Sussex Downs
Fertility Centre

Fertility Services Information Brochure

Our Fertility Services

The Sussex Downs Fertility Centre offers personalised care to all of our fertility patients. You are given dedicated support throughout your treatment by a senior consultant and our fertility nurses to ensure your experience is the best and most successful it can be.

Becoming a parent is one of the most special things in life. Sometimes, couples need a helping hand to conceive. We are here to make IVF as smooth as possible and to support you along your journey. The service at The Sussex Downs Fertility Centre is led by a team of experienced healthcare professionals that are specialists in the field of fertility.

The service is tailored to each patient's needs and is provided by the consultants themselves. Patients can stay in touch with the team throughout treatment, whether private or NHS, and are given flexible appointment times to suit their lifestyle.

We do not have any waiting lists for NHS patients and private patients are offered same day appointments. The centre is open seven days a week to support the patient's treatment.

This means that you will receive most of your care locally with the friendly team at The Sussex Downs Fertility Centre, but will also benefit from the satellite clinic at The Goring Hall Hospital in Worthing where you can access appointments that are convenient to you.

Contents

When can we start? 4
How will I get my medicine? 4
What happens in a treatment cycle? 5
What's the difference between an ICSI cycle and an IVF cycle? 5
How are the ovaries stimulated to produce eggs? 6
Decision day (Trigger hCG injection) 7
What happens if my treatment cycle is cancelled? 8
Why would a treatment cycle be cancelled? 8
Egg collection 9
How do I prepare for egg collection? 9
What happens during the egg collection? 10
After the egg collection 11
What happens in the laboratory? 12
Embryo transfer and freezing 14
The pregnancy test 17
Why do cycles fail? 18
When the cycle is successful 18
Trying again 19
What are the risks of IVF? 19
Pelvic infection 21
Donor treatment 22
What are the overall success rates for IVF? 23
Useful contacts 23

When Can We Start?

Treatment can start when:

- You have had your first appointment with one of the consultants at the centre.
- You have signed the relevant consent forms.
- We have the results of all necessary blood tests within the past three months including HIV and hepatitis blood tests for both partners and female hormone levels.
- We have the result of a semen assessment.
- You have had a schedule appointment with the nurse to arrange your treatment dates, consent forms and your medication teaching appointment when you are shown how to take them.
- Payment for a treatment cycle has been received (for self-funded patients).

What Happens in a Treatment Cycle?

A treatment cycle is made up of six stages:

1. The woman's normal hormone production is temporarily controlled using medicine, so we have control of egg production and release.

2. The woman's ovaries are stimulated with Follicle Stimulating Hormone (FSH) injections to produce eggs.

3. The woman's eggs are collected from her ovaries.

4. The male produces a semen sample.

5. The eggs and sperm are mixed together in a laboratory to allow fertilisation and early embryo development.

6. The embryo(s) are placed in the woman's uterus, usually on the third or fifth day after egg collection when the fertilised egg has divided and contains six to eight cells, or is a blastocyst (see later).

What's the Difference Between an ICSI Cycle and an IVF Cycle?

Ovarian stimulation and egg collection in ICSI and IVF cycles are exactly the same (see above). The difference between the cycles is that with an ICSI cycle each mature egg is injected with a single sperm for fertilisation. ICSI is usually performed in couples where there is suboptimal sperm to reduce the risk of fertilisation failure.

In our IVF cycle, eggs are mixed together with a number of sperm to allow fertilisation. In both IVF and ICSI cycles, embryos are transferred into the uterus on day two, three or five.

How are the Ovaries Stimulated to Produce Eggs?

We ask you to attend a scheduled appointment. We will describe to you in detail how to use the medicines and give you a written schedule to follow. This will usually be in person and in writing. On the standard 'long' regime, you will start the first medication approximately 21 days after the first day of your period, and will continue with it until two days before your egg collection.

