

Frozen Embryo Transfer

Information for Patients and Partners



What is this leaflet about and who is it for?

This leaflet is produced for couples undergoing frozen embryo transfer (FET).

What is 'frozen embryo transfer' (FET)

FET is where embryos frozen following your IVF/ICSI cycle are thawed for transfer into the uterus.

What preparation is needed for FET?

- To ensure the best response to treatment and for your safety your BMI (body mass index) should be between 19 and 30. Your BMI is calculated by your body weight in kilograms divided by your height in metres squared. If your BMI is above 30 or below 19 you will be offered help and advice to reach the required weight before starting treatment.
- Screening blood tests are carried out for Hepatitis B, Hepatitis C, HIV, HTLV and syphilis. These tests require updating as per HFEA guidance every two years.

What is the procedure?

You will need to arrange a 'planning appointment' with the Consultant and you and your partner will be required to sign consent forms relating to your treatment.

If you are paying for private treatment, you will be given a costed treatment plan at your planning consultation and payment should be made prior to commencing your treatment.

You can also arrange an appointment with the nurses if you require an injection refresher lesson.

Natural Cycle FET

Natural cycle FET is appropriate if your periods are reasonably regular and there is a specific reason for not doing the programmed cycle FET.

On Day 1 of the period contact the unit (0116 2585922) to arrange a scan around Day 10. This vaginal ultrasound scan is carried out to measure the womb lining thickness and to measure any developing follicles (further scans may be necessary).

If the response is adequate an Ovulation Predictor Kit will be provided for you to test for ovulation.

When ovulation surge occurs, you must contact the unit before 10am to arrange the date for your transfer.

If the embryo transfer based on your ovulation falls on a Saturday or Sunday, the cycle will be halted.

Programmed cycle FET

Programmed cycle FET is appropriate for all cycle lengths. There are two ways of doing programmed cycle - long or the short protocol. The difference between the two protocols is in the medications that are used to suppress your internal hormones. The aspect of stimulating your lining of the uterus is exactly the same for both the long and short protocol.

The decision to choose one regime over the other is based upon the availability of the medications in the pharmacy and nationally. Various units in the UK use both long and short regimes and success rates are the same. We do not have large local data set for our unit for the success rates, since this has been started only recently from July 2022.

Long protocol

On Day 1 of the period, ***which is the proper flow of bleeding***, you will contact the unit to inform us that you are starting long protocol FET cycle.

You will then need to come and collect your prescription and arrange an injection lesson if required.

A daily morning injection of Suprecur will commence around Day 21 of your cycle.

You will then have a period and contact the unit again to arrange a baseline transvaginal ultrasound scan appointment; this is usually on day in the first few days of starting the period.

After the scan, if all is well, you will then be started on oestrogen tablets three times a day. If there is a problem with the lining of the uterus or cysts on the ovaries, you may undergo further blood tests and scans before either commencing or halting treatment.

Subsequently you will be booked for a transvaginal scan on day 10-12 of your cycle.

Once the womb lining is thickened adequately, you will be given instructions to stop the Suprecur morning injection and start the progesterone pessaries twice a day. You will also be given the date for the embryo transfer.

If the lining is thin and not ready, a few more days will be given to prepare it and rescan. Sometimes, you are prescribed additional hormone patches along with the tablets to help thicken the lining of the womb.

Sometimes, if despite all measures the lining does not thicken, then the treatment is halted and replanned.

You are advised to avoid unprotected intercourse during the treatment.

Short protocol (Antagonist protocol)

You will collect the medication prescription in the next week before you are due to get your period to commence FET cycle.

Then, on the first day of your period, which is the proper flow of bleeding, you will ring to inform you are starting short protocol FET cycle.

On the same day (first day of period) you will start the Ganirelix OR Cetrotide injection 0.25 mg in the evening and we will book a scan in the first few days of starting the period. You will continue this injection for a total of 5 days.

You will then be started on oestrogen tablets three times a day after the scan. If there is a problem with the lining of the uterus or cysts on the ovaries, you may undergo further blood tests and scans before commencing or halting treatment.

Subsequently, you will be booked for a transvaginal scan on day 10-12 of your cycle.

