

Transgender Fertility Preservation



Leicester Fertility Centre
Caring at its best

Information for Patients and Partners



University Hospitals of Leicester **NHS**

NHS Trust

What is gender reassignment?

A person experiencing gender dysphoria (unhappiness with the gender they were born with) may consider undergoing gender reassignment treatment. These treatments would alter a person's 'physical' gender to the one they internally identify with (either through hormone therapy or surgery), however it would also result in infertility.

An individual can either be transitioning from Male to Female (MTF) or Female to Male (FTM). Leicester Fertility Centre is able to offer storage options for both types of transition.

This booklet is suitable for you if you are considering having gender reassignment treatment and wish to store gametes (eggs or sperm) before your treatment.

Sexual orientation

Your patterns of emotional, romantic, and/or sexual attraction to men and women may alter post-transition; your options for use of any stored gametes or embryos will be dependant upon your relationship post – transition.

If you have a partner you may also decide to consent for your partner to use your gametes in the future to create a family.

What are my future options if I am transgender?

If you are transgender and preparing to undergo a gender transition, one of the many important considerations prior to undergoing hormone therapy is if you would like to have a family now or in the future. Choosing to start a family prior to undergoing transition treatments, either naturally or via fertility treatment, may be an option for some. If

you do not wish to delay your transition or if this is not an avenue you wish to pursue, you may consider fertility preservation.

If you choose to preserve your fertility and store your eggs or sperm prior to transitioning, you will then have the option to use them in the future with either a partner's or donor's egg or sperm. Separate leaflets are available on our website which explain the treatment options available.

If you have a partner at the time of preservation, you may wish to create and store embryos. Depending on your circumstances a surrogate may be required to carry the pregnancy.

What preparation is needed?

Good practice requires that you and your partner (if applicable) undergo HIV and Hepatitis B and C testing. This is because your gametes or embryos will be processed by the laboratory and stored in a fridge where other samples are kept. You will be advised of the limitations of testing and the implications of positive results beforehand. You will also be required to bring photo ID with you for your initial appointment.

Male-to-Female (MTF) transition

This section is for you if you are transitioning from male to female gender and you wish to store sperm before gender reassignment. Ideally, sperm storage should be undertaken prior to commencing any hormone treatment as this may affect sperm production. You may wish to have a semen analysis performed prior to the freeze appointment to ensure that there is sperm in the ejaculate.

You will be asked to attend the clinic before your treatment commences to discuss the process of sperm storage with a member of staff. At this appointment you will be asked to complete a number of consent forms regarding the storage of/use of your sperm. You will also be asked to

try and produce a semen sample by masturbation. There are private rooms designated only for this purpose. If this is not possible, you may be able to produce samples at home, but they must be brought straight to the clinic for freezing.

The sample will be analysed the same day and a member of the team will contact you to discuss the results. The sample will then be frozen and stored in the Leicester Fertility Centre cryobank.

What is the procedure for sperm storage?

We will inform you about the quality of sperm you have; this may be in person, by telephone or in writing. If further samples are needed you will be contacted. Provided there are at least a few sperm present, each sample will be frozen and subsequently stored in liquid nitrogen. However, if during the first visit there should be no sperm in the semen (azoospermia) we may be able to consider carrying out a surgical procedure, if clinically appropriate. This would depend upon a medical assessment and is only possible Mon/Weds/Fri during our routine theatre list.

NHS funding is not currently available for storage for gender re-assignment patients. The statutory consent period for gametes is 10 years; however you may wish to consent for a time period less than 10 years. We ask you to give consent for storage according to your wishes.

It is possible to extend your storage period by signing new consent forms, if required. Storage beyond 10 years is only possible where there is a medical reason to do so and a risk of premature infertility.

In these cases we can store samples for a maximum of 55 years, at your own expense, after which we are obliged by law to destroy them.

You will need to be seen by a medical practitioner every 10 years to confirm your continued storage.

The quality of frozen sperm will not deteriorate during the first 10 years of storage. After that period we cannot predict what effect long term storage may have on the sperm although, theoretically, frozen samples can be kept indefinitely.

What are the risks of sperm freezing?

Some sperm inevitably do not survive the freezing process. Freezing may also cause some damage to the surviving sperm. Practically, this means that after freezing there is always a reduction in the quality of the sample. As a result, the pregnancy rate is lower when frozen sperm is used compared to fresh sperm. Neither fertilisation nor pregnancy is guaranteed.

There is no evidence to suggest that babies born as a result of using frozen/thawed sperm have an increased rate of abnormalities at birth or subsequent problems.

Some sperm samples freeze better than others. Unfortunately we cannot predict which samples will survive well and which will not.