Long Cycle Down Regulation:
If you are on a long cycle you will be asked to use is a suppressing drug before you start taking your stimulating medication. The down regulating medication we use is buserelin (Suprefact/Suprecur); this will be given as an injection under the skin on the stomach. This part of the treatment is known as 'down regulation'. It will:

- make the ovaries temporarily inactive
- ensure the ovaries respond better to the hormone injections
- prevent you from releasing all of your eggs before we can collect them

You might experience side effects such as:

- hot flushes
- night sweats
- headaches
- mood swings
- lack of concentration

These side effects can occur because the oestrogen hormone level in your blood falls. You may not experience all or any of these symptoms but, if you do, they will improve once you start your daily injections.

An internal (vaginal) scan is performed after two to three weeks of down regulation. This will check that the ovaries are inactive and contain no large follicles or cysts, and that the lining of the uterus (endometrium) is appropriately thin. If this is not the case, we will ask you to continue the medicine for another week. If there is an ovarian cyst present after down regulation, we may drain this using a procedure similar to an egg collection.

Please note: It is normal to have a period during this time. This does not mean that the medicine is not working. Do not stop the buserelin (Suprefact/Suprecur) until we ask you to. If you stop the medicine too soon, your eggs could be released before we have had chance to collect them.

Once the scan confirms that you are down regulated then you can start your stimulation injections. Follicle Stimulating Hormone (FSH) injections (Menopur or Bemfola) are given to the woman as a daily injection over eight to 14 days, to stimulate egg development in the ovaries. The injections are given just under the skin on the stomach. We will teach you and/or your partner how to do this.

The FSH injection causes the oestrogen hormone level in your blood to rise. This may make you:

- feel bloated or nauseated
- have tender breasts
- feel increasingly emotional

Further information about possible side effects is available in the manufacturer's leaflet that comes with the medicine.

Short Cycle:
During this treatment cycle you will be asked to start your treatment on the second/ third day of your period and you will not be required to take the down regulating medication. You will simply start taking your stimulation injections as instructed by your nurse. If you are on this cycle we will monitor the follicular growth by using regular scans and introduce an antagonist medication called Fyremadel to prevent the eggs from being released prematurely.

The nurses at the centre will monitor your response to the FSH injections using internal vaginal scans, which measure the number and size of the follicles (cysts) within the ovaries. The first scan is usually between day five or six after starting the injections. In most cases a further scan is needed, usually two to four days later. We are aiming to get at least two follicles which measure about 17 to 18 millimetres in diameter, before we book your egg collection.

You normally have FSH injections prescribed for 10 days. If you need further FSH injections or run out of any other medicines it is important that you contact the centre and they will organise more medication for you.

Decision Day (Trigger hCG Injection)

Your consultant will decide the best day for your egg collection. This decision is based on your medical history, your response to the stimulation drugs and the ultrasound findings. The cycle might occasionally be cancelled before egg collection if you under-respond or over-respond to the medication.

Human chorionic gonadotrophin (hCG), such as Gonasi, is a one off 'trigger' injection. This is given in the same way as the FSH injections 35 hours before the planned egg collection. This medicine causes the final stages of egg ripening to take place. The time this injection needs to be administered is important and will be given to you by your nurse.

Please note: The timing of this injection is important. If the eggs are collected too soon after the injection, the eggs will not be mature and are unlikely to fertilise. If the eggs are collected too long after the injection has been given, you may have already ovulated and released all of the eggs before they can be collected.

You do not need to take any more buserelin after the 'trigger' hCG (Gonasi) injection. The day after the 'trigger' injection you will not require any medication.

What Happens If My Treatment Cycle is Cancelled?

The majority of women respond well enough to stimulation to progress to egg collection. About 5% of cycles have to be cancelled due to under- or over-response.

If your cycle has to be cancelled, we will ask you to stop taking all of the medicine and will arrange a follow-up appointment. At this appointment we will reassess your treatment and, if appropriate, plan a further attempt. We realise that it is very disappointing to have a cycle cancelled and recommend that you speak with our counsellor.