Once the lining is thickened adequately, you will be given instructions to start the progesterone pessaries twice a day and a progesterone injection once a day; and you will be given the date for the embryo transfer.

If the lining is thin and not ready, a few more days will be given to prepare it and rescan. Sometimes, you are prescribed additional hormone patches along with the tablets to help thicken the lining of the womb.

Sometimes, if despite all measures the lining does not thicken, then the treatment is halted and replanned.

You are advised to avoid unprotected intercourse during the treatment.

You will continue with your preconception supplements.

What happens next?

The stage at which your embryos were frozen will determine when they are thawed and transferred. Thawing of the embryos is done on the same day as the planned embryo transfer.

The Embryologist will contact you on the day to discuss how the thawing process has gone. If the thaw has been successful, they will arrange a time for you to attend the unit for embryo transfer, with a full bladder on the same day.

If the embryos do not survive the thawing process, unfortunately you will be asked to stop all medications and then a follow-up appointment will be made with the doctor.

How are embryos put back?

The number of embryos to be transferred will have been discussed with you at your plan appointment with the Consultant.

This is a painless procedure and does not usually require any anaesthetic. You are requested to come with a full bladder to help visualisation of the lining of the uterus by a ‘tummy’ scan.

A speculum will be inserted, just like a smear test. The cervix will be cleaned, and a fine tube ‘catheter’ is then passed though the cervix into the womb. At this point a nurse will start to scan your tummy to visualise the lining of the womb. The embryo(s) are replaced with a small amount of media, which can often be seen as a “white flare” on the screen. The catheter is then removed and checked by the embryologist to ensure the embryo(s) have been replaced.

You may go to the toilet after the procedure and the embryo(s) will remain in place.

Leicester Fertility Centre is unable to guarantee that your treatment will be carried out by a specific doctor. Please let us know before starting treatment/medications if you would not like to proceed with the treatment unless a specific doctor is available.

What happens then?

During the next two weeks you will be using Progesterone vaginal pessaries and/or progesterone injections. You will be asked to insert a pessary, into the vagina, morning and evening. If using injections, it is recommended to take them in the evening. These are used to support the lining of the womb and to encourage implantation of the embryo(s).

When can I do a pregnancy test?

You will be given a date to carry out a urine pregnancy test at home and to contact the unit with the result.

1. If your test is positive, you will need to collect further medication and have a blood test the following week.
2. If negative but your period has not started, a blood test will be organised that day to confirm the urine result.
3. If negative but your period has started, a follow-up appointment will be arranged.

What risks are involved?

Side effects with medications:

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

Oestrogen - nausea, bloating.

Progesterone - Drowsiness, abdominal discomfort and or distention, constipation, breast pain, hot flushes.

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

Failure of the embryos to survive the freeze thaw process. On average 80% of the embryos survive thawing.

Difficulty with embryo transfer or failure to transfer embryo.

Loss or damage to the embryos at the time of embryo transfer.

Biochemical pregnancy/miscarriage/ectopic pregnancy.

Multiple pregnancy – a multiple pregnancy carries more risks to the mother and baby compared to a singleton pregnancy. If you have not previously had an embryo transfer due to having a ‘freeze all’ IVF/ICSI cycle, then you will be advised to have single embryo transfer (SET) for your first transfer to reduce the risk of multiple pregnancy. Please note that monozygotic (identical) twins can occur even after transfer of a single embryo. There is no risk of OHSS with a FET cycle, since we are not stimulating the ovaries. You can view our verified multiple birth rate data on the HFEA website. The most up to date figures for multiple pregnancy rates can be obtained upon request from our Embryology team or via the laboratory noticeboard in the clinic.

With multiple pregnancy there is a higher risk of miscarriage and higher rate of complications during pregnancy, such as premature birth, low birth weight, still birth, perinatal mortality, disability and other health problems. Also there might be the need for extended stays in hospital before and after birth. There is also the practical, financial and emotional impact of multiple pregnancy on the family and any children.

What follow up care is available?

We would like to see you and your partner if your treatment has not been successful for a follow-up appointment with the Consultant.

We understand that this is a very difficult time for you both emotionally. Should you wish to access any supportive counselling during your fertility treatment you may contact the unit to arrange an appointment with the counsellor (0116) 2585922.

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 ફૂપા 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