

Egg Freezing



Information for Patients and Partners



What is this service and who is it for?

This treatment is for two groups of patients.

You may be about to undergo medical treatment that may result in your being infertile afterwards.

Alternatively, you may not be in a position to have a child currently but are concerned about your fertility declining as you get older (social egg freezing). The upper age limit for egg freezing for NHS funded patients is up to age 42 (stimulation treatment to take place prior to 43rd birthday) and the upper age limit for self funded patients will be dependant upon an assessment of your ovarian reserve. Social egg freezing is not NHS funded- only egg freezing for patients undergoing medical treatment affecting fertility is NHS funded.

We would like to offer you the opportunity to freeze the eggs that you are producing now so that it may be possible for you to have a child in the future.

What is the procedure?

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 legal storage period for eggs is up to 55 years. Consent for egg storage is taken in 10-year increments so consent will need to be renewed every 10 years for continued storage. If you qualify for NHS funding, this will cover you for the first 10 years only, after this time patients may extend at their own expense.

What preparation is needed?

Screening blood tests are required for Hepatitis B and C, HIV 1&2, HTLV 1&2 and Syphilis for individuals undergoing treatment, valid for up to 3 months before commencing treatment. The above health

screening is clinic policy for infection prevention and welfare of the child considerations. This is because your eggs will be processed by the laboratory and stored in a liquid nitrogen fridge where other samples are kept. You will be advised of the limitations of testing and the implications of positive results beforehand.

Will I need to sign consent?

The storage of eggs is regulated by the Human Fertilisation and Embryology Authority. This law requires that you consent to the storage of your eggs and their future use in treatment, research and/or training. If your personal circumstances change or you wish to 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 this person can be named on the consent forms and therefore be able to use them in a surrogacy arrangement up until the maximum storage period that has been consented to. Women who wish to do this would legally be donating the eggs and therefore consent forms, counselling and blood tests would need to be completed at the patient's own expense.

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

Stored samples will not be thawed without your consent except if the legal storage period has expired or in the case of unpaid invoices where applicable.

Will my eggs 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 eggs 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 spoil the eggs. If your eggs were destroyed during such an accident, we would inform you.

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 counselor on 0116 2585922.

How successful is egg freezing?

Survival rates for eggs following freezing depend on the quality of the eggs before freezing, but on average around 70% of the eggs frozen will survive the freezing and thawing process. Of the surviving eggs about 65% of these in turn will fertilise in response to ICSI (intra cytoplasmic sperm injection).

The use of frozen eggs is still relatively new, and it is difficult to provide accurate statistics for pregnancy rates. However, there is no evidence suggesting that embryos produced from frozen eggs are less viable than embryos from fresh eggs. Success rates worldwide appear to be about 4% live birth rate per egg thawed.

Women should be encouraged to use their frozen eggs as soon as practicable to avoid the natural decline in fertility as age increases. In most cases it is advisable to try to conceive with frozen eggs before age 40. In any event success rates may be higher using your own fresh eggs when you are older than using eggs you had frozen at a younger age. The Leicester Fertility Centre cannot guarantee that either fertilization or pregnancy will occur as a result of thawing stored oocytes for use in treatment.

What happens after my treatment is over?

When you wish to use your eggs, you should write (see address below) or telephone the ACU on 0116 2585922.

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.

What are the risks of egg freezing?

- Some eggs are inevitably killed during freezing; freezing also causes some damage to the eggs which survive. The pregnancy rate is lower when frozen eggs are used compared to fresh eggs.
- There is no evidence to suggest that babies born as a result of using frozen/thawed eggs have an increased rate of abnormalities at birth or subsequent problems although the treatment is fairly new.
- Some eggs freeze better than others. Unfortunately, we cannot predict which eggs will survive well and which will not.
- Technologies with which you can use your eggs at a later date include egg thawing and intracytoplasmic sperm injection (ICSI). You should also be aware that NHS funding for these treatments is dependent upon eligibility criteria.

We will write to you prior to the 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.

What risks are involved?

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 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).

There is a very small risk of pelvic infection after the egg collection. 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

Common side effects of medication

Suprecur:

- Tiredness, headache, hot flushes, irritability and injection site irritation – redness, swelling, bruising or pain.

Gonadotrophins - Menopur or Gonal F:

- Headache, tiredness, nausea, vomiting, diarrhoea, abdominal discomfort, bloating and injection site irritation – redness, bruising, swelling or pain.
- Multiple pregnancy.
- OHSS – see section below.