Having your cycle cancelled does not mean you will never respond appropriately. We may be able to adjust your stimulation programme to achieve a better response and give you an improved chance of becoming pregnant in a further treatment cycle.

Why Would a Treatment Cycle be Cancelled?

Your egg collection might be cancelled if not enough follicles have developed in the ovaries. If your fallopian tubes are open and one or two follicles have developed, we might still ask you to take the hCG (Gonasi) 'trigger' injection.

We will then advise you to have intercourse at a certain time or arrange for intrauterine insemination (IUI), which is when prepared semen is placed directly inside your uterus.

Your egg collection might be cancelled because you have produced too many follicles. This means you are at risk of ovarian hyperstimulation syndrome (OHSS) and this will be made worse if you become pregnant. We would recommend that you avoid sexual intercourse until after your next period (usually occurs two to three weeks after completion of your medication). If a large number of eggs are released at once, a triplet or higher number of pregnancies could occur. The more babies you are carrying, the greater the chance of miscarriage or other problems.

Egg Collection

The consultant or nurse will inform you of the scheduled time of your egg collection. You will be given an appointment time on the day of your collection and please note your partner will need to attend with you on this day (where appropriate).
The egg collection will be performed at:

Sussex Downs Centre, Unit 6, Park View, Alder Close, Eastbourne, BN23 6QE

If travelling by car, parking is available on site and around the unit.

How Do I Prepare for Egg Collection?

You should not have anything to eat for six hours and clear fluids for two hours before your egg collection. This is because you will be given a type of anaesthetic called sedation for the procedure. This medicine can help you relax and minimise any pain you might feel during the procedure. It can sometimes make you feel nauseated and if your stomach is empty this will reduce the chance of complications if you do vomit.

You can have a bath or shower on the morning of your egg collection. Please do not use anything strongly perfumed, wear makeup, nail varnish or perfume. Please wear glasses if needed instead of contact lenses on the day of egg collection. We encourage the male partner to be present on the day of egg collection as he is an essential part of the IVF process and can give you support. He will also need to produce a fresh semen sample on the day of egg collection.

The man should avoid intercourse or masturbation for two to three days before the egg collection, in order to try and get the best semen sample. The sample will be assessed in the laboratory. If the sample is not of sufficient quality to do IVF, then the laboratory may recommend ICSI instead to improve the chances of fertilisation.

What Happens During the Egg Collection?

Once you are in the unit you will be introduced to the team involved in the procedure. This will include a consultant fertility specialist, fertility nurse, embryologist, consultant anaesthetist and their assistant. As part of our strict witnessing procedures, we will ask you to tell us your name and date of birth. We check these details against your medical records and confirm the storage tubes for your eggs are correctly labelled.

A small cannula (plastic tube) is inserted in a vein in your arm or hand and used to give you medicine to keep you sedated during the procedure. Sedation is given by an anaesthetist (specialist doctor). It keeps you asleep and pain free during the procedure. We will give you oxygen to breathe and monitor your pulse, blood pressure and breathing throughout the egg collection.

An ultrasound probe with a fine needle attached is placed inside the vagina and the needle is gently passed through the vaginal wall into the nearest follicle in the ovary. The fluid from the follicle is put into a small tube. The needle is moved from one follicle to the next until we have emptied all the follicles in the ovary. The needle is then removed and the procedure is repeated in the other ovary.

The embryologist will examine the fluid from each follicle under the microscope and check for any eggs. As each egg is found, it is placed in special fluid in an incubator. Not every follicle will contain an egg and on rare occasions, no eggs will be found during egg collection. Sometimes, despite draining a good number of follicles, we may get a low number of eggs. We will tell you after the procedure or before you leave how many eggs were collected. Egg collection usually takes about 30 minutes depending on the number of follicles to be drained. After the procedure you will rest in the recovery area and ward for approximately one to two hours.