We freeze and keep every sample containing sufficient sperm for treatment irrespective of the sperm quality before or after freezing. There are fertility technologies, which make it possible to fertilise eggs even if there are very few sperm. These technologies include IVF and ICSI. The quality of the frozen/thawed sample will determine the form of treatment, which would be recommended in the future.

Female to male (FTM) transition

This section is for you if you are transitioning from female to male gender, and you wish to store eggs or embryos before gender reassignment. Fertility preservation must take place before hormone therapy and surgery. There are two options:

1. Egg freezing

Prior to commencing hormone therapy, you have the option to store unfertilised eggs for future use. This option involves undergoing

hormonal stimulation to develop multiple eggs for collection. More details can be found in the patient information leaflet **egg freezing**.

2. Embryo freezing

If you have a male partner, IVF can be used to create embryos. You undergo a hormonal stimulation to develop multiple eggs which are then collected and fertilised with sperm in the laboratory. More details can be found in the patient information leaflets **IVF** and **Embryo Freezing**.

What is the procedure for egg collection?

You will need to undergo a treatment cycle which involves taking drugs to stimulate your ovaries. Vaginal scans and blood tests are carried out to monitor your developing eggs. Once these tests show that there are eggs to be collected then you are given an injection of a different drug to help your eggs mature before they are collected.

To collect your eggs you undergo a procedure where a thin needle is inserted through your vagina and using ultrasound guidance your eggs are retrieved whilst you are sedated.

The statutory storage period for eggs is 10 years. At the end of the ten-year period you may be able to extend the time of storage. By law we can store samples for 55 years, provided you meet the medical criteria of having, or be likely to develop premature infertility.

What are the risks of egg collection?

The egg collection involves sedation anaesthesia and therefore it is important that you tell us about any other medical conditions that you have or medication that you may be taking.

Anaesthetic side effects/risks include:

- Postoperative nausea and vomiting (usually last for 1-2 hours and can be controlled with medications).
- Postoperative shivering, chest infection (very rare with sedation anaesthesia).
- Awareness (becoming conscious during some part of operation; the majority of patients who are aware do not feel any pain, but may have memories of events in the operating theatre)
- Allergic reaction to anaesthetic, very rarely anaphylaxis (risk is 1 in 10,000).
- Risk of death or brain damage during anaesthesia (in general the risk is 1 in 100,000 but should be even rarer in sedation for minor procedures).

Procedure side effects/risks include:

- A very small risk of pelvic infection. Symptoms include fever, moderate to severe lower abdominal pain or malodorous vaginal discharge (rare).
- Vaginal bleeding/vaginal laceration requiring stitches (very rare).
- Injury to bowel, bladder, pelvic blood vessel or nerve (very rare).
- Cancelled cycles due to poor or excessive response to the drugs.

What are the risks of egg/embryo freezing?

- Some eggs/embryos inevitably do not survive the freezing process. Freezing can also cause some damage to the eggs/embryos which survive. The pregnancy rate is lower when frozen eggs/embryos are used compared to fresh eggs/embryos.
- There is no evidence to suggest that babies born as a result of using frozen/thawed eggs/embryos have an increased rate of abnormalities at birth or subsequent problems although the treatment is fairly new.

- Some eggs/embryos freeze better than others. Unfortunately we cannot predict which eggs/embryos will survive well and which will not.
- Technologies with which you can use your eggs at a later date include *in-vitro* fertilisation (IVF) and intracytoplasmic sperm injection (ICSI) in order to create embryos to transfer.
- Frozen embryos can be replaced in a frozen embryo cycle. More details can be found in the patient information **Frozen Embryo Transfer**.

Will my gametes/embryos be safe?

Samples are kept on site and any need to transfer them elsewhere would be communicated to you in advance e.g. clinic closure. Whilst we take care to store gametes and embryos under ideal and safe conditions, circumstances, such as strikes or civil disturbances, could affect the supply of electricity and/or liquid nitrogen. Uncontrolled thawing of samples may impact on the potential survival of the gametes/embryos. If your gametes/embryos were destroyed during such an accident we would inform you.

Will I need to sign consent?

The storage of gametes/embryos is regulated by the Human Fertility and Embryology Authority (HFEA). The law requires that you consent to the storage of your gametes and their future use, including for treatment, research and/or training. If you currently have a partner you may be able to consent to your partner's use of the gametes/embryos at a later date to create a family. If your personal circumstances change and you wish to change your consent form or withdraw consent please contact us on 0116 258 5922.

You will also need to decide what should happen to the samples in the event of your death or mental incapacitation. They will either be allowed

to perish or if you have a partner it may be possible to name this person on the consent forms to allow them to use your gametes/embryos in the future to create a family.

If you have consented to the use of your sperm by a partner after your death, then the law allows you to consent to being recorded as the father in the birth register of any child born as a result of fertility treatment.

In the event of a patient's death, treatment for the surviving partner would depend upon their individual circumstances and involve welfare of the child assessment with the counsellor.

