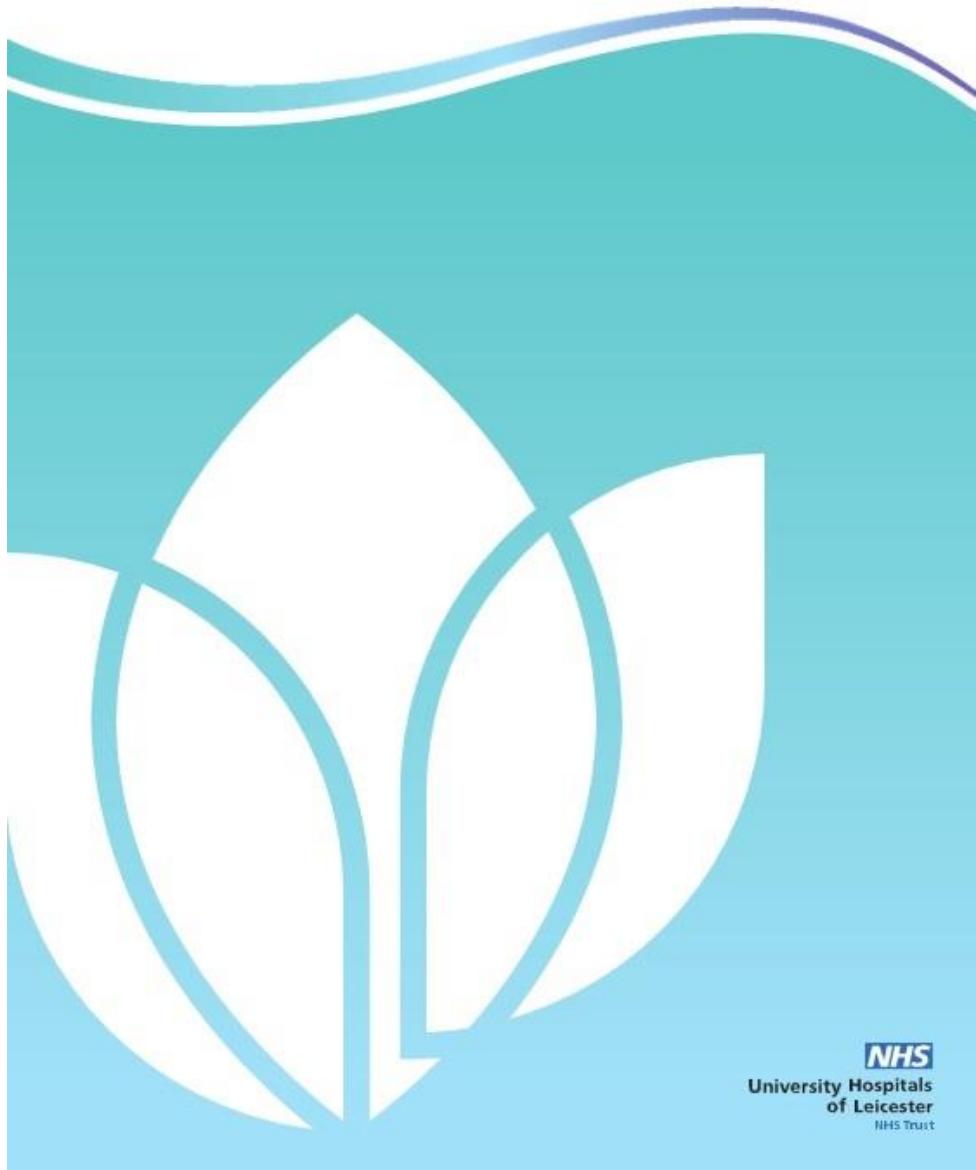


Transgender Fertility Preservation



Information for Patients and Partners



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.

