

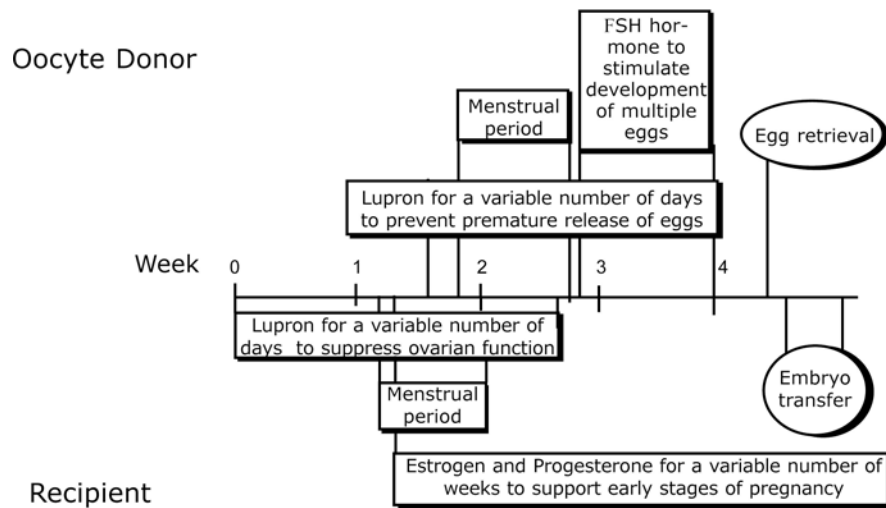
## Oocyte Donation

Oocyte donation is the most effective treatment available to help infertile couples achieve pregnancy. You can consider 50-80% probability of live birth per cycle of treatment. The procedure is similar to *in vitro* fertilization.

Oocyte donation consists of:

1. Ovarian stimulation to induce growth of multiple eggs within the egg donor's ovaries
2. Ultrasound guided retrieval of the eggs
3. Fertilization of the eggs with the male partner's semen
4. Preparation of recipient's uterus for embryo transfer
5. Embryo transfer
6. Establishment of pregnancy

This is an example of an egg donation treatment sequence. Actual treatment is individualized.



### 1. Ovarian Stimulation

Egg donation treatment begins with the onset of the donor's menstrual period. Oral contraceptives are started within the first seven days of her menstrual cycle. They prime the ovaries for an optimal response. One to two weeks before the estimated onset of the following menstrual period, Lupron injections begin. Lupron prevents premature release of the eggs from the ovaries prior to the egg retrieval procedure. The Lupron injections are given subcutaneously (just under the skin). They are administered for approximately three to four weeks.

After one to two weeks of taking Lupron the oocyte donor will start her menstrual period. Within two weeks of the onset of this period, she will begin taking FSH (Follicle Stimulating Hormone) injections in addition to the Lupron. FSH stimulates maturation of multiple eggs on your donor's ovaries. It is taken for approximately ten days depending on the egg donor's response. During this time her progress will be monitored by ultrasound and estrogen blood levels.

Once the eggs are ready, she will be instructed to stop taking the Lupron and FSH and to take a single injection of HCG hormone. This medication triggers the final stages of egg maturation. Thirty-six hours after the HCG injection, the eggs are nonsurgically retrieved from the ovaries.

### 2. Ultrasound Guided Transvaginal Egg Retrieval

The egg retrieval is an office procedure at Nova IVF. Using ultrasound guidance, a tip of a thin needle is passed through the top of the vagina and into the cul-de-sac (a space behind the uterus). The ovaries are located near the bottom of the cul-de-sac allowing the aspirating needle to enter the

ovarian follicles and aspirate the follicular fluid from them. The fluid is examined under a microscope to identify the eggs.

The egg retrieval takes approximately five to ten minutes. Medications are used for analgesia. Many egg donors do not feel the eggs being aspirated. Your donor will most likely feel a short lasting menstrual-like cramping sensation when the tip of the needle passes through the top of the vagina (once for each ovary). The egg retrieval is a very safe procedure. The egg retrieval procedure is the last step in the donor's participation. She will get her normal menstrual period within two weeks of the egg retrieval.

