

Tripler Army Medical Center IVF program

Welcome to the Tripler IVF program. This sheet will give you some basic information about the different steps that are involved in undergoing an IVF cycle. Please feel free to ask questions regarding any point that you are not perfectly clear about. Our staff is available to discuss the medical, emotional and financial aspects of this process. We hope your experience with us will be a pleasant and successful cycle.

Supplies – You may pick up your medications at the time of your baseline ultrasound. Please ensure you receive the following supplies (you may not need all of these depending on your stimulation protocol):

ITEM

1cc insulin syringes (orange)
21G 1 ½” needles
26G ½” inch needles
3cc syringes
Alcohol preps
SHARPS CONTAINER

USE

Subcutaneous (abdomen) injection (Microdose Lupron)
Intramuscular (buttocks) injection (Progesterone in oil)
Gonadatropin (Menopur) injections
Multiple uses (used for menopur, hCG & progesterone)
To clean injection site and menopur vial
Needle disposal

MEDICATIONS

Gonal-F* (FSH)
Menopur/hMG* (not all patients)
Ganirelix (Antagonist) **OR** Microdose Lupron
hCG (Trigger shot)
Doxycycline
Medrol (ICSI/AH patients only)
Roxicet (analgesic)
Progesterone (Progesterone in oil or Endometrin vaginal suppositories)

* FSH and/or HMG amounts will vary among patients.

***If you or your partner smokes you will be asked to stop smoking or stop the cycle.**

REGULATING THE PATIENT’S CYCLE -

We use oral contraceptives to prepare your natural reproductive cycle for IVF. Please take continuously (skip placebo) until told to stop. The purpose of this medication is to turn off your own cycle and enable us to phase you into the IVF program. **All patients should be on oral contraceptives or plan to start with next menses.**

Microdose Flare Lupron patients: We will tell you when to stop the BCP’s. After being off the pills for a few days, **you may have a period** and you will start a specially prepared bottle of Lupron. Draw up 20 units or 0.2cc of medication and inject it under your skin in the abdomen twice a day. The shots should be approximately 12 hours apart. **Do not stop these shots until the day of the HCG (Human Chorionic Gonadotropin) shot.** We will tell you the day before it is given.

Antagonist (ganirelix) patients- You WILL NOT be on any Lupron for your treatment cycle. We will tell you when to stop the BCP's and come in for baseline testing. After being off the pills for two to three days, **you may have a period** and you will start **baseline scheduling**. The antagonist (Ganirelix) will begin after ovarian stimulation and we will notify you when to start.

OVARIAN STIMULATION:

This is the way we stimulate the women's ovaries to make eggs.

One of the first things we will do is a baseline ultrasound. This involves insertion of a vaginal ultrasound probe so that we can get an idea about the location, and shape of your uterus and ovaries. Ultrasound shouldn't involve any physical discomfort, but it's best if you empty your bladder before this procedure. After we've begun stimulating your system to produce more eggs, you'll be coming in more frequently to see how you are progressing and how your ovaries are responding to stimulation. **Do not do any strenuous activity during the stimulation phase of IVF. You may do light walking only. No aerobics or running is permitted.**

Once we've regulated your cycle, you or your husband will administer various hormones, which prompt your ovaries to mature more eggs than usual. During the appointment for the first ultrasound, you will discuss with the doctor the type and schedule of medications that you will take during the ovarian stimulation cycle. Most patients will take injections of gonadotropin FSH. Others will receive HMG, or some mixture of the two. You will be taking these injections at home. You will meet with the IVF coordinator for 1:1 injection and medication preparation teaching. We will tell you how much to take. Usually, you'll be injected once in the morning and evening at approximately the same time each day (a variation of an hour or two is not significant). The shots should be around 12 hours apart.

After you've had your baseline ultrasound, and begun your ovarian stimulation, you'll come back for repeated ultrasounds and blood samples. We take blood samples to find out how your system is responding to the gonadotropins. Your system will respond by producing a hormone called estradiol, which is produced by the maturing follicles. At the end of the first ultrasound appointment, you will be told when to come back for your next ultrasound. Most of you will require 4-6 appointments for ultrasound examinations and blood work for estradiol level determination. As the follicles begin to mature, you will experience abdominal bloating, ovarian swelling and tenderness.

After 7-12 days of receiving the medications, the ultrasound and hormonal levels should indicate that the eggs in the ovaries are mature. At this point, you will be instructed to take an injection of human Chorionic gonadotropin (hCG), (Novarel/ Profasi/Pregnyl/Ovidrel). This is the drug that prepares your eggs for harvesting and it **must** be administered at the **specific time** we tell you. The retrieval of the eggs will be performed 34-37 hours following the administration of this injection. If you take the medication late, you must inform the physicians or nursing staff as this will effect your surgery time or possibly lead to cancellation of the cycle entirely.

OOCYTE RETRIEVAL- This is a minor surgical procedure in which the eggs are removed from the ovaries through the vagina. This procedure is performed at the *Fertility Institute of Hawaii (FIH)*. We will give you a specific time (plus or minus 10 minutes) to administer the HCG injection and to report to FIH for the egg retrieval. It is best to wear light comfortable clothing. Do not have anything to eat or drink after midnight before the egg retrieval unless instructed differently by the doctor or nurse. Please do not bring children to this appointment.