After the Egg Collection

You should be well enough to travel home after about one to two hours following the egg collection. Sedation can affect your reasoning, reflexes, judgement, coordination and skill.

For 24 hours after the procedure, please do not:

- stay alone - a responsible adult must stay with you during this time
- drive any vehicle, including a bicycle
- operate any machinery
- attempt to cook, use sharp utensils or pour hot or boiling liquids
- drink alcohol
- smoke
- take sleeping tablets
- make any important decisions or sign any contracts

It is not unusual to feel some lower stomach or pelvic pain after the procedure.
It is perfectly safe to take paracetamol for this without altering your chances of IVF success or damaging a pregnancy. You might have some blood stained vaginal discharge, which should become darker and stop after a few days. This blood is coming from the site where the needle has passed through the vaginal wall and is not the lining of the womb breaking down.

You will be prescribed the hormone progesterone to take for 16 days following the egg collection to help the lining of the uterus be as receptive as possible to the embryos. Progesterone can be given each morning and night as a pessary (Cyclogest) into the vagina (or rectum) and an injection maybe prescribed to be administered twice weekly.

What Happens in the Laboratory?

We have extremely rigorous checking and witnessing protocols for all laboratory procedures to ensure that the eggs, sperm and embryos used in your treatment belong to you.

You will find that you are frequently asked to give your name and date of birth, which are two identifiers used to help ensure accuracy. We will explain this to you before we start any treatment and are always happy to discuss this with you in more depth at any stage of your treatment.

Insemination/injection of sperm

Your semen sample is prepared by separating the normal motile sperm from the ejaculate and placing it in a pre-labelled test tube. In an IVF cycle, the prepared sperm and egg(s) are placed together in a carefully labelled dish. In an ICSI cycle, a single sperm is injected into each mature egg and this is put into a dish labelled with your name and unique number. These dishes are left in the incubator overnight to allow fertilisation to take place.

Fertilisation

The next morning the embryologist carefully examines each egg to see if fertilisation has occurred. We will call you to tell you how many eggs have fertilised. Rarely, about one in 100 times, none of the eggs fertilise and there are no embryos to be replaced. This is obviously very disappointing. We will offer you the earliest available appointment to see your consultant to discuss the cycle and your future treatment options. You will also be offered an appointment to see our counsellor.

Embryo development

Eggs that have fertilised are called embryos. As embryos develop their cells divide. Two days after fertilisation, the embryo should have two to four cells. Three days after fertilisation, the embryo should have six to eight cells. At five days they should be at the blastocyst stage.

We transfer embryos to the uterus two, three or five days after fertilisation.

Embryo Transfer and Freezing

What is embryo transfer?

During embryo transfer we place the best one or two embryos into the woman's uterus. This is a much simpler procedure than egg collection and there is no need for sedation. During the procedure, we use an ultrasound scan on your stomach to help us to transfer the embryos where they have the highest chance of implantation.

How should I prepare for embryo transfer?

You will need to have a full bladder for this procedure so that we can see the uterus clearly on the ultrasound scan. A fertility nurse will give you instructions on how to prepare for this.

A full bladder makes the procedure technically easier, as the bladder lies in front of the uterus and in four out of five women, the uterus naturally bends forwards.
Filling up the bladder will therefore 'straighten out' the uterus and make it easier to direct a soft catheter, which contains the embryo(s).

What happens during the embryo transfer?

As part of our identity checks, you and your partner will again be asked to state your names and dates of birth before the transfer. The doctor/fertility practitioner and embryologist will check that the dishes containing your embryos are labelled with your name and unique identity number.

The embryologist will have selected the best embryo(s) for transfer. The doctor/fertility practitioner and the embryologist will discuss this decision with you. You can see photographs of the embryos if you wish, before they are transferred.

A speculum, which is the instrument also used during a smear test, is placed in the vagina to help us clearly see the cervix (neck of the uterus). The outside of the cervix is cleaned and any mucus from inside the cervical canal is removed. This mucus might prevent the embryos getting to where we want them to be in the uterus.