No stored samples would be thawed without your consent except if the legal storage period has expired or in the case of unpaid invoices, where applicable.

Cost of storage and future treatment

Storage of gametes/embryos for those undergoing gender re-assignment is not currently NHS funded within Leicester/Leicestershire.

NHS funding for any future treatment using gametes/embryos, would be dependent upon your circumstances at the time you access treatment.

We will contact you for payment for continued storage on a regular basis prior to the end of your storage consent and financial agreement.

Legal Considerations

Patients should consult a legal expert regarding donor and co-parenting agreements legal parenthood and adoption.

What follow up care is available?

We understand that this is a very difficult time for you emotionally. Should you wish to access any supportive counselling regarding the impact of your treatment on your fertility you may contact our counsellor on 0116 2585922.

What happens after my treatment is over?

When you and your partner (if applicable) wish to use the samples you should write to (see address) or telephone the Leicester Fertility Centre on 0116 2585922. You may need to see your GP to be investigated and referred.

An appointment will be made for you to see the appropriate member of the team, who will then discuss with you the investigations and treatment options available.

We will write to you prior to the end of your storage consent expiry. Patients are responsible for ensuring any invoices for storage are paid as non-payment may lead to disposal of the samples.

IT IS VERY IMPORTANT THAT YOU LET US KNOW IF YOU CHANGE ADDRESS OR IF THERE ARE ANY CHANGES IN YOUR CIRCUMSTANCES.

Our commitment to patients

We are constantly striving to improve our services to patients and we will welcome your comments or suggestions for improvement.

Leicester Fertility Centre Contact Details

Tel: 0116 2585922
E-mail: LFCinfo@uhl-tr.nhs.uk
Fax: 0116 2587688
Website: www.leicesterfertilitycentre.org.uk

Useful addresses:

Beaumont Society www.beaumontsociety.org.uk
Human Fertilisation and Embryology Authority www.hfea.gov.uk
NICE guidelines: www.nice.org.uk
NHS - Response line: 0870 155 5455
NHS - Smoking Helpline: www.givingupsmoking.co.uk / 0116 295 4141
Infertility Network UK www.infertilitynetworkuk.com / 0800 0087464
National Gamete Donation Trust www.ngdt.co.uk / 0845 2269193
Leicester LGBT Leicesterlgbtcentre.org.uk
15 Wellington Street, Leicester LE1 6HH
Phone: 0116 254 7412

Do you feel that you are at risk of verbal or physical abuse? If so, you may find the following numbers useful:

Domestic Violence Helpline

United against violence & abuse (UAVA)

0808 802 0028



This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

Questions

If you have any questions write them down here to remind you what to ask when you speak to your consultant.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Today's research is tomorrow's care

We all benefit from research. Leicester's Hospitals is a research active Trust so you may find that research is happening when you visit the hospital or your clinic.

If you are interested in finding out how you can become involved in a clinical trial or to find out more about taking part in research, please speak to your clinician or GP.

If you would like this information in another language or format, please contact the service equality manager on 0116 250 2959

إذا كنت ترغب في الحصول على هذه المعلومات في شكل أو لغة أخرى ، يرجى الاتصال مع مدير الخدمة للمساواة في 0116 250 2959.

আপনি যদি এই লিফলেটের অনুবাদ - লিখিত বা অডিও টেপ এ চান, তাহলে অনুগ্রহ করে সার্ভিস ইকুয়ালিটি ম্যানেজার ডেভ বেকার'এর সাথে 0116 250 2959 নাম্বারে যোগাযোগ করুন।

如果您想用另一种语言或格式来显示本资讯，请致电 0116 250 2959 联系“服务平等化经理” (Service Equality Manager)。

જો તમને આ પત્રછકાનું લેખિત અથવા ટેઈપ ઉપર ભાષાંતર જોઈતું હોય તો મહેરબાની કરી સર્વિસ ઈકવાલિટી મેનેજરનો 0116 250 2959 ઉપર સંપર્ક કરો.

यदि आप को इस लीफलेट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डेव बेकर, सर्विस इक्वालिटी मैनेजर से 0116 250 2959 पर सम्पर्क कीजिए।

Jeżeli chcieliby Państwo otrzymać niniejsze informacje w tłumaczeniu na inny język lub w innym formacie, prosimy skontaktować się z Menedżerem ds. równości w dostępie do usług (Service Equality Manager) pod numerem telefonu 0116 250 2959.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲੈਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੇਵ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਅਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116 250 2959 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

Ak by ste chceli dostať túto informáciu v inom jazyku, alebo formáte, kontaktujte prosím manažéra rovnosti služieb na tel. číslo 0116 250 2959.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xirii, Maamulaha Adeegga Sinaanta 0116 250 2959.