



IVF Stimulation–Sample Schedule

** If you were ordered Estrace to prepare for IVF contact a nurse to get the medication and instructions.*

Please visit our website for injection teaching videos.

Day 1 of period - Call the clinic to book your IVF start visit for day 3 of your period. IVF fees are due on day 3. If you are on Estrace you might be asked to come to the clinic on a different day.

1st visit - Blood work and ultrasound (always in the morning between 7:00am and 10:00 am)

- You will start with 2-3 injections per day to stimulate your ovaries. You will get your IVF package which includes all of your instructions for the cycle.
- You will pick up all your medications as well as your supplies
- The nurse will ask you to pre-book your monitoring appointments
- The nurse will review your ultrasound and bloodwork results with the doctor on call
- The nurse will only call you that day if there is additional information that you need to know. If you are not called, proceed with the plan that was explained to you in the morning.

After 3-4 days of injections

- You will be advised to start a medication called Orgalutran/Cetrotide. This medication is ordered for you to prevent your body from releasing your eggs before the day of egg retrieval. Once you have started this medication, you will take it every day at the **SAME TIME EACH MORNING** until instructed to stop.

2nd visit (day 6 of injections) - Blood work and ultrasound

- During this visit we will assess how you are responding to the medication and we might adjust your dose.
- You will leave the clinic after your ultrasound. The nurse will call you after the results are back to tell you your report.

3rd visit (day 8 of injections) - Blood work and ultrasound

4th visit (day 10 of injections) - Blood work and ultrasound

- You may require additional cycle monitoring days, depending on your progress.
- The doctor will decide when you have had enough days of stimulation and when you are ready for your egg retrieval procedure. For most patients the retrieval is around cycle day 14, 15 or 16.
- Once a decision is made to book the retrieval, you will be given clear verbal and written instructions from the nurse, regarding how to prepare for your retrieval and instructed to take your trigger shots at a very specific time.
- Your egg retrieval will be 34 hrs after your trigger shots.



THINGS YOU SHOULD KNOW ABOUT IVF

In vitro fertilization (IVF) has captured the attention of the public since its groundbreaking introduction in 1978. To date there have been over 5 million births from IVF worldwide (<https://www.eshre.eu/Guidelines-and-Legal/ART-fact-sheet.aspx>). This exciting area of science evolves each day with new research and developments that are continually underway. Our goal is to educate you about IVF so that you are fully aware of what to expect from this treatment.

Your doctor has ordered IVF as a treatment for you. IVF stimulation involves administering hormonal injections (FSH/LH) just under the skin, in hopes of stimulating the ovaries to mature multiple eggs at one time. With ultrasound, we measure the follicles (ovarian cyst that should contain an egg). Based on the number of follicles, their sizes as well as your hormone levels captured through blood testing, we determine how you are responding and when we should have your egg retrieval. One IVF treatment cycle takes place over several weeks.

IVF has been a successful treatment for people with blocked/missing fallopian tube(s), endometriosis, ovulation problems, low ovarian reserve, abnormal or low sperm counts, fertility preservation, third party, unexplained infertility as well as other reasons.

Typical IVF Process:

1. Ovarian Stimulation
 - a. In a natural menstrual cycle, a person usually develops and release a single egg in a month. During IVF the ovaries are stimulated to develop multiple eggs in one cycle.
 - b. During IVF, ovulation is suppressed until a person is ready for their egg retrieval
2. Egg retrieval (egg freezing when applicable)
 - a. Progesterone start (Progesterone medication start the day after retrieval when a fresh embryo transfer is planned transfer).
3. Fertilization
4. Embryo development
5. Embryo Transfer/Embryo freezing
6. Follow up with your doctor
7. Frozen embryo transfer
8. Pregnancy Outcome

How successful is IVF?

Success with IVF depends on many factors including, patient's age, cause of infertility and response to treatment. Each person's situation is unique. Success with IVF is more likely when the person having the egg retrieval is 35 years old or less and when the egg and sperm provider are healthy (healthy body mass index, no toxin exposure etc).

Reasons to Cancel an IVF Cycle:

- Not enough follicles growing
- Hormonal levels not appropriate
- Ovulation despite the Orgalutran/Cetrotide medication (used to try to prevent ovulation)
- Other



If your cycle needs to be cancelled we will explain to you in detail why it needs to be cancelled and you will need to see your doctor at a follow up appointment to review your cycle and plan your next steps.

