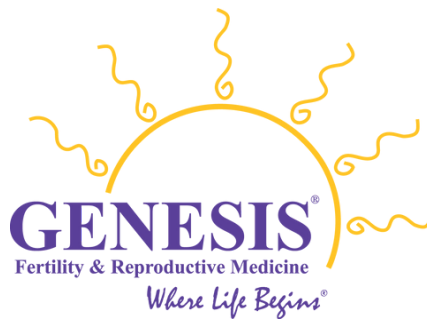


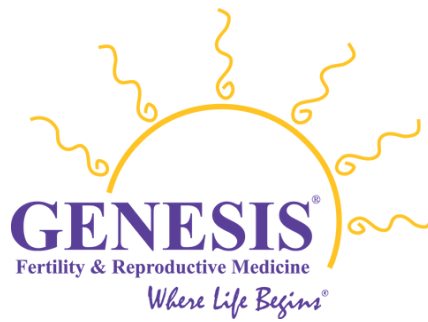
# Donor Egg Recipient Handbook





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## INTRODUCTION

This guide provides a comprehensive overview of what to expect from your recipient IVF cycle with donor eggs.

### ***Getting in touch with us***

If you have general questions, please call:

- IVF nurses for clinical matters on 718-331-3512 and leave a voicemail. Your call will be returned within 24 hours. The IVF nurses can be reached directly between the hours of 8:00 a.m. and 3:00 p.m. Monday through Friday. For emergent matters after hours and on weekends, please call the emergency service line 914-220-7664.
- Donor Program Coordinator for donor selection questions on 718-436-3747

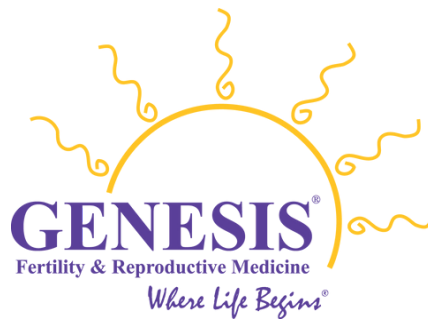
The Donor Program Coordinator is available between the hours of 8:00 a.m. and 3:00 p.m. Monday through Friday..

### ***Getting in touch with you***

Medication instructions will be given to you by the IVF clinical team by phone usually between 12:00 p.m. and 4:00 p.m. An answering machine or voicemail is necessary if you will be away from the phone at that time. Emails are not routinely sent.

### ***Cycle overview***

The recipient IVF cycle is made up of several components: ovarian stimulation of the donor, egg retrieval from the donor, egg insemination, embryo culture, embryo transfer and, in some cases, embryo cryopreservation (freezing). Ovarian stimulation of the donor involves the administration of fertility medications to the donor in order to maximize the number of eggs retrieved. After the eggs are retrieved from the donor, they are fertilized in the laboratory. When the resulting embryos are ready for transfer into the recipient's uterus, the physician will discuss the recommended number of embryos to transfer. Embryos of good quality that remain after transfer may then be cryopreserved, or frozen, for future transfer. Each stage of the recipient IVF cycle is outlined in this guide, however the actual protocols, medication instructions and specific cycle instructions will be provided by the IVF nursing team.



## **PRIOR TO CYCLING**

### **1. Medical history, physical exam and cavity evaluation**

A complete history and physical examination of the recipient is necessary prior to beginning treatment. Your treating physician will perform the physical exam and cavity evaluation. During the cavity evaluation, the physician passes a slender tube (catheter) through the cervix and into the uterus to determine its depth and curvature, and planning where to place the embryo during the transfer, so that the transfer can proceed as smoothly as possible.

### **2. Semen analysis**

The recipient's partner will have a semen analysis, which includes sperm preparation, or washing. This will determine how the donor eggs will be inseminated or fertilized.

### **3. Blood work**

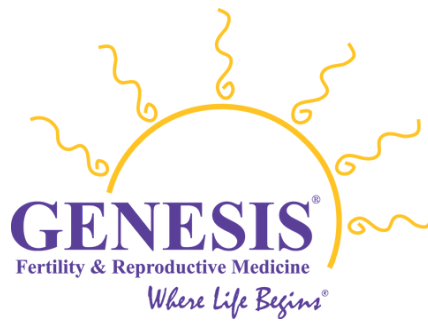
Various blood tests, including HIV, syphilis and hepatitis screening, are drawn on both the recipient and their partner. In addition, the recipient will have a fertility panel and hormone levels done. The recipient's partner will be tested for specific genetic conditions using expanded genetic carrier screening to ensure an appropriate match is made with a donor.

