for voicemail messages.
Dial (423) 899-0500, then press 4, 1, and your 7-digit home phone number.

**Fertility Center, LLC
and
Embryo Services, LLC**

**INFORMED CONSENT: FROZEN EMBRYO TRANSFER (FET)
USING EMBRYOS FROM A PREVIOUS IVF CYCLE**

We are giving our consent for a Frozen Embryo Transfer (FET) by the members of the Assisted Reproductive Program at the Fertility Center LLC and Embryo Services, LLC, hereafter referred to as the "ART Program".

We are voluntarily asking to participate in the ART Program in order to become pregnant through In Vitro Fertilization – Frozen Embryo Transfer (IVF-FET). We understand that this consent extends from the time of the initial request for a FET procedure until the treatment concludes either with a first trimester pregnancy or a no pregnancy result, or until we decide to discontinue participation in the ART Program, or the physician makes a determination that based on previous cycle responses this is a treatment that will result in a very small chance for pregnancy or no chance at all.

In a previous IVF cycle, we elected to have mature Oocytes inseminated with sperm in order to develop embryo(s). We further designated the ART Program to cryopreserve embryos deemed mature and of good quality. All previous consents regarding cryopreservation of embryos relative to the initial IVF procedure are still valid and in force unless superseded by a more recent written replacement consent.

We acknowledge through this consent that we are giving permission for the ART Program to proceed with the necessary steps to prepare our frozen embryo(s) as well as ourselves for the FET procedure. This consent does not assure that an embryo transfer will occur, that the embryo(s) will survive the thawing process or that the thawed embryo(s) will be of sufficient quality to warrant a transfer. This consent acknowledges that permission has been granted to prepare the frozen embryo(s) and ourselves for the FET procedure and further gives permission to the ART Program to perform the FET procedure.

We have _____ embryo(s) in frozen storage. Our goal is to have _____ embryo(s) transferred with the understanding that a greater number of embryos (if available) may be thawed in order to have healthy, viable embryos to transfer.

I HAVE READ AND UNDERSTAND THIS INFORMED CONSENT AND ACKNOWLEDGE RECEIPT OF A COPY. THE PHYSICIAN HAS ANSWERED ALL QUESTIONS THAT I HAVE ASKED IN A SATISFACTORY MANNER.

I RELEASE THE FERTILITY CENTER, LLC, EMBRYO SERVICES, LLC, THE STAFF AND ASSOCIATES THEREOF FROM ANY MEDICAL OR EMOTIONAL RISKS RELATED TO VOLUNTARY PARTICIPATION IN THIS PROGRAM.

Patient's signature

Date

Spouse's signature

Date

Notary's signature

Date

Commission Expires On

Date

I have thoroughly reviewed the information contained in this consent with the above named persons and believe they have made an informed decision regarding assisted reproductive treatment.

Staff Signature

Date

INFORMED CONSENT: FROZEN EMBRYO TRANSFER USING EMBRYOS FROM A PREVIOUS IVF CYCLE

BOOK FOUR
Revised 6/08 and copied as a PDF for website