The soft catheter which holds the embryos is inserted into your uterus. We usually try with an empty catheter first to see the best position and path. Once we are happy that the catheter can be easily inserted, the embryo(s) is placed in the catheter and gently deposited into the uterus. The catheter is then removed and checked to make sure the embryo(s) has/have been replaced. Sometimes, the embryos remain in the catheter.

The procedure will then be repeated until we are sure the embryo(s) are in your uterus - this does not affect your chances of getting pregnant.

You will be able to empty your bladder immediately after the transfer without any risk of losing the embryos.

How many embryos will be transferred?

Current HFEA guidelines allow us to transfer a maximum of two embryos (for women under the age of 40) but we would recommend that you transfer one at a time to avoid the risk of multiple pregnancies and increased miscarriage risk. The remainder is checked for suitability for freezing for use in the future, if you wish (please see your information leaflet that you will be given for more information about this).

As part of our strategy for reducing the number of twin or triplet pregnancies, we recommend that women under 40 years have only a single embryo replaced, especially if they have additional embryos for freezing. This gives a high chance of pregnancy and a low chance of twins. Two embryos will be advised if you are older, or if the embryo quality is less than adequate. If you are aged 40 or over, we will talk to you about whether we think you should have three embryos transferred.

Blastocyst transfer

By day five after egg collection, the embryos most likely to lead to a pregnancy have undergone further development to become fluid filled balls of cells called ‘blastocysts’. Recent evidence suggests that for some patients, waiting until day five allows us to choose the embryos with the best potential of achieving a pregnancy to be transferred.

The greatest benefit of blastocyst transfer is for patients who have a good chance of becoming pregnant, but who also have the greatest risk of having a twin pregnancy if two embryos are transferred. We can identify this group of women, and if we transfer a single embryo, we hope to reduce the incidence of twin pregnancies without reducing the overall chance of pregnancy. So, depending on your age and the number of good quality embryos available, on day three after egg collection we may recommend that we culture your embryos until day five of development, transfer a single blastocyst and freeze excess good quality blastocysts for future use.

Can I freeze my spare embryos?

It is possible to freeze embryos from an IVF or ICSI cycle for later use. Although the majority of couples hope to have sufficient spare embryos for freezing, in reality, this only happens for about one in three couples. In our centre we have successfully achieved nearly the same implantation rates for frozen embryos as we have for fresh embryos. This is because we are very selective about the embryos we choose to freeze

to ensure they have the maximum ability to survive the thawing process. We will freeze good quality blastocysts on day five or six of development.

Embryos are frozen at an extremely low temperature, which makes sure they do not deteriorate over the number of years they are stored. Even if you get pregnant in your initial attempt at treatment you may wish to use frozen embryos, if possible, to expand your family at a later date.

If you have frozen embryos, it is essential that you keep in touch with us to let us know what you wish to do with them and to tell us of any changes of address, telephone number and email address.

What happens after embryo transfer?

You will know if the treatment has been successful 11 to 14 days after embryo transfer when you perform the pregnancy test at home as advised. We appreciate that this wait can be difficult for many people. Please do not be tempted to perform the pregnancy test earlier than is written on the information sheet given to you at embryo transfer to avoid a false pregnancy outcome.

Please continue to take progesterone by inserting a pessary into your vagina (or rectum) each morning and night. Some patients will be asked to take this by injection, twice weekly.

Unfortunately, there is no evidence that anything you do at this stage will increase the chances of you becoming pregnant. We encourage you to return to work but you may prefer to have a few days off around the time of replacement. Having sexual intercourse is not known to affect the chances of pregnancy but you may want to wait until after you have conducted your pregnancy test.

At the time of transfer we will give you a list of symptoms you should let us know about, which are related to the possible complications of treatment.

The Pregnancy Test

All women should perform a pregnancy test 16 days after the egg collection, even if they bleed before this time.