### **4. Other testing**

A pap smear within 3 to 5 years is recommended depending on the recipient age and previous results. Some patients may need to be referred for additional testing by their treating physician depending on the past medical history. Women aged 45 or older may be referred for additional pre-pregnancy counselling with a consultation with a maternal-fetal medicine specialist.

### **5. Pre-op Visit**

During this appointment, one of the IVF clinical team will review in detail the recipient IVF process, as well as the different medications and how to administer them. They will review your specific medication protocol developed by your physician. You will be instructed to complete a consent form. In addition, the recipient is encouraged to finalize financial clearance with the finance office prior to cycling.



## MATCHING

Once the recipient's treating physician has recommended the Donor Program, we will begin the process of matching the recipient with an egg donor. Although you will be able to see the information provided in the initial donor screening, the donor's identity will remain anonymous. No information about you will be shared with the donor, including the results of your pregnancy test.

*\* Important note: Before beginning your cycle, please discuss any potential conflicts (such as religious holidays, business trips or vacations) with the IVF clinical team before you start medications so that we can avoid any disruption in your treatment cycle.*

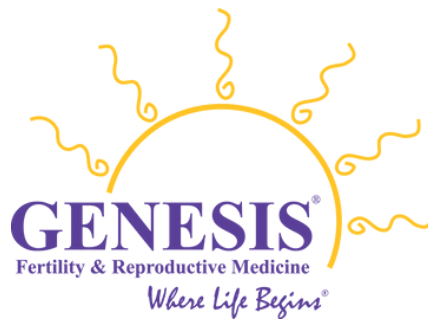
## THE CYCLE

### Cycle cancellation

It is important to recognize that, at times, a cycle needs to be canceled prior to egg retrieval because of a poor (or occasionally an over exuberant) response to medications in the donor. In other cases, eggs are retrieved, but no embryos are available for transfer. These situations are uncommon in donor egg cycles because egg donors are healthy and have no history of fertility problems. If a cycle is canceled, your treating physician will discuss the situation with you and review your options for future cycles.

### Medications

The IVF clinical team will email a link to review recipient modules (IVF with donor eggs). There will be videos with general information and instructions about the medications. Following this the IVF clinical team will review the recipient personalized protocol at the phone preop.



## MONITORING YOUR CYCLE

### Office visits during your cycle

Most cycles require some morning appointments for blood hormone tests and ultrasound monitoring of endometrial growth (development of uterine lining).

**Brooklyn office:** . . . . . 6:45am – 8:30am Monday – Friday  
7:00am – 9:00am Saturday – Sundays

**Staten Island office:** 5:00am – 6:00am Monday – Friday . . . NO WEEKEND HOURS

**Hewlett office:** . . . . . 7:30am – 8:30am Monday – Friday . . . NO WEEKEND HOURS

**Park Slope office:** . . . 8:00am - 8:45am Monday – Friday . . . NO WEEKEND HOURS

**Forest Hills:** . . . . . 5:00am – 6:30am Monday – Friday . . . NO WEEKEND HOURS

### Monitoring tests

#### Blood work

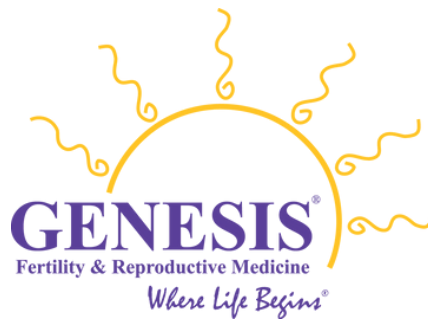
- Estradiol: Measurement of estradiol is used in conjunction with the ultrasound to determine that the uterine lining is developing sufficiently.
- Luteinizing Hormone: The presence of luteinizing hormone or LH, a hormone that is secreted by the pituitary gland and causes ovulation, is also closely monitored throughout the cycle. LH levels are measured at the same time as the estradiol blood test. This does not require a separate blood drawing.
- Progesterone: the ovary makes this hormone just before and then after ovulation. Most patients undergo progesterone to confirm ovulation prior to starting Lupron a week before their period is due and then during the cycle to monitor for early ovulation.