### 3. Laboratory

On average, eight to fourteen eggs are aspirated. The eggs are identified under the microscope and are placed into culture medium filled petri dishes which have been pre-labeled with the patient's name and an identifying code. The culture medium is prepared in advance of the treatment. The composition of the medium resembles the fluid secreted by the Fallopian tubes. This allows the embryos to develop in either environment at the same rate. The male partner collects a semen specimen on the day of the egg retrieval. The semen can be collected outside of the office if the specimen can be delivered within thirty minutes of collection; otherwise it should be collected at Nova IVF. The sperm and the eggs are combined six hours after the egg retrieval. The very act of fertilization takes place over a period of several hours during the night. If the infertility history suggests a possibility of a male factor significant enough to keep the eggs from being fertilized by this method, we will perform the ICSI (Intracytoplasmic Sperm Injection) procedure in which a single sperm is inserted into an egg. This can significantly increase the fertilization rate for selected couples.

### 4. Preparation of the Recipient's Uterus

The lining of the recipient's uterus must be prepared to receive the embryos. The development of the uterine lining must be accurately synchronized with the development of the embryos. This is achieved by taking estrogen and progesterone.

If the embryo recipient has monthly menstrual periods, the treatment will typically start with taking oral contraceptives. They are used to suppress her ovarian function and to begin the process of synchronization. Oral contraceptives are started within the first seven days of the menstrual cycle. Some oocyte recipients do not need to take the oral contraceptives.

A week before the estimated onset of the following menstrual period, Lupron injections begin. Lupron "puts the ovaries to sleep" and temporarily stops their production of estrogen and progesterone. This endogenous estrogen and progesterone secretion would interfere with the development of your endometrial lining. The volume of the Lupron injection is very small and it is given just under the skin. Women who do not have spontaneous menstrual periods, typically do not have to take the Lupron injections.

After one to two weeks of taking Lupron the recipient will start her menstrual period. Within one to three weeks of the onset of the period, she will begin taking estrogen in the form of skin patches. The progress of the development of her uterine lining will be monitored with ultrasound examinations and by the estrogen blood levels. Once the donor is ready for the oocyte retrieval, the recipient will begin adding progesterone to the estrogen. The addition of progesterone opens the "window of receptivity" of her uterus and synchronizes its lining with the development of the embryos. Progesterone is given as a daily intramuscular injection for the first four days of its administration, after which it is given as progesterone vaginal capsules.

### 5. Embryo Transfer

The embryo transfer is done one to five days after the egg retrieval. The embryos are "loaded" into the tip of a very thin transfer catheter in a very small volume of transfer medium, the catheter is then passed through the cervical canal to within 5 mm of the top of the uterus and the embryos are gently released. The transfer usually takes a few seconds to complete. No resting is required afterwards and the recipient can immediately resume her normal daily activities. She does not have to change her lifestyle as she goes through the egg donation treatment.

The gamete embryologists will assess the embryos prior to the embryo transfer to determine their likelihood of implantation. Most partners will usually select two to four embryos for the transfer. Approximately one-third to one-half of Nova IVF's egg donation pregnancies are twins and there are very few triplet pregnancies.

There may be more embryos than the partners may wish to have transferred. It is possible to cryopreserve these "extra" embryos and store them in liquid nitrogen. Approximately one-half to three-quarters of the embryos survive the cryopreservation/thawing process. The implantation rate of the surviving embryos is similar to the "fresh" embryos.

#### 6. Establishment of Pregnancy

After the embryo transfer, the front and back walls of the uterus gently hold the embryos keeping them within the uterus. There is no need to restrict recipient's physical activity. She will continue taking the estrogen patches and progesterone vaginal capsules.

Approximately two weeks after the embryo transfer, she will return to Nova IVF for a blood pregnancy test. The result will be out the same day. If the pregnancy test is positive, an ultrasound examination is scheduled two weeks later to visualize the implantation site and to look for a heartbeat.

Once a heartbeat is seen, there is a 95% probability that the pregnancy will continue to a live birth and only about a 5% chance that it could still end in a miscarriage.

The recipient will continue coming to Nova IVF every 1 to 2 weeks to have her estrogen and progesterone blood levels monitored. Six to eight weeks into the pregnancy the placenta produces so much of its own estrogen and progesterone that the supplementation can be discontinued. The recipient's treatment at Nova IVF usually ends at that point and she will be referred for routine obstetrical care. Once she discontinues all medications, her pregnancy becomes indistinguishable from a pregnancy conceived through intercourse.

At Nova IVF, it is our goal to minimize the likelihood of a high order multiple pregnancy (triplets or higher). If you conceived with a high order multiple pregnancy and by the 10th week a spontaneous reduction has not taken place, you may choose to have a selective reduction. This procedure would be performed by a specialist. The reduction carries with it 5-10% risk of losing the whole pregnancy.