Risk of Ovarian Hyper Stimulation Syndrome (OHSS)

OHSS occurs when the ovaries over-respond to stimulation and make far too many eggs. The hormones produced by the ovaries then may cause you to collect fluid in your abdomen and possibly around your lungs. This could then result in a risk of forming blood clots within your veins or compromising the function of your kidneys. The illness goes away on its own but does have a risk of complication and although the risk is very low, it is best avoided, for your safety. Our team of physicians will carefully monitor your response to stimulation through ultrasound and bloodwork monitoring and adjust your medication dose to try to avoid OHSS. We may suggest that you freeze all your embryos at the time they are created to decrease the risk of getting OHSS. This would mean that you would not become pregnant during the month of your IVF cycle. In our practice, the risk of getting OHSS is extremely low. For those who develop the syndrome the management might include careful monitoring through ultrasound and blood tests or the more severe cases might require hospital admission as well as fluid aspiration from the abdomen.

Freezing all Embryos

For safety reasons, we may suggest freezing all embryos and transferring them at a different time. Doing this does not decrease your chance of success. Please note that when your embryos are frozen, they do not age even though you do, so your success rate when you transfer a frozen embryo is based on your age at the time of embryo creation not your age at the time of the transfer.

Retrieval Day

These procedures are done in the morning.

You will arrive at the clinic at a specified time having followed all of the instructions provided by the nurse on the day that the procedure was booked. The procedure lasts on average 20-45 minutes. Expect to stay in the clinic about 1.5-2 hrs.

We require a sperm sample the day of the retrieval. When applicable, partners produce the sample the morning of the procedure either in our facility or at home. In some cases we use a previously frozen sample. At times we surgically retrieve sperm the day of the retrieval. If you are using a donor sperm sample, it has to be in our clinic before your stimulation starts. Please clarify your plan with a nurse.

Remember that you cannot wear any scented products (ie no perfume, cologne or other scented products). You will need someone to drive you home and stay with you that day.

You will meet a nurse and doctor before your procedure and the procedure will be explained to you.



Retrieval Day - continued

The nurse will start your IV and check your baseline vital signs (Heart Rate, Blood Pressure, Oxygen level).

You will be provided instructions to follow after your retrieval, as well as instructions to follow if you experience a problem after the procedure. You will be provided with a phone number to call if you experience any problems when the clinic is closed. Through that phone number, you may reach the IVF doctor-on-call.

Sedation

The egg retrieval is generally done under conscious sedation. Your vital signs including Heart Rate, Blood Pressure and Oxygen levels will be continuously monitored during the procedure and a nurse will be by your side the entire time.

You will have an IV for administration of fluids and medications for sedation. The two drugs you will be given are called Fentanyl (a narcotic) and Midazolam (a sedative). You will be awake during the procedure but the drugs will take away most of the discomfort of the procedure.

If you are not comfortable enough during the procedure you can ask for more medication. We will give you more medication as long as it is safe/appropriate to do so. Keep in mind that the more medication you have the more likely you are to suffer negative side effects of the medications, such as nausea and vomiting.

With these medications there is a risk of over-sedation. If your vital signs become unstable during procedure, due to over sedation, we have the reversal agents ready for administration to reverse the effects of the sedation drugs.

You have the right to refuse sedation for this procedure.

Some patients do not meet our criteria for sedation. This may be for medical reasons or if their body mass index is 40 or higher.

The Procedure

There is a doctor scheduled to perform procedures each day. Your procedure will be done by the doctor scheduled for procedures on that day.

You will empty your bladder before the procedure and will be taken to our procedure room where you will be positioned on a bed with your legs in stirrups. The doctor will cover you with sterile sheets.

The doctor will insert a speculum into the vagina and use a solution to clean the vagina.

The doctor will insert a vaginal ultrasound probe to locate your ovaries and find a safe and appropriate way to access them. The ultrasound will provide visual guidance to the physician throughout the procedure.

Generally you will feel 2 needle pokes during the procedure and the doctor will warn you before the pokes.

During the procedure you will feel the pressure of the ultrasound probe and may experience some menstrual-like cramping.



The Procedure - continued

The doctor will be collecting the fluid from your follicles into tubes which will then be passed through a small window to one of our embryologists who will analyze the fluid under the microscope to look for eggs. They will announce when they find an egg.

When the procedure is done you will know how many eggs were retrieved.

Under ultrasound guidance, the doctor will drain all follicles as long as they are safely accessible. At times follicles or an entire ovary might be inaccessible. Keep in mind some follicles will be empty and some will contain an egg but it might not be in the right stage of development. The number of eggs retrieved is usually less than the number of follicles seen on ultrasound and not all eggs retrieved will be mature or satisfactory for use.

After the procedure you will be accompanied to the recovery room where you will stay until you are safe to leave. This generally requires an additional 30 min or more, after which you will be driven home by your partner/family/friend.