#### Ultrasound

Ultrasound is particularly valuable in tracking endometrial growth and development caused by fertility medications. No preparation is needed before ultrasound.

### Daily results and instructions

The results of your morning ultrasounds and blood hormone levels are used by your doctor to determine if any modifications need to be made in your medication dosages and when your next visit is required. If you do not hear from us by 4:00 p.m., please call 914-220-7664.



## ON THE DAY OF THE DONORS RETRIEVAL

### Arrival time

When we call to inform you that the donor is ready to go to egg retrieval (no more than two days before the actual retrieval), we will give you an arrival time to come in and produce a sperm specimen. Please note that we schedule the donors retrieval time and all recipient sperm collection times very carefully to protect confidentiality.

### Sperm specimen collection

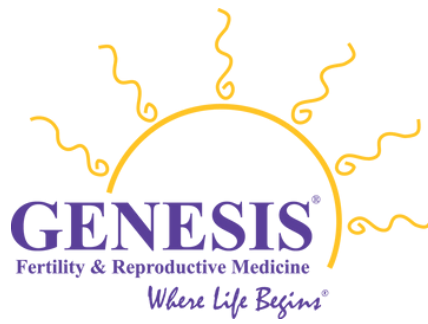
The recipient's partner will be asked to produce a semen specimen on the day of the donor's egg retrieval. There should be 2 to 5 days of abstinence prior to the retrieval. Semen samples may be produced in our private collection room. A fresh sample is best. If the partner will have difficulty producing a sample here, a semen sample can be produced at home as long as it can reach our laboratory within one hour of production. It must be kept at body temperature and not be exposed to heat or cold. Samples are generally obtained through masturbation. A special collection condom can be used to collect the sample if it is necessary to produce the sample through sexual intercourse. If the sample is produced outside our facility, please notify us in advance so we can discuss proper scheduling. Also, it is critical that you let us know prior to the start of the cycle if the male partner anticipates any problems producing a specimen, so that we can discuss special accommodations or contingencies.

Occasionally, a second semen sample will be requested if the first sample is not optimal. Therefore, ***please do not leave our facility until you have been notified that the first sample is sufficient.***

If you plan to use *donor sperm*, please make sure that we are in possession of the frozen specimens prior to your starting medication.

### Please note the following:

1. Use an approved sterile specimen container (available from our office). If the specimen is produced through intercourse, use only a special "collection condom".
2. Do not use lubricants as they are toxic to sperm.



## **Fertilization**

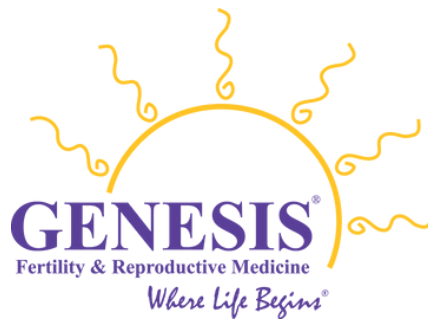
Fertilization will take place in the laboratory on the day of the donor's egg retrieval. The day after retrieval, the eggs are studied for evidence of fertilization. To allow further cell division, eggs are cultured for approximately 48 hours before the resulting embryos are considered ready for transfer. The day after egg retrieval, the IVF clinical team will call with preliminary fertilization results and a tentative date and time for embryo transfer. The embryos are assessed again just before transfer and, although rare, a transfer may be cancelled if no viable embryos exist.

## **EMBRYO TRANSFER**

Just prior to transfer, the physician will discuss the status of your embryos. You will find out how many embryos have formed, how many cells comprise each embryo and which embryos have been selected for transfer. Each embryo is also "graded". Embryos are assigned a grade according to specific criteria. Embryo grade has been shown to correlate with both the likelihood of implantation (and pregnancy) and the ability of the embryos to survive freezing and thawing. However, there is no evidence for any increase in birth defects in babies born from pregnancies established with lower grade embryos.

The embryo transfer is performed either 3 or 5 days after the donor's egg retrieval by one of our physicians. You may eat and drink normally on the day of your transfer. The procedure is painless and requires no anesthesia. For the transfer, you will be positioned on your back with your knees up in stirrups. The physician gently places a speculum in the vagina as would be done for a pap smear. The cervix is cleansed with culture medium. Meanwhile, the embryologist carefully places the embryo into a special transfer catheter in a tiny volume of culture medium. The physician then passes the catheter through the cervix and into the uterine cavity where the embryos are gently expelled from the catheter. An ultrasound is performed to visualize the catheter placement.





