

# EAST COAST INFERTILITY AND IVF

## Donor Egg In Vitro Fertilization Program



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### **Donor Handbook**

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**WELCOME!**

East Coast Infertility and IVF would like to welcome you to its Egg Donor / In Vitro Fertilization (IVF) program. The following information was designed to provide understanding of IVF and help answer usual questions that may arise during treatment. We encourage your questions as you proceed with your treatment.

After you have studied this material you will be ready to begin. As you start your cycle, you will receive instructions regarding fertility medication, return visits and so forth. Please read this booklet carefully, make notes and write down your questions as you go along. During your next visit we can discuss any concerns you might have.

## **AN OVERVIEW OF THE IVF PROCEDURE**

The first infant born from in vitro fertilization (IVF) was delivered in 1978. Louise Brown represented the pioneering efforts of Drs. Edwards and Steptoe in England. Since that time thousands of infants have been delivered as a result of IVF. Over the last twenty years the technique has developed into a practical and successful fertility treatment.

There are several steps in the Egg Donor / IVF procedure. The first step involves the Donor using Lupron in conjunction with fertility medicines to stimulate the ovaries for the production of several mature eggs. This process is commonly referred to as controlled ovarian hyperstimulation. This is in contrast to the natural menstrual cycle in which only one follicle with one egg is produced. The response of the ovaries to these medicines is monitored by serial ultrasounds to observe the development of the follicles. Follicles are collections of fluid within the ovary containing an egg. Additionally, serial blood tests are performed to monitor the serum Estradiol. By interpreting the results of the ultrasounds and blood tests, the physician is able to accurately determine the best time to harvest or remove the ova. An injection of human chorionic gonadotropin (hCG), is administered to induce the final maturation of the ova. Approximately 35.5 hours following the administration of the hCG, the oocyte retrieval is performed.

The most common procedure used for oocyte retrieval is ultrasound-guided aspiration. This procedure uses an ultrasound probe inserted into the vagina and a needle is guided through the vaginal wall into the ovary. Using the needle, the ova are aspirated from the ovary using a suction device. This technique is the preferred method as the procedure is quicker, can be performed with light general anesthesia and avoids abdominal incisions.

The follicular fluid is removed and an embryologist examines the fluid to locate and grade the maturity of the egg. After their identification, the ova are transferred to a culture dish containing IVF culture medium and placed in an incubator. The incubator is set at specific conditions that mimic the natural environment of the female body.

## **WHO IS AN EGG DONOR CANDIDATE?**

Egg donation involves retrieving oocytes from your ovaries to allow women who may have had early menopause, a genetic condition, or a previous unsuccessful IVF (in vitro-fertilization) attempt to achieve a pregnancy. For anonymous donation, we accept women who are between 19 years old and have not yet had their 32<sup>nd</sup> birthday. All women who wish to be considered for egg donation must complete a detailed questionnaire and have an initial consult with the physician. It is important that your medical records be made available at the time of this consultation.

East Coast Infertility and IVF may request that certain fertility tests be performed before entering the Donor program. If you would like to be considered for egg donation, please schedule an appointment by calling (732) 758-6511.

## **THE DONOR EGG IVF PROGRAM AT EAST COAST IVF**

Miguel Damien, M.D. directs the program at East Coast Infertility and IVF. Dr. Damien has had special training and is certified by the American Board of Ob/Gyn in Reproductive Endocrinology and Infertility. A highly experienced embryologist, certified infertility nurse, and two registered nurses provide additional expertise.

## **GETTING STARTED**

The screening/testing process includes the following steps:

- Complete the Egg Donor Questionnaire (return to donor egg coordinator for review)
- Physician visit
  - Read and sign consent forms
  - Physical examination
  - Donor Screening Questionnaire completed
  - Donor Medical History Questionnaire completed
  - Donor procedures are reviewed
  - Blood test for cycle day three FSH
- You are entered into the donor database and assigned a unique donor ID
- Recipient chooses you as a donor
- Initial blood tests to screen for communicable diseases
- Psychological evaluation
- Schedule a visit to receive instructions regarding the medications and their administration. You will be provided with the medications through our office.
- The IVF nurses will schedule you for your first ultrasound and blood test. During your monitoring you will have your blood drawn to screen for communicable diseases (approximately the 5<sup>th</sup> day of taking the fertility medications)

## **MEDICATIONS**

We will instruct all donors on the proper technique of preparing the injections and their administration prior to beginning the cycle.

