

NASHVILLE FERTILITY CENTER, P.C.
345 23rd Ave. North • Suite 401 • Nashville, TN 37203 • (615) 321-4740

OVULATION INDUCTION FOR IVF EGG DONOR

FSH (Follicle Stimulating Hormone) is the primary hormone used to stimulate the ovaries to produce several eggs for IVF. Several medications contain FSH, i.e., Follistim, Gonal-F, Bravelle, etc.

Administration

FSH is not active orally and requires a series of injections. You will be given instructions on how to mix and administer the injections. On the days you are instructed to take FSH, the injections should be given about 12 hours apart.

Monitoring

FSH is a very potent stimulator of the ovary and requires close monitoring to insure not only adequate egg development, but also its safe use. Monitoring will include blood tests for estradiol and vaginal ultrasounds to visualize follicle development. These will usually begin on the fifth day of FSH use. For your monitoring visits, it is important that you arrive at our office at your scheduled appointment time. You may eat normally and do not need a full bladder.

Schedule

This is an approximate schedule. Your actual schedule to follow for your egg donor cycle will be determined by the day your period starts.

1. You will call our office (615-321-4740) on the first **WEEKDAY** after your period starts and will be instructed to begin Desogen oral contraceptive pills on cycle day 3, and Zithromax (Z-pak) by cycle day 8. Daily Lupron injections will start approximately cycle day 17. You will also be scheduled for your first monitoring day (suppression check), after 10 days of Lupron.
2. At your suppression check visit, the nurse will go over injection instructions and your medication calendar with you. You will have blood drawn for an Estradiol level and an ultrasound of your ovaries to check that they are adequately suppressed. You will be assigned a voicemail box that you will use to call and get instructions from the nurse each day between 3:00 and 4:00 pm. on that day to find out if your ovaries were adequately suppressed.
3. On your voicemail message, you will be instructed when to start FSH and the dose to take if your estradiol level was adequately suppressed. You will also be scheduled for your next day of monitoring.
4. Monitoring (estradiol and ultrasound) for follicular growth will usually begin five days after the FSH injections are started and will occur every day or every other day after that until your egg retrieval.
5. When monitoring reveals that sufficient follicular growth has been achieved, your doctor/nurse will instruct you to inject hCG (human chorionic gonadotropin), which causes the follicles to prepare for ovulation. Give the injection at the exact time instructed since your egg retrieval is scheduled exactly 35 hours after your hCG injection.

Risks

There are risks associated with any treatment for infertility, and these risks must be weighed against the benefit expected from that treatment. Please ask us any questions you may have regarding this. FSH, like most medications, is not without some risks. The following information discusses some, but not all of the risks.

Ovarian Hyperstimulation Syndrome (OHSS). Symptoms of hyperstimulation are excessive low back or ovarian pain, nausea and vomiting, weight gain, bloating, abdominal distention, and infrequent urination. These symptoms will most likely occur one to two weeks after hCG. If you suspect hyperstimulation, contact your doctor. OHSS is characterized by enlarged ovaries and fluid accumulation in the abdomen after ovulation or egg retrieval. It can be either mild or severe. The mild form occurs in 10% to 20% of cycles and results in some discomfort but almost always resolves without complications. The severe form occurs approximately 1% of the time. The chance of OHSS is increased in women with polycystic ovarian syndrome. When severe, it can result in blood clots, kidney dysfunction, twisting of an ovary (torsion), fluid collections in the chest and abdomen, and rarely even death. In severe cases, hospitalization is required for monitoring but the condition is transient, usually lasting only a week or two. Occasionally, draining the excess fluid is needed to decrease symptoms. Most patients who are at high risk for severe OHSS are identified by closely monitoring ovulation induction cycles with the daily use of ultrasounds and/or serum estradiol levels. When serum estradiol levels are rising rapidly and/or are too high, or excessive numbers of ovarian follicles develop, one strategy for prevention of severe OHSS is to withhold further gonadotropin stimulation and delay hCG administration until estradiol levels plateau or decline.

Adnexal Torsion (Ovarian Twisting). In less than 1% of gonadotropin cycles the stimulated ovary can twist on itself, cutting off its own blood supply. Surgery is required to untwist or remove the ovary.

Gonadotropins and Ovarian Cancer. Although early studies suggested that the risk of ovarian cancer might be increased in women exposed to medications for ovulation induction, more recent studies have not shown any such relationship. It is generally felt that gonadotropin therapy does not increase the risk of ovarian cancer.

Blood clots, heart attack or stroke. Since your Estradiol (estrogen) level will be increased by the ovarian hyperstimulation, you are at increased risk for developing a blood clot. This can be a very dangerous situation that can result in a pulmonary embolus (blood clot to the lung), heart attack, or stroke. This could result in additional hospitalization and medical treatment.

Miscellaneous

Since each woman responds differently to medications, it is impossible to correctly predict how much FSH you will require, even after the stimulation is underway. You are urged to keep two days supply on hand so that at 5 p.m. you do not begin a frantic search for more. Many local pharmacies can order FSH, but they need advance warning and usually require 48 hours to fill an order. In preparation for weekends, be certain you have a sufficient supply to last until the next weekday. If any questions arise during your stimulation, do not hesitate to contact our office at (615) 321-4740.

I have read the above and have had my questions answered. I agree to the administration of drugs for stimulating ovulation.

This agreement will be governed by and construed in accordance with the laws of the state of Tennessee, which is the place of operation of Nashville Fertility Center, P.C. (NFC).

Egg Donor's Signature

Date

Physician's Signature

Date