Procedure Risks

Risks of the retrieval procedure include infection, bleeding and injury to adjacent organs. In the rare occurrence that a major complication did arise from this procedure, the patient might require resuscitation, transportation to a nearby hospital, abdominal surgery, blood transfusion and hospital admission. Our staff is fully certified in Advanced Cardiac Life Support and our procedure room is stocked with an emergency management cart (a crash cart), oxygen tank and defibrillator all of which are checked regularly.

Biological Waste

After the procedure there will be extra biological material from you and your partner such as the fluid from the sperm sample and the fluid from the follicles. You will indicate on your consent form if this biological waste can be used for research or if it should be discarded.

Fertilization of Eggs

There are two ways to fertilize eggs in our lab:

1. Standard IVF involves putting sperm and egg together in a laboratory dish.
2. Intra-Cytoplasmic Sperm Injection (“ICSI”) involves selecting a single sperm and injecting it directly into the center of an egg to try to improve fertilization

There is a risk of **failed fertilization (or no fertilization)** with both methods although this risk is slightly higher with the standard IVF method.

Your doctor will develop a plan as to which method of attempting fertilization would benefit you. Your consent will indicate a tentative plan for fertilization (standard IVF vs ICSI). The final decision is confirmed on the day of the retrieval, when we know how many eggs were retrieved and what the sperm sample looks like.



Embryo Development

After your egg retrieval you will be called with updates from the lab.

There is a risk that embryos may arrest/stop developing or develop abnormally.

Our plan is to transfer (and/or freeze) the embryo(s) when they reach the blastocyst stage (day 5 or 6 post retrieval). Reaching the blastocyst stage is a necessary step before implantation. Embryos that can't achieve this stage can't result in pregnancy. Sometimes patients who have 1 or 2 embryos want to transfer/freeze embryos when they are 3 days old, although they won't yet have reached the blastocyst stage.

Transferring a single blastocyst embryo (day 5 embryo) minimizes the risk of multiple pregnancy, which can result in pregnancy complications. There is still a very slight risk of identical twinning.

Embryos must reach the blastocyst stage of development in order to have potential for implantation.

Not all of your embryos are expected to survive to the blastocyst stage. We generally see a reduction in the number of embryos by about 50% between day 3 and blastocyst development so that usually half of the embryos have arrested by day 5.

You may have embryos that have not reached the blastocyst stage by day 5. These embryos will be cultured in the lab until day 6. All embryos that become blastocysts on day 6 will be frozen.

Your doctor may order Pre-implantation Genetic Testing as part of your treatment plan. There are separate documents and consents that outline Pre-implantation Genetic Testing process. This treatment is not appropriate for everyone but is indicated for some people.

Some embryos can start to divide abnormally but can later become blastocyst embryos. We refer to these embryos as PNBs (polynucleated blastomeres). It is our practice to watch the development of these embryos to see if they become blastocysts. There are documented cases of these embryos resulting in healthy live births. If you have a blastocyst embryo(s) that resulted from a PNB embryo, your doctor will have a discussion with you and you will decide if you want to use the embryo(s). There is not enough research evidence available to know if PNB embryos have a higher risk of health problems in the new-born, but may have an increased risk of resulting in a miscarriage.

Assisted Hatching

Assisted Hatching (AH) is the technique of thinning the shell or outer covering of an embryo. In some cases helping the embryo hatch out of its shell can allow for a better chance of pregnancy. This procedure is generally recommended for use with frozen embryos but in some cases may be recommended for use with newly created embryos. Your physician will decide whether this procedure is in your best interest and if so you will be asked to consent to this procedure. We have a list of criteria that determines if you are a good candidate for this procedure.



Frozen Embryo Transfer

After your retrieval you will have a visit with your doctor. Your doctor will go over a plan to prepare for your frozen embryo transfer.

There is no sedation or medication given prior to the procedure.

The embryo placement occurs under ultrasound guidance and a full bladder is required for this procedure.

After the transfer you can drive and do your regular daily activities. You do not need to be on bed rest but should avoid heavy lifting and heat exposure to the abdomen. You should schedule a pregnancy blood test, as instructed by the doctor (12-14 days after the embryo transfer). Please remember that you and anyone with you must be SCENT FREE on the day of your transfer (no perfumes or other scents).

There is also the possibility that the embryos may not survive the freezing and thawing procedure, although the occurrence of this is rare.

Embryos can be stored indefinitely.

The pregnancy rates when comparing fresh to frozen embryo transfers are generally equivalent.