## **POST-TRANSFER INSTRUCTIONS**

Immediately following your transfer, you may rest comfortably on your back. It is important that you maintain light activity the day of transfer. You may return to normal activity the following day. You should avoid any exercise for one week. It is extremely important that you continue your prescribed medications through the day of your scheduled pregnancy test and afterward if you are pregnant. If your period begins prior to your pregnancy test, notify the IVF clinical team during business hours but do not stop the medications or cancel the pregnancy test, since bleeding may occasionally accompany early normal pregnancy. If you experience any severe pain, fever, heavy bleeding, nausea or vomiting, dizziness or fainting, difficulty breathing or sudden weight gain, you should notify the IVF clinical team immediately.

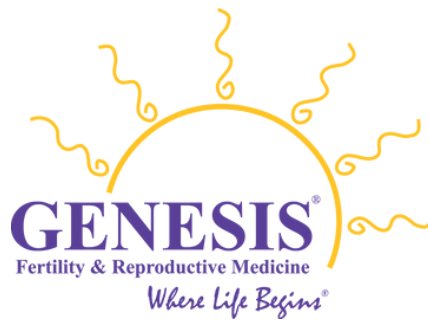
You should assume you might be pregnant up to the time of your pregnancy test and behave accordingly. Please refrain from using cigarettes, alcoholic beverages and recreational drugs. Notify your doctor before taking any over-the-counter or prescription drugs to make sure they are safe in pregnancy. Please do not take a home pregnancy test prior to the date of your scheduled test because false results (either positive or negative) are possible.

## **FOLLOW-UP APPOINTMENTS**

You will be given two (2) appointments after your transfer:

1. Approximately 9 to 11 days after transfer to test for pregnancy
2. A few days after the pregnancy test if you are pregnant.

If the pregnancy blood test is negative, a follow up appointment is a critical part of the cycle as it gives the physician and couples an excellent opportunity to review the cycle and discuss possible recommendations for future cycles if necessary. This appointment may be done by telehealth. We recommend saving your questions until then.



## **EMBRYO FREEZING**

Excess embryos of good quality can be frozen, or cryopreserved. Embryos can be stored for several years, thawed at a later date, and transferred into the uterus. Embryo freezing is especially useful if the current cycle is unsuccessful or if a future pregnancy is desired.

### **Thaw cycle**

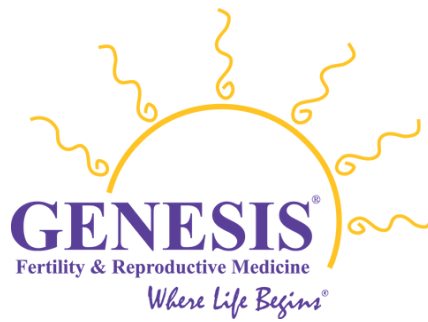
Medications are used to prepare the uterine lining. Frozen embryos are thawed and then transferred into the uterus. Rarely an embryo does not survive the freezing and thawing process. The embryo that does survive the process will be transferred to the uterus. Embryo freezing has proven to be a safe supplemental therapy, and no evidence of increased abnormal development has been found with embryos that survive the freezing and thawing process.

### **Embryo transfer**

The embryo transfer of thawed embryos is the same as that performed in a routine IVF cycle. Embryos are introduced using a plastic catheter that is inserted through the cervix into the uterus. No anesthesia is required for the procedure.

### **Disposition of frozen embryos**

All couples are asked to carefully consider a variety of options for disposition of frozen embryos, select those best for them under a number of unforeseen circumstances and sign a consent form. The consent form must be signed before cycling. This gives GENESIS specific instructions as to how to dispose of frozen embryos in the event of occurrences such as divorce or death of either spouse. Unless a couple clearly states their wishes regarding excess embryos, they will eventually be discarded. Couples who wish to change their decision at any time should do so by making the notarized request in writing to Genesis, only if both partners agree to the same change. Patients choosing to freeze embryos will incur a charge, which includes our storage fee for six months from the date of retrieval. Afterwards the storage charge will be per year.



## SUCCESS RATES

Specific chances of success vary by patient depending upon age, indication for the procedure, number and quality of the embryo transferred, and many other factors. Therefore, a physician will discuss chances for success with each patient on an individual basis. As new information is gathered with each attempt, you will be counseled accordingly.