Doxycycline (an antibiotic to be taken for 5 days after egg collection to help prevent any infection developing):

- May cause nausea, vomiting, diarrhoea, oesophageal irritation and photosensitivity.

Please read the information leaflets provided with your medication and if you have any concerns, please discuss with the nurses.

Ovarian hyperstimulation syndrome (OHSS):

OHSS occurs when there are too many follicles produced in the ovary. In severe cases, which are fortunately rare, fluid can collect in the abdomen and chest causing discomfort and difficulty in breathing. This may lead to a greater tendency for the blood to clot causing thrombosis.

How do I know if I'm developing OHSS?

The following are the symptoms that you may develop as a result of OHSS:

- **Mild OHSS** – mild abdominal swelling or bloating, abdominal discomfort and nausea. You will be advised to drink plenty of oral fluids at home and report to us if you have other symptoms or if your symptoms get worse.
- **Moderate OHSS** – symptoms of mild OHSS but the swelling and bloating is worse because fluid is building up in the abdomen. There is abdominal pain and vomiting.
- **Severe OHSS** – symptoms of moderate OHSS plus extreme thirst and dehydration because so much fluid is building up in the abdomen, passing very small amounts of urine which is very dark in colour (concentrated), difficulty breathing because of build-up of fluid in the chest and a red, hot, swollen, and tender leg due to a clot in the leg or lungs (thrombosis).

If you develop any of these symptoms, then you should contact the Fertility Specialist Nurses on (0116) 258 5922. If outside clinic hours, please use the emergency mobile number on the answer phone.

The use of Eggs for training

At the end of your treatment cycle there may be immature eggs that are unsuitable for freezing. On your HFEA GS consent form you have the option to allow eggs to be used for training purposes prior to their discard.

Please note that it is not possible to consent to use in training or research without consenting to storage.

You can either consent to 'no' in which case the eggs that were not used in your treatment will be discarded, or you can consent to 'yes'.

If you consent to 'yes' for training, then nothing will be done until the end of your treatment cycle. You can withdraw your consent at any time prior to their use in training. There is no financial benefit from

consenting for your eggs for training. Selecting either 'yes' or 'no' for the use of your eggs for training will not impact on the care you receive. You can also consent to allow samples to be stored for use in training in the future, which may enable more staff to benefit. The forms also allow you to specify your wishes about training in the event of death and mental incapacitation separately.

Your consent forms will be checked prior to treatment and your wishes will be logged on the laboratory paperwork. If, at the end of your treatment cycle, the eggs are to be used for training purposes then two members of the embryology team will recheck the HFEA GS consent form to confirm that valid consent is in place. To ensure no conflict of interest, if the staff member who carried out the assessment of egg maturity, would also be the one using the samples in training, then the assessment would be confirmed by another qualified member of staff.

Any eggs to be used in training will be transferred to a new container and kept in a separate incubator space to any eggs in use. A log is kept of all eggs used for training, including which staff member has used them and for what technique. The eggs could be used for the purpose of training staff in egg freezing and other techniques as per the HFE Act 2008 (for example moving eggs from one dish to another or egg injections). We would not attempt to create any embryos when training with the eggs. The gametes would also not be used to 'test' or 'validate' equipment as per the HFE Act 2008.

As not all eggs available from patients who consented to training are required by staff, it is not guaranteed that samples will always be used in training. If you would like to know, after your treatment cycle is complete, you can ask if your samples were used and for what technique. Once the training has been completed the eggs would be discarded and not used for any other purpose. By allowing your eggs to be used for training you are helping the embryologists and patients of tomorrow and we thank you for your help.

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: Uhl-tr.LeicesterFertilityCentre@nhs.net

Website: www.leicesterfertilitycentre.org.uk

Useful addresses

Human Fertilisation and Embryology Authority:	www.hfea.gov.uk
NICE guidelines:	www.nice.org.uk
NHS - Response line:	111.nhs.uk / 111
NHS - Smoking Helpline:	0300 123 1044
Fertility Network UK:	www.fertilitynetworkuk.org / 0121 323 5025

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)

Helpline: 0808 802 0028

Email: info@uava.org.uk

Text support: 07715 994 962



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 need information in a different language or format, please call the number(s) below or email equality@uhl-tr.nhs.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

0116 258 4382 or 0116 250 2959