## **LUPRON**

You will be instructed when to administer the first dose of Lupron. It should be given between 6:00 a.m. and 8:00 a.m. daily and possibly again in the evening, until the day of the hCG/Ovidrel injection (see below). The dose of Lupron may be modified according to your needs and it will often be started before

the onset of menses. *You should refrain from taking any aspirin products or any non-steroidal medications (i.e. Motrin, Advil, Anaprox, Naprosyn) from the time you begin taking Lupron.*

## **FERTILITY MEDICINES**

To stimulate egg production, you may take a combination of Menopure, Bravelle or Repronex and Gonal-F or Follistim. These drugs can be administered by subcutaneous injection.

Your physician will individualize the amount of medication to be given and the exact day you must begin. After the first blood test and pelvic ultrasound are performed, a nurse will speak with you regarding instructions for your dosage that evening. From cycle day 4 onward, the amount of medicine to be injected is determined by the morning ultrasound and blood test results.

## **hCG (OVIDREL)**

hCG (Ovidrel) is administered at the end of the stimulation cycle followed by the egg retrieval 35.5 hours later. You will be told the exact time to take the Ovidrel by a nurse. *The hCG must be given at the designated time.* This injection is given intramuscularly.

## **CYCLE MONITORING**

When you begin fertility medications your cycle will be monitored with ultrasounds and blood tests. These results allow us to adjust your medications and decide when you are ready to proceed to your egg retrieval. The office visits for cycle monitoring are scheduled early in the morning from 7:00 to 8:15 am.

**YOU MUST BE AVAILABLE BY PHONE OR HAVE AN ANSWERING MACHINE** to receive instructions about your next medication dose and office visit.

## **ULTRASOUND**

Ultrasound examination is very useful to track follicular growth. The ultrasound uses echoes from sound waves to locate follicles in your ovaries. There is no radiation. We use a vaginal ultrasound that is very accurate and takes approximately 10 minutes. A full bladder is not required. A vaginal probe is placed inside your vagina, about 4 inches. Images will appear on a screen and the size of the follicles is measured. Combining ultrasound with hormone evaluation gives an excellent measure of follicle growth and maturity. Several ultrasounds are performed during your treatment cycle.

## **CYCLE CANCELLATION**

In 15% of cases, the ovaries do not respond properly as indicated by the blood hormone levels and ultrasounds. In this situation a decision will likely be made to not proceed with the egg retrieval. We may allow a donor to attempt another cycle if the interested recipient has been informed of the history of a cancelled cycle and agrees to the risk of another cancellation. If a second cycle is cancelled, you will be removed from our donor program. Donors that have their cycle cancelled will be compensated \$500.

## **PREPARATION FOR THE EGG RETRIEVAL**

When an adequate number of follicles have developed, a nurse will call you with your instructions to take the hCG (Ovidrel) injection. You will be given an exact time to administer the injection. If you deviate

from this time it is critical that you inform the clinical staff of the actual time the injection was given as this will change the time of the egg retrieval.

The day after the hCG injection you will be asked to take a home pregnancy test and call in with the results.

### **THE DAY OF THE EGG RETRIEVAL**

One of our IVF team members will greet you on the day of the retrieval. A nurse anesthetist will interview you and answer questions about your anesthesia. You will be escorted into a holding room where an intravenous (I.V.) catheter will be started. During the procedure, medication will be administered through the I.V. in order to provide sedation. Using an ultrasound and vaginal probe, each follicle is drained of fluid, which is then inspected by our embryologist for the presence of an egg. The entire egg retrieval takes approximately 15 to 30 minutes.

Following the procedure, you will be transferred to the recovery room and observed for about one hour. **You will need to arrange for transportation home due to the use of the sedatives.** Following the oocyte retrieval, vaginal spotting and lower abdominal cramping are normal. If significant bleeding, vomiting, abdominal pain or any other symptoms develop the clinic should be notified immediately. During the remainder of the day, activities should be limited.

An antibiotic, Vibramycin (doxycycline), will be prescribed and begun on the day of the oocyte retrieval as prophylaxis for infections. The use of Vibramycin may result in nausea, vomiting, diarrhea, loss of appetite and rashes.

### **OWNERSHIP RIGHTS FOR EMBRYOS RESULTING FROM EGG DONATION**

As an egg donor, you relinquish any and all ownership, responsibilities, rights, and obligations toward the eggs removed from your body during the retrieval. At the conclusion of the retrieval your participation in the donation process is complete. The oocytes will be inseminated with the recipient's partner's sperm. The appropriate number of embryos will be transferred to the recipient. Any remaining embryos may be cryopreserved (frozen) for a future transfer to the recipient. If optimal synchronization of your cycle and the recipient's cycle has not been attained, the embryos will be cryopreserved for future transfer to the recipient.

### **RESULTANT OFFSPRING**

Any offspring resulting from your egg donation are sole responsibility of the recipient couple.