## COMMONLY ASKED QUESTIONS

### 1. How do I start a Recipient IVF cycle?

After having been evaluated by a GENESIS physician and been determined to be eligible as a donor egg recipient, there are several appointments that will be arranged to prepare you for your donor egg cycle. The Donor Program Coordinator will discuss these with you.

### 2. What is the success rate with Recipient IVF?

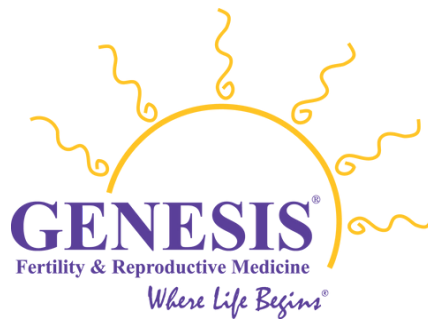
Numerous factors influence success rates. These include age, indication for the procedure and sperm-related issues. The success rate may also be expressed as clinical pregnancy rate (which includes unsuccessful pregnancies) or birth rate. Your physician will review the success rate and your specific expected pregnancy rate with donor eggs.

### 3. Will my own doctor do the embryo transfer?

At GENESIS each patient is assigned one particular physician. However, we have physician coverage systems in place. The doctors rotate their days in the operating room and on the weekends. Therefore, the doctor who performs your embryo transfer may not be your assigned physician. The physicians at GENESIS are trained specialists with extensive experience and expertise.

### 4. After the injection I noticed some blood on the skin or in the syringe. What do I do?

Don't worry. You probably hit a small blood vessel under the skin. Apply some pressure over the injection site and it should stop. There is no danger if some of the medicine went into the blood stream.



**5. If I stay in bed the day after my embryo transfer, will this increase my chances of success?**

There is no evidence that prolonged bed rest after the first day will improve the chances of pregnancy. However, it is important to minimize strenuous activity for the next two days (until implantation has occurred).

**6. Why do I need to take progesterone?**

Progesterone is a natural hormone that is given intramuscularly or by vaginal suppository. It helps the lining of the uterus to be as receptive as possible for the embryo to implant. The package insert for the progesterone lists a number of possible side effects. Please familiarize yourself with them. Also note that both vaginal suppositories and injections are equally effective.

**7. When do I know if I'm pregnant? If I get a period, do I still need a test?**

A blood pregnancy test ("HCG level") is done approximately 9 days after the embryo transfer. A home pregnancy test is not as accurate and could be misleading. In some circumstances, a period may result from bleeding at the site of implantation and can be confused with a normal period. Therefore, you should get a pregnancy test even if a period occurs.

**8. What happens to the embryos in my uterus if I don't become pregnant?**

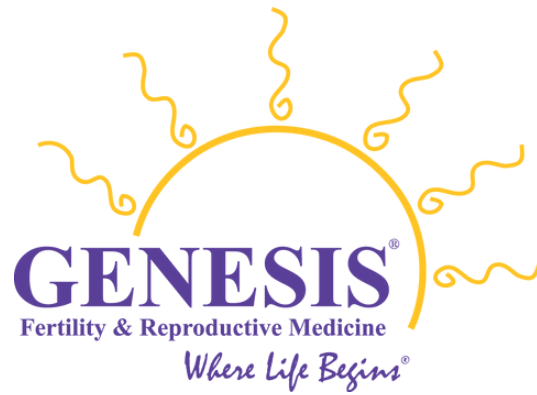
The eggs and embryos are microscopic. If a pregnancy does not occur, they follow the same natural course that most often occurs in nature; the cells dissolve on their own.

**9. Should my husband and I be taking vitamins?**

A daily prenatal vitamin containing folic acid is recommended during your fertility treatment. Your partner may take a multivitamin. However, this will not affect sperm production for your cycle.

**10. What if I am a Sabbath observer?**

Please be sure you have informed the IVF Clinical team prior to starting your cycle. Callbacks on Friday afternoons will be made as early as possible. Embryo transfers can be arranged accordingly.



*We wish you success in this endeavor.*

*If you have any clinical or medication questions,  
please call our IVF Clinical Team at 718-331-3512.*

*If you have any questions regarding your donor selection process,  
please call our Donor Program Coordinator at 718-436-3747 ext 6588.*