Transgender Terminology

The Leicester Fertility Centre is aware there are multiple terms used to refer to people undergoing transgender treatment and that this terminology is continuously developing and evolving. For inclusivity, the Leicester Fertility Centre uses the term 'trans' to refer to all trans identities including 'non-binary' and 'non-gendered' individuals. Please feel free to let the Leicester Fertility Centre know your preferred pronoun so we can make a conscious effort to address as preferred.

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 eggs or sperm. Separate leaflets are available on our website explaining the treatment options available.

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 dependent 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. Dependant on your sexual orientation; this may only be possible if you are screened and 'set-up' as a donor at an additional cost. Please get in contact to discuss this further if you believe this may apply to your individual circumstances. 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.

If you think donation or surrogacy are the most likely options for the future; you may require additional testing at the time of use. At the Leicester Fertility Centre, we will only perform the required infectious screening for immediate storage according to legislation. Individual circumstances can be discussed either at over the telephone or at your initial appointment.

What preparation is needed?

The Human Fertility and Embryology Authority (HFEA) require that you and your partner (if applicable) undergo HIV, Hepatitis B, Hepatitis C, Syphilis and HTLV 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 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 a 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 should I do prior to sperm storage?

Maintaining a balanced healthy lifestyle and diet will help improve semen parameters. If possible, certain practices (e.g., 'genital tucking') should be ceased approximately three months prior to producing a sample for storage, as these practices may reduce the quality of the sample, and therefore limiting the treatment options available.

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. An appointment includes freezing and storage for the sample provided at the initial appointment and one additional sample freeze if required after the initial appointment (two samples in total). Provided sperm are seen, the sample will be frozen and stored in liquid nitrogen. However, if no sperm are seen in the semen (azoospermia), we may consider carrying out a surgical procedure to retrieve sperm, if clinically appropriate. This would depend upon a medical assessment and is only possible Mon/Weds/Fri during our routine theatre list.

The storage consent period for gametes is up to 55 years. Consent must be given in 10 year increments and requires updating every 10 years. We will contact you prior to the expiry of your consent period to offer you the option of 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 may be a reduction in the quality of the sample. 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 the gender female to male, 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 information 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 hormonal stimulation to develop multiple eggs which are then collected and fertilised with sperm in the laboratory. If you are coming through without a partner; embryo creation may be possible using donor sperm. More information 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. Internal vaginal scans and blood tests are carried out to monitor your developing eggs. If you have never had a smear test or had penetrative sex, please speak to a member of the team as additional guidance or counselling may be required. Once these tests show that there are sufficient eggs to be collected, you are given

an injection of a different drug to help your eggs mature before they are collected.

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

The storage consent period for gametes is up to 55 years. Consent must be given in 10 year increments and requires updating every 10 years. We will contact you prior to the expiry of your consent period to offer you the option of continued storage.

What are the risks of egg collection?

The egg collection involves sedation anaesthesia 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:

- Post-operative nausea and vomiting (usually last for 1-2 hours and can be controlled with medications).
- Post-operative 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.

Ovarian hyperstimulation syndrome (OHSS):

OHSS occurs when there are too many follicles produced in the ovary. In severe cases, 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. You may require hospital admission if you are unwell with OHSS.

How do I know if I'm developing OHSS?

The following are 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/ vomiting/and or passing small amount of urine.
- **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).
- **There have been reports of death following OHSS, although rare.**

If you develop any of these symptoms, then you should contact the unit/Fertility Specialist Nurses on 0116 258 5922. If outside clinic hours, please use the emergency mobile number 07921 545571.

What will happen then?

Fertility Centre staff will arrange for you to be reviewed by the nursing and medical staff in the ACU during working hours or at the Gynaecology Assessment Unit (GAU) at the LRI out of hours. Sometimes it is necessary to recommend admission to hospital to closely monitor and observe you. It may be necessary to give you blood-thinning injections to prevent clotting and intravenous fluids to correct dehydration and urine output. Rarely, if there is a large fluid collection in the tummy and/or chest it will be drained by a tube to reduce discomfort.

