



1 INTRODUCTION

Whether attending for IVF or ICSI treatment the preparation for the female is the same. Below describes the treatment cycle and outlines the drug regime and anticipated number of visits to the Assisted Reproduction Unit (ARU) before egg recovery can be planned.

2 STARTING THE TREATMENT CYCLE

You will be asked to telephone the ARU on the first day of your menstrual period. This is regarded as the first day of fresh blood loss. The nursing staff will take your details and advise as to when to start the down regulation drugs. This is either on Day 2 or Day 21 of your cycle.

These down regulation injections are normally taken daily for at least 18-22 days before you next attend the ARU and you must not stop these until advised by nursing staff.

Within two weeks of your phone call you will receive in the post a 'protocol sheet' which details several appointments at the ARU. These appointments will involve blood tests and vaginal scans which will enable the staff to monitor your treatment cycle.

3 PROTOCOL SHEET

The protocol sheet contains three initial appointments to see the nursing staff.

Please check the times and dates carefully. It may be possible to make some changes, should the times be unsuitable.

The protocol sheet also has sections to be completed by yourselves with details of your egg recovery therefore please keep it handy.



4 MONITORING OF TREATMENT

The first appointment (baseline) with the nursing staff is to check that down regulation of the female's Pituitary gland has been achieved. This is done by a blood test for Oestrodial levels and a vaginal ultrasound scan. If down regulation has been confirmed then the female will be advised to commence the Follicle Stimulating Hormone injections (FSH). These will be supplied to you by the nursing staff. If you are paying for your drugs, payment will be required on the day of your baseline appointment. These injections are required to be taken daily for at least 10-14 days prior to planning egg recovery. It is also necessary to continue to take the Buserelin injections to prevent premature ovulation of any developing eggs as a result of taking the FSH injections.

Side effects such as night sweats or hot flushes caused by using Buserelin should disappear. The side effects that you may experience are some mild abdominal bloatedness, tenderness in the lower abdomen and perhaps some thirst. If you are concerned please contact the nursing staff for advice.

Further appointments with nurses will be arranged to monitor the response to the FSH drugs and ensure that you are receiving the correct dose to initiate adequate follicular development.

If a fresh semen sample has been requested at egg recovery please remember that it is important to abstain from intercourse or masturbating for at least 3 days but no more than 7 days before egg recovery is anticipated.

5 PLANNING EGG RECOVERY

Egg recovery is generally planned when at least three follicles are seen which are 18mm in diameter. You will be given instructions important for your egg recovery approximately 36-48 hours in advance. Thirty six hours before egg recovery the female will require an hCG injection to help mature the eggs. The nurse will supply you with this injection along with instructions on how to use it.

6 EGG RECOVERY

The female will be asked to fast from midnight the day before egg recovery. Clear water is allowed in moderation up to two hours before egg recovery. You will be given an information sheet before your procedure outlining what is required of you e.g. have a bath/shower with non-perfumed products.

You will not be able to drive for 48 hours following the egg recovery procedure. You will be unable to attend work on the same day as your egg recovery. It is up to each individual to make the decision about attending work on the days after. Analgesia in the form of Paracetamol is recommended to alleviate any discomfort following the procedure so it is advisable that you have some at home just in case.