Doing the test, even if you bleed, is essential. This is because some patients who have bleeding after a cycle could have an ectopic pregnancy - an uncommon but serious complication. It is important that you do the test. We will ask you to do a pregnancy test and to phone The Sussex Downs Fertility Centre with the result on 01323 410333 or email at sdfc.nurses@nhs.net stating your name, DOB and pregnancy outcome with a contact number so one our nurses can call you back.

A Positive Pregnancy Test

This means that one or more embryos have implanted but we will not be able to see this on a scan until you are about eight weeks pregnant (six weeks after embryo transfer). Your fertility practitioner will usually conduct a transvaginal scan at about eight weeks (six weeks after embryo transfer) to see how many embryos have implanted, whether they have developed a heartbeat and where they have implanted. Sadly, we sometimes diagnose miscarriages at this stage.

If we find that you have an ongoing pregnancy, we will refer you back to your GP to arrange your antenatal care. Unfortunately, a small number of pregnancies can still miscarry even if these early scans are encouraging.

We will ask you to continue to take the progesterone pessaries if you have a positive pregnancy test, until 12 weeks' gestation (ten weeks after egg collection).

A Negative Pregnancy Test

Sadly, this means that the treatment has not been successful. You might already have started bleeding but, if not, your period will come in the next few days after you have stopped the medication. This might be heavier than normal from the medicines you have taken, which will have made the lining of the uterus thicker than usual. We know this can be a very disappointing time and it is important that you telephone the clinic with your result and speak to one of the nurses. Please contact The Sussex Downs Fertility Centre who will arrange a follow-up appointment with your consultant at your convenience to discuss the cycle and possible treatment options for the future. You might also find it helpful to see the counsellor.

Please stop taking the progesterone pessaries if you have a negative pregnancy test.

Why Do Cycles Fail?

There are many factors which influence how an embryo will develop once it is placed in the uterus. These factors are poorly understood. It is impossible to see what happens to the embryos once they have been replaced, and it is often difficult to give a specific reason why a cycle has failed.

In the majority of cases, the cause is likely to be that the embryos have stopped dividing and not reached the right stage of development to be able to attach to the uterus. We usually replace the embryos two, three or five days after fertilisation and in a natural conception they would usually start to attach on day six or seven.

Embryos are more likely to stop dividing if they are of poor quality.

If the uterine cavity is irregular due to fibroids or the fallopian tubes are swollen and contain fluid, we may recommend surgery to remove these before your next IVF or ICSI cycle. If there have been problems with the thickening of the womb lining, we might add in extra medications to try and improve this in any future attempt.

There are several treatments you may read about in the press or on the internet that claim they can improve your chances. Many of these treatments have not been proven to benefit couples and may actually be harmful. We recommend you do not use treatments which have not yet been shown to be effective.

When the Cycle is Successful

What problems can occur in early pregnancy?

Sadly, as with any natural conception, the pregnancy might not progress normally and a miscarriage or ectopic pregnancy can occur.

Please contact The Sussex Downs Fertility Centre if you develop:

- heavy bleeding
- brown spotting (discharge)
- sharp abdominal pain, particularly if on one side
- shoulder pain
- feeling faint

Trying Again

When can we have another go?

We recommend that you wait at least one month before you have another attempt so that you can have a break from treatment and allow yourself time to recover from such a big disappointment. Your body also needs a chance to recover from the medication. If you have frozen embryos, we usually recommend using these before trying another fresh embryo transfer.

How many attempts can we have?

We do not have a set limit for the number of attempts a couple may have. If you do have an unsuccessful cycle, you will be offered an appointment with your consultant to discuss the reasons why this cycle may have failed and any ways in which we may be able to improve your chances of success.

Each couple is assessed individually and advice is given about the likely success of further cycles. If we feel your chances of being successful are very low, we will be honest with you and may advise you to stop treatment.

What are the Risks of IVF?