If an admission is recommended to you, you should follow medical advice.

Can anything be done to stop me developing OHSS?

Prior to starting treatment: if you are at a higher risk of developing OHSS as determined by high AMH/known history of PCOS/ younger age group, you will be considered for a short protocol to stimulate the ovaries.

During treatment: At the time of the final scan (before the hCG injection (Ovitrelle)) we will have a reasonable estimate of the number of eggs that are likely to be collected. You will be informed if we think you are at increased risk of developing OHSS. Measures taken to reduce the risk of OHSS depends upon individual circumstances, however these are:

- a) Rarely, we may decide to cancel your egg collection if we think that the risk of developing severe OHSS is very high. In this case we will ask you to stop your gonadotrophin injections and restart in few months with a different protocol to stimulate the ovaries.
- b) You may be placed on a medication called Cabergoline, which reduces the risk of developing OHSS, for eight days from the day of egg collection. We will give the prescription from the hospital and the medication needs to be collected from the hospital pharmacy. There are no major side effects of this medication.

What are the risks of egg/embryo freezing?

- Some eggs/embryos may 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) with 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.

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.

Cost of storage and future treatment

NHS funding for freezing and storage of gametes or embryos is currently available for transitioning patients who reside and are registered with a GP within the Leicestershire area. You will need to be referred by your Leicestershire GP, or an appropriate medical practitioner to obtain funding. If you reside outside of the Leicestershire

area; please contact the Leicester Fertility Centre to discuss funding options. Funding is only available for the initial 10-year storage.

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

We also offer privately funded storage for gametes or embryos. Payment is due before any samples are stored and prices are available either from our website or upon request alongside our terms and conditions. With all samples in storage, we will make attempts to contact you before the end of your funded storage period, and request you keep us informed about changes of address or other circumstances. Please refer to our 'terms and conditions' for full details.

Legal Considerations

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

At the time of cryopreservation, we can only store samples under your legal name (name on passport/driving license) and gender at birth (unless otherwise changed). If you legally change your name, please provide us with the deed poll (legal document) and/or updated photographic identification, so we can update our records. If during/after your transition you apply to be legally recognised as your acquired gender and wish this to be reflected at the Leicester Fertility Centre, you must have an interim/full gender recognition certificate (GRC) that has been issued by a Gender Recognition Panel (GRP).

Legal Parenthood: Trans Patients

The Gender Recognition Act 2004 sets out the circumstances in which a gender recognition certificate (GRC) will be issued and provides trans people with a formal mechanism by which they can be legally

recognised in their acquired gender. Obtaining a GRC (or an interim GRC) does not affect the status of the person as the legal mother, father or second parent of a child.

What is relevant in determining legal parenthood is the birth gender of the trans patient. For example:

- a woman who has had a child and subsequently transitions to become a trans man remains the mother of his existing child,
- a trans man who gives birth to a child will also be recorded on the birth certificate as that child's mother,
- a trans woman who uses her sperm in her female partner's treatment will be the father of the child,
- a trans man whose partner gives birth to a child will be recorded as that child's second parent

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 258 5922.

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 258 5922. 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: Uhl-tr.LeicesterFertilityCentre@nhs.net

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: [111.nhs.uk / 111](http://111.nhs.uk)

NHS - Smoking helpline: 0300 123 1044

Fertility Network UK: www.fertilitynetworkuk.org / 0121 323 5025

Leicester LGBT https://leicesterlgbtcentre.org
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)

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.



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 براو کرم مدرجہ ذیل نمبر یہ 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
જે તુમ્મી ઇહ જાણકારી કિસે હોર ભાગા વિચ ચાહુંદે હો, તાં કિરપા કરકે હેઠાં દિલ્લે ગાએ
નેંબર તે ટેલીફોન કરો।

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

0116 258 4382 or 0116 250 2959