

INSTRUCTIONS FOR PREPARING AND INJECTING MEDICATIONS

To minimize contamination, wash your hands thoroughly with soap and water, place materials on a clean, dry surface, and do not allow the needle to touch any unclean surface.

If you have been prescribed Follistim AQ Pen and Cartridge or Gonal-f RF Pen:
Please refer to pre-printed instructions (with diagrams) provided by our nursing staff.

If you have been prescribed vials of Menopur, Repronex, or Bravelle:

Make sure you have all the necessary items listed below before you begin:

- Vials of actual medication (powder form) and liquid (diluent or water which serves only to dissolve the medication)
- Mixing needle, (3cc, 1 ½ inch syringe with needle attached), Short needle (subcutaneous needle length 1/2 inch) and the Long Needle (intramuscular needle length 1 or 1 ½ inch)
- Alcohol swabs, gauze, and sharp container (puncture-proof container with sealable lid suitable for disposal of used syringes)

Reconstituting vials:

1. Flip the protective plastic cap off the vials and wipe the rubber stopper with alcohol. Do not touch the stoppers after they are wiped.
2. Twist cap clockwise to insure needle is secure on syringe so that no leakage of fluid will occur - then, carefully remove the needle cover
3. Draw air into the syringe by slowly pulling back the plunger to the **1-cc** mark.
4. Carefully insert the needle through the rubber stopper into the vial with the liquid and gently inject the air into the vial. Without removing the needle, turn the vial upside down and withdraw **1 cc** into the syringe, making sure the tip of the needle remains in the water. Then remove the needle from the vial.
5. Introduce needle into the vial, depress the plunger and slowly inject the liquid along an inside wall of the vial of medication. If bubbles appear, wait a few moments for the bubbles to settle. If the mixture is not clear and colorless (rare), **do not inject** and call your physician.
6. If your dose requires more than one vial, draw up the mixture back into the syringe. Be sure to keep the tip of the needle within the mixture while withdrawing, and then inject the contents of the syringe into the next vial of powder. Repeat process until your recommended dose is completely mixed.
7. Recap the needle.

Preparing for injection itself:

1. Remove the mixing needle by twisting the cap counterclockwise. Replace the mixing needle with a short needle, twist clockwise, then pull off the needle cover.
2. Turn the needle so that it is pointing up and tap the syringe. After the bubbles float to the top, slightly depress the plunger until a drop or two of liquid is released from the tip of the needle. Next, recap the needle while you prepare the injection site.

SECTION G: PREPARING FOR YOUR EGG RETRIEVAL

*(** You will receive a detailed instruction sheet from our office before your egg retrieval. follow the instructions on that sheet exactly.)*

The night of your human chorionic gonadotropin (HCG) injection:

- **hCG** is the last hormone injected before egg retrieval. It is packaged under the names: **hCG**, **Pregnyl™**, **Profasi™**, **Novarel™** or **Ovidrel™**. On the night of the hCG injection, mix the HCG as follows: add 1cc diluent to the vial of powder (10,000 units), allow powder to dissolve, then withdraw the entire 1 cc (all 10,000units) into the syringe. Switch to the shorter 1 inch 22 gauge needle and inject into the buttocks intramuscularly (as previously instructed).
- You will be instructed in writing as well as verbally regarding the date and time to take the hCG injection as well as other medication instructions.

The night before egg retrieval:

- Start **Doxycycline** 100 mg (take first tablet between 9 pm and 11 pm). Take one tablet every 12 hours (8 tablets total) until the tablets are gone.
- **Do not eat or drink anything after midnight** (until after the retrieval).

The morning of the egg retrieval:

- You will be instructed in writing as well as verbally regarding the date and time of the egg retrieval. You **must** arrive at our office promptly 30 minutes before the scheduled time of retrieval.
- Wear loose fitting clothes, do not eat or drink anything that morning and do not douche.
- Consent forms must have been signed by this time by both the patient and her male partner for all associated procedures (and for cryopreservation of embryos if needed). **As such, your partner must be present to sign.**

- An anesthesiologist will explain anesthesia-related issues and administer the anesthetic **(Note: before undergoing anesthesia, you MUST alert the anesthesiologist and your doctor about any health problems, even if you have already discussed these in consultation with your physician. Please make sure you notify us of any allergies to soybeans or eggs or any heart valve (e.g. murmurs) or respiratory problems, such as asthma.)**
- A semen specimen will be collected after the egg retrieval is completed. The lab should be informed in advance if you anticipate any problems with semen collection. **As such, your partner must be present** (unless donor semen is being used or the use of a frozen semen or testicular tissue sample from the partner has been pre-arranged and consented for by both partners).
- After recovering for approximately 60 minutes after the retrieval, you will be discharged home. You **must** be accompanied home.
- Take your morning **Doxycyline** tablet with food and a glass of liquid or juice when you return home.
- Full payment (by check, cash or credit cards) for **ALL IVF services MUST BE RECEIVED NO LATER THAN THE DAY OF the hCG injection. Regardless of insurance coverage, all patients must pay the \$500 anesthesia fee (bring cash or a check made out to Dr. Steven Alford) on the day of service.** You may contact your carrier for possible reimbursement. Be sure to request a HICFA form if you will be submitting a bill to your insurance carrier.

Note: **CRYOPRESERVATION (FREEZING) OF EMBRYOS** is an option available to couples with “extra” embryos (i.e. more embryos than will be transferred to the uterus). If your physician believes cryopreservation is appropriate for you, embryos will be cryopreserved on the third day after the egg retrieval. Your physician will discuss with you his or her recommendations regarding whether or not to cryopreserve embryos and the number of embryos to cryopreserve. Although there are no arbitrary guidelines as to who should or should not cryopreserve embryos, we recommend that women under 36 years of age with 7 or more embryos strongly consider cryopreservation. All patients/couples who decide to cryopreserve embryos for future use **must sign the appropriate consent forms and make full payment for cryopreservation (not covered by insurance)** prior to exiting the center on the day of the egg retrieval. If for any reason freezing of embryos cannot be performed, cryopreservation fees will be refunded to you.