You will be given deep sedation through an IV. Deep sedation is accomplished by injecting drugs intravenously. In this instance, deep sedation is defined as a totally intravenous technique producing a light plane of general anesthesia where the patient is spontaneously breathing. The expected results are profound sleepiness and general unawareness to painful stimuli. Such a state is expected to produce partial or complete loss of the normal protective airway reflexes. Hence, it is very important to not have had anything to eat or drink for least seven hours prior to the procedure--unless you have been given **clearly** delineated exceptional instructions. Though not generally expected, such a deep state may also require airway support by mask or in very rare circumstances by placing a tube in the trachea. Complete or nearly complete loss of memory and awareness during the procedure is an expected result.

Your husband will be required to provide a sperm specimen either prior to or after the egg retrieval as determined by the embryologist. Ordinarily, this will be accomplished at FIH while undergoing the retrieval process. If you anticipate any problems with this collection, please notify us **well before** the day of the egg retrieval. To make sure we have fresh sperm your husband should **have an ejaculation approximately three days before the day of the retrieval** (day of the hCG shot is fine), **but not afterwards**. Once we have your eggs and your husband's sperm we put them together so that fertilization takes place. You may experience some cramping as a result of the procedure. Once the oocyte retrieval is completed and you leave FIH, please go home immediately and rest. ***You will need someone to drive you home.*** You may find that you sleep the remainder of the day due to the medicine administered during the procedure. Please restrict your activities and give your body an opportunity to recuperate from the surgery.

You will receive a call from the doctor or nurse the day following the oocyte retrieval to see how you are doing, to give you information about the fertilization of the eggs.

Following the egg retrieval, if you have any problem with excessive pain, bleeding, or fever, please call our office (808) 433-5925/5951 immediately or notify Dr. Fujii, Dr. Levy or Dr. Pilgrim.

You will need to take antibiotic tablets as prescribed, after the egg retrieval. Please make sure you are clear on the dose and duration of the antibiotic treatment. You will receive written instructions following the egg retrieval regarding additional medications.

PREPARING FOR EMBRYO TRANSFER:

The next step is preparing you to receive the embryos. If you have been prescribed PROGESTERONE IN OIL you will start the night of the egg retrieval. If you have been prescribed ENDOMETRIN you will start them the morning following the egg retrieval. Please make sure you understand the dosage and how you will take this medication. You may decide to use Progesterone in oil form given by intramuscular injection once daily (given in the buttocks) or ENDOMETRIN vaginal progesterone that is inserted three times per day until the pregnancy test. If your pregnancy test is positive you will continue either form for another 4 to 6 weeks until the first ultrasound. You will decrease the ENDOMETRIN to twice daily when advised hormone levels are normal. The progesterone is a natural hormone that is produced normally very early in pregnancy and is required to support the pregnancy. However, because the ovarian stimulation process may remove any of the cells that produce this hormone, we have to supplement it until the placenta takes over. **The preparation you are taking is natural progesterone and has been used for over 20 years with no ill effects.**

EMBRYO TRANSFER- this is the process by which the fertilized eggs (embryos) are transferred back into the uterus. It's a simple procedure, and usually doesn't require any sedation. Once again, you'll be coming to FIH, the same place where the egg retrieval took place.

- ◆ **No children are permitted at FIH. Your cooperation is appreciated.**
- ◆ Please wear comfortable, loose fitting clothing.
- ◆ Please arrive with a semi-full bladder, **OR** if your bladder fills quickly you may start drinking as soon as you arrive to the unit. (32 oz. of water in the hour prior to the appointment works best)
- ◆ It is best to have someone available to drive you back home after the embryo transfer.
- ◆ After the embryo transfer procedure is completed, you will remain on a stretcher for 10 - 15 minutes. You will be lying down for the entire time. You may want to bring music or a book with you.
- ◆ Once you leave the hospital, you should go home and remain relaxed for the day. You may go from the sofa to the bed, go to the bathroom, and sit up to eat. You may return to work the day after the embryo transfer.
- ◆ Continue taking the progesterone medication (shots or vaginal suppositories) as directed by your doctor.

For the 2 weeks following the Embryo transfer (until we know if you're pregnant), please observe the following restrictions:

- ◆ Do not lift anything heavier than 10 pounds. Please be aware of heavy bags of groceries.
- ◆ Do not push or pull objects heavier than 10 pounds. This will include vacuuming.

- ◆ **Please refrain from active exercising. You may go for walks, but nothing more strenuous than that.**
- ◆ Please refrain from intercourse for 2 weeks following surgery. After that time, normal sexual activity may be resumed at your own comfort level.

You will require a blood pregnancy test 14 days following the egg retrieval. If you are local arrive in the lab on the **4th floor of the hospital mountainside** and have your blood drawn. Your orders will be in the computer system. It is your responsibility to obtain lab results from outside labs. We cannot call for you, as this is a breach of confidentiality. Please have your lab fax the results to our office. The fax number is (808)433-1552.

MEDICATION POLICY:

Medication costs are the single greatest expense of our ART program. We do provide all of **our** patients with medication; however with the budget cuts in the military we may lose funding for these medications all together. We will keep you informed of any changes. Please do not tell your friends to call us for medication for outside programs. **You must be enrolled in this program to receive this benefit.**