

FREQUENTLY ASKED QUESTIONS

What is involved in starting an IVF cycle?

After having been evaluated by your physician and determined to be eligible for IVF, the following appointments and procedures are scheduled:

- IVF orientation and injection class. These are scheduled with one of the IVF nurse coordinators. During these classes, the upcoming IVF cycle is reviewed in detail. If you have not used injectable medications before, you will be instructed how to do so.
- Saline hysterosonogram and blood tests (previously described). Both partners require blood testing.

When do I call to start my IVF cycle?

“Day 1” of your menstrual cycle is considered the first day of menses. When the flow begins after 9:00 pm, the *following* day is considered “day 1.” You should be familiar with your medications and have all of your prescriptions filled before your cycle starts. On day 1, call the coordinator and let her know that you started your cycle. If your period starts after 4:00 pm, call the next day after 9:00 am.

What is the success rate with IVF?

Numerous factors influence success rates. These include the age of the woman, the indications for the procedure, the sensitivity of the ovaries, prior reproductive history, medical and surgical history, and the health of the sperm. As centers around the city and country have significant variability in who they choose to treat with IVF, success rates are relatively non-interpretable. Your physician should review the expected chances of success in **your specific situation**.

When I am finally instructed to start my medications, what time do I do so?

Medications are generally administered in the evening unless otherwise instructed. Sometimes you may be instructed to use medications in the morning as well. The *typical*

times at which the following medications are given are as follows (note - *not all patients use all of the listed medications*):

- **Lupron:** take each evening between 7 pm and 9 pm.
- **Gonadotropins** (e.g. Gonal-F vials or pen, Follistim vials or pen, Repronex, Menopur, or Bravelle): take each evening between 7 pm and 9 pm.
- **Human chorionic gonadotropin** (generic hCG, Novarel, Pregnyl, Profasi, or Ovidrel): take **exactly** at the time specified.
- **Progesterone in oil or progesterone suppositories or Endometrin or Crinone:** specific instructions will be provided to you regarding the timing and dosing of these medications.

How do I mix the Gonadotropins? (please refer to *injection instruction section*)

Medications often come in a vial form or in an injection pen. If in the form of a vial of powder, please understand that the active drug is the powder. The liquid (or diluent) that is packaged with the medication serves only to dissolve the medication so that it can be injected. If you are instructed to use 1, 2, or 3 vials of medication, add 1 ml (or 1 cc) of diluent to the first powder, gently swirl it to allow it to dissolve, then transfer the whole volume of that vial to the next powder (and so on). If 4 or more vials are to be used, use 1.5 - 2 ml cc of diluent. Specific, detailed injection instructions are included in this manual.

Why was I given two needles for one medication?

One needle (the longer one) is used to mix the medications and the other needle (short one) is used to give the injection.

What is the difference between IM and Subcutaneous injections and which needle do I use for each?

An IM (intramuscular) injection involves injecting the medication into deep muscle tissue using a long (1 to 1 ½ inch) injection needle. A subcutaneous injection involves injecting

the medication into the fatty tissue directly beneath the skin using a short (1/2 inch) injection needle.

If I am going out for the evening, can I inject myself *before* I leave for the evening?

It is recommended to give your injection at the same time each day. A 1 hr window of time prior to, or after, the previous night's dose is acceptable. However, the medications should be given in the recommended time intervals listed in this manual.

How many days will I be on medication?

Ovarian stimulation medications are taken for approximately 7-11 days. We can not predict early in the cycle exactly how many days of stimulation will be needed.

How much of the hCG do I inject?

The hCG injection allows the eggs to undergo adequate maturation prior to egg retrieval. It is critical that the injection is given at the exact time instructed. The dose is 10,000 IU unless otherwise specified. Read the label on the vial and confirm it reads 10,000 IU, then dissolve the powder in 1cc of diluent and inject (refer to medication instructions section of this manual).

Why was I sent one bottle of Lupron when I need to use it for 2 weeks?

Lupron comes in a multi-dose vial. Although the vial does not look full, there is enough medication in one vial for at least two weeks of daily dosing.

Why was I given an extra syringe for my Lupron?

Some patients use Lupron for longer than 2 weeks. Additional syringes may be required.

How much Lupron do I draw up in the syringe?

The dose you are given can be drawn up according to the following:

0.05 cc = 0.05ml = 5 units

0.1 cc = 0.1ml = 10 units.

0.2 cc = 0.2ml = 20 units.

What size should the follicles be when they are ready?

Generally, the diameter of a follicle that normally contains a mature egg is 16-20 mm.

Why do I need to take Progesterone?

Progesterone is a natural hormone that is given intramuscularly and/or by a form of vaginal suppository starting on the evening of the egg retrieval. It helps prepare the lining of the uterus to receive the embryo for implantation.

When do I know if I am pregnant? If I get a period, do I still need a pregnancy test?

A blood pregnancy test (hCG level) is done approximately 12 days after the embryo transfer. A home pregnancy test is not as accurate and often misleading.

What happens to the embryos in my uterus if I do not become pregnant?

The eggs and embryos are microscopic. If pregnancy does not occur, they are reabsorbed by the body.

Should I be taking vitamins?

A daily multivitamin containing folic acid 0.4 mg is recommended when you are trying to conceive and throughout your pregnancy.

What time are patients monitored during the week/weekend?

7:30am-9:30am Monday-Friday; 8:30am-10:30am on weekends. Note: Dr. Stein, Dr. Keltz or Dr. Lederman will perform the morning sonograms depending on the day of the week your visit falls on.

My partner may have problems producing a semen sample on the day of retrieval.

What should I do?

Some men do have anxiety that prevents them from producing a sample on the day of the egg retrieval. If you anticipate a potential problem, it is imperative that your partner

arrange with the IVF laboratory to freeze a sample ahead of time (at least 4-5 days prior to the retrieval).

When will the embryo transfer occur and how many embryos will be transferred into my uterus?

The embryo transfer is generally performed three to five days after the egg retrieval. You will need to be at bed rest for two days after the transfer (see section on embryo transfer). The number of embryos to transfer depends on your age, reproductive history and personal philosophy regarding multiple pregnancy. The American Society of Reproductive Medicine provides general guidelines for the number of embryos to transfer. These guidelines are largely age-based. Your physician's recommendations on the number of embryos to transfer are based on the desire to optimize pregnancy rates and minimize the chances of multiple (>2) embryos implanting. Your feelings regarding multi-fetal pregnancy reduction will also be addressed. The physician reserves the right to refuse to transfer more embryos than he feels is medically-advisable.