Possible Outcomes after a Frozen Embryo Transfer

1. No pregnancy
2. Chemical pregnancy – when a pregnancy is detected through blood/urine tests only but does not develop into a pregnancy that can be seen with ultrasound.
3. Nonviable intrauterine pregnancy - when the pregnancy is in the uterus but there is no fetus or no heartbeat
4. Ectopic pregnancy – when implantation occurs outside the uterus. This can be dangerous and requires medical or surgical intervention.
5. Clinical pregnancy that turns into a miscarriage
6. Clinical pregnancy that results in a live birth
7. Multiple pregnancy

Our team is experienced in managing all of the above outcomes

Risks of Pregnancy

Getting pregnant does put extra demands on your body and can put your health at risk. Some of the common conditions associated with pregnancy include high blood pressure in pregnancy or gestational diabetes.



Risks of Pregnancy - continued

The more babies you are carrying, the higher the risks to you and the babies. Some of those risks include such things as cerebral palsy, deafness, blindness and even death of the babies. Babies from a multiple pregnancy are generally smaller at birth and require longer admission to the neonatal intensive care unit. Mothers with a multiple pregnancy are more likely to require hospitalization during pregnancy. These are just some of the many risks associated with multiple pregnancy. Our goal is to help you achieve the family that you desire, one baby at a time!

Risks of Adverse Outcome for the baby conceived with IVF

It is important to note that IVF pregnancies are at increased risk. However, those risks may be related to many other factors associated with the patient population requiring IVF, rather than the IVF process. It is not clear whether the IVF process itself increases these risks or by how much.

We are reassured that the great majority of babies conceived through IVF are healthy.

Long-term follow-up studies on children born following IVF are ongoing.

If you have any questions about the information in this document or require further explanation please ask our IVF coordinators at the consent signing visit or by calling the clinic.



Drug Identification Numbers to check with private benefits.

Medication	Units	DIN
Cetrotide 0.25 mg	1 box	02247766
Crinone (progesterone)	1 box of 18	02241013
Decapeptyl	2 syringes	02389282
Endometrin (progesterone)	1 box of 21	02334992
Estrace 2 mg	100 tablets	02148595
Gonal F 75 IU Vial	1 box	2248154
Gonal F 300 IU pen	1 box	02270404
Gonal F 450 IU pen	1 box	02270390
Gonal F 900 IU Pen	1 box	02270382
hCG 10, 000 IU	1 box	02247459
Luveris	1 box	02269066
Menopur	1 vial	02283093
Menopur	5 vials	
Misoprostol 200 mg	2 tablets	2244023
Orgalutran	1 box	02245641
Ovidrel (hCG injection)	1 syringe	02371588
Pregvit folic 1.1mg	1 box	02246067
Pregvit folic 5 mg	1 month supply	02276194
Progesterone in Oil	1 vial	2446820
Progesterone suppositories 200 mg	42 (3 week supply)	Mixed in the pharmacy, some plans require that the receipt is submitted.
Prometrium 100 mg	10 capsules	02166704
Provera (medroxy) 10 mg	10 tablets	02246629
Puregon 50 IU	per vial	02242439
Puregon 100 IU	1 vial	02242441
Puregon 300 IU Pen	1 box	02243948
Puregon 600 IU Pen	1 box	
Puregon 900 IU Pen	1 box	
Clomid 25 mg	5 tablets	Mixed in the pharmacy, some plans require that the receipt is submitted.
Suprefact	1 box (5.5 mL)	02225166
Letrozole	5 tablets	02343657

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Ontario Network
of Experts in Fertility
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Department
of Obstetrics
and Gynecology

3210 Harvester Road,
Burlington, Ontario, L7N 3T1
P 1.877.663.0223 F 905.639.3810
www.onefertility.com

Counselling Appointments

Dear ONE Fertility patient,

ONE Fertility provides counselling appointments on-site. Appointments are generally one hour in length. We require at least 72 hours notice of a cancelled appointment.

There may be a fee for counselling. Some fees may be covered by personal benefits.

Please ask a nurse or physician if you would like to see a psychiatrist or the social worker and they will organize a referral.

Thank you very much



IVF Financing

Frequently Asked Questions (FAQs)

- **How do I apply?**

Please contact the following financing company by phone, email, or online.



P. 1-888-689-9876

F. 1-888-689-9862

E. info@medicard.com

W. <https://www.medicard.com/apply-now.php>

- **When should I apply?**

Immediately following the IVF teaching session to ensure that your application is processed prior to signing IVF consents.

- **How long does the application process take?**

This can take as little as 24 hours-2 weeks for approval based on your involvement.

- **What is the minimum and maximum amount that I can apply for?**

Medicard- \$200-\$17,000. *Consideration will be made for requests over \$17,000.*

- **How will I know if I am approved?**

Medicard will contact you by phone to confirm your pre-approval. Once you have been pre-approved, you will be required to sign the application and fax/mail the completed application. ONE Fertility will then be contacted to confirm the details.