As the egg donor, you have no parenting rights, claims / responsibilities for any offspring, or any claims against the recipient couple. The recipient couple is fully responsible for any and all offspring, regardless of the outcome of the pregnancy.

### **ANONYMITY**

You will receive no personal information about the recipient. You will not be given any information concerning the quality of the oocytes, fertilization, pregnancy establishment or pregnancy outcome. If the

egg recipient achieves a pregnancy as a result of your donated eggs, your donor profile questionnaire, including your medical, social, and psychological history, will be available to the recipient. Any and all identifying information will be excluded.

Any information that has been obtained by East Coast Infertility & IVF concerning any of the individuals involved (donor, donor spouse, recipient, recipient spouse) shall remain confidential.

### **FINANCIAL COMPENSATION**

The recipient couple is responsible for charges that are incurred as part of the egg donation procedure. This includes, but is not limited to; fertility medications, and physician, laboratory, and administrative charges. Should a complication result, immediate medical attention and treatment, including hospitalization, will be available. Any charges incurred will be covered by your own group medical insurance and /or by accident insurance paid for by the recipient couple. This coverage includes medically necessary hospitalizations, medications, treatments and physician care specifically related to the gonadotropin stimulation and oocyte retrieval. This coverage is only indicated for charges directly related to this stimulation cycle, and does not include any other future claims against East Coast Infertility & IVF. East Coast Infertility & IVF will have no responsibility to pay for medical expenses that could incur as a result of egg donation.

As a participant in the anonymous egg donor program of East Coast Infertility & IVF you will be compensated for your time, in the amount of eight thousand dollars (\$8,000) following your 2-week visit after the retrieval. If you complete the ovulation induction (take all the medications), but the physician determines that egg retrieval should not be performed, you will be paid only five hundred dollars (\$500).

If you decide to withdraw from the program at any time, you will not be penalized in any way. However, you will receive no financial compensation.

### **COMPLICATIONS**

The following are potential risks and side effects:

1. Nausea, vomiting, hot flashes, headaches, mood swings, visual symptoms, bruising at the venipuncture site and irritation at the injection site. Allergic reactions, although rare, are also possible.
2. Ovarian hyperstimulation (OHSS): The use of fertility medications can result in excessive enlargement and increased ovarian cyst formation. Symptoms of OHSS include abdominal distention and bloating along with weight gain, shortness of breath, nausea, vomiting, and decreased urine output. Rare but potentially serious complications have been reported which include clotting of blood in the veins, stroke, limb weakness or paralysis, kidney damage and possibly death. Although ovarian rupture is rare, it has been reported in the medical literature. These symptoms generally occur 5-10 days after the human chorionic gonadotropin (hCG) is administered and usually resolve within 1-2 weeks without intervention. In mild or moderate cases analgesics and bed rest may manage this condition. Dehydration can occur and may require intravenous hydration. High oral fluid intake of a sport drink such as Gatorade, and juices is recommended. In the severe form, hospitalization may be required to correct fluid imbalances or coagulation disorders.
3. Ovarian torsion: There is a very low risk of ovarian torsion occurring during or after an IVF stimulation cycle. Torsion occurs when a large cyst on the ovary causes it to rotate or twist.

This twisting will cause significant pain and a decrease the blood supply to the ovary. Immediate medical attention is necessary. Some cases require surgery with the possible removal of the ovary.

4. Ovarian cancer: In the general population, any woman has a 1:70 chance of developing ovarian cancer during her lifetime. Controversial data exists that associates the use of ovulation induction medicines (e.g., clomiphene citrate, injectable drugs) with an increased risk of ovarian cancer. However, presently no cause and effect relationship has been clearly established.
5. Anesthesia complications: Side effects from the medications used occur less than 5% of the time and include allergic reactions, drowsiness, confusion, nausea, vomiting, respiratory depression, lowering of blood pressure and rapid heart rate. All anesthetics involve risks of complication, possible damage to vital organs and death.
6. Oocyte Retrieval complications: Complications from the oocyte retrieval occur at a rate of less than 1-2% and may include pelvic infection, bladder infection, injury to the intestines and injury to the blood vessels resulting in hemorrhage. Any of these complications and others could require hospitalization and, possibly, additional medical or surgical treatments.

## **CONCLUSION**

We have a very advanced team of professionals who supervise every step of the entire process. Our clinical team and equipment are at the forefront of reproductive medicine. Be assured that all our efforts are directed toward a successful procedure and to guide you safely through your treatment.

Thank you for your interest in our egg donor program. We look forward to working with you in the future. If you have any question or concerns, please contact our office at 732-758-6511.