All types of medical treatments and procedures have risks. Your consultant will speak with you about the risks involved. Possible risks associated with IVF include:

Multiple pregnancy

The major complication of IVF is multiple pregnancy. Multiple pregnancies have a much higher risk of pregnancy complications including miscarriage, high blood pressure and premature birth. Premature babies have a higher risk of complications, such as a weakened immune system, physical and mental disability and feeding and breathing difficulties. The risks at all stages of a triplet pregnancy are even higher and so the chance of having even one healthy baby at the end of treatment is lower than with either a single pregnancy or twins. HFEA guidelines allow a maximum of three embryos to be replaced in women over the age of 40.

Currently, we replace one embryo in 80% of our patients under the age of 40, two embryos in 20%.

Our twin pregnancy rate is 7% (about 1 in 13 of all pregnancies).

Ovarian hyperstimulation syndrome (OHSS)

Some women respond very sensitively to fertility drugs and produce many follicles. This causes the ovaries to enlarge and blood oestrogen levels to rise. This is more common in younger women and those with polycystic ovarian syndrome.

Development of OHSS is not always predictable or avoidable. We will identify if you have an increased risk by monitoring ovarian stimulation with extra ultrasound scans and blood tests, which will allow us to change your drug dose to try and avoid overstimulation. Occasionally, where the risk is too high we may recommend that the cycle is postponed or that the eggs are collected and all embryos are frozen for future use.

If we do collect the eggs, we may still recommend that any embryos created are frozen for replacement in a future cycle when the overstimulation symptoms have subsided. If we replace the embryos in this fresh cycle and you become pregnant, your blood oestrogen level will start to rise again and make your condition worse. A frozen embryo replacement cycle will not cause OHSS as the ovaries are not stimulated.

Symptoms of OHSS are most common around the time of egg collection or about ten days after embryo transfer. You may find that things improve only to worsen again nearer to the time of your pregnancy test.

In OHSS, the ovaries can enlarge to up to three times their normal size. Your blood protein level drops, which causes fluid to leak out into the abdominal cavity or around the lungs. This can result in problems producing urine, mineral imbalances in your blood and clotting problems. Symptoms include:

- abdominal (stomach) pain and swelling
- passing small amounts of concentrated urine
- thirst
- nausea and vomiting
- diarrhoea
- dizziness
- shortness of breath

If you have any of these symptoms please contact The Sussex Downs Fertility Centre immediately, so that we can give you the necessary advice. Most cases of OHSS are mild and are resolved spontaneously and using mild pain relieving medicine such as paracetamol can be used.

If we are concerned that you are at risk of developing moderate or severe OHSS, we will keep you under regular review. If your symptoms worsen, we might have to refer you to hospital for monitoring and treatment. Very rarely, OHSS can be life threatening. Please also contact us if you have been to another hospital for advice or treatment. Having OHSS will not jeopardise your chances of becoming pregnant.

Pelvic Infection

Pelvic infection can very occasionally follow an egg collection and rarely an abscess might develop. We do everything possible to ensure that this does not happen by performing the collection under strict clean conditions and giving antibiotics to all women at the egg collection procedure. However, since it is not possible to sterilise the vagina where there are always some bacteria present, it is not possible to prevent all infections, despite preventative measures. Symptoms of an infection include:

- pain
- bright red vaginal bleeding
- unpleasant odorous vaginal discharge
- diarrhoea
- fever
- generally feeling unwell

In these cases, we will admit refer you to hospital for antibiotic treatment. In severe cases, an operation might be necessary.

Other complications

There is a very small risk that the needle used for egg collection can puncture the bowel or blood vessels. The needle used is very fine and it is unusual to have any complications. Most cases of vaginal bleeding can be stopped at the end of the procedure by applying pressure to the puncture site. If there is a concern that a tiny hole has been made in the bowel, antibiotics will be given.

Please contact The Sussex Downs Fertility Centre if you feel any of the following symptoms:

- pain in your stomach
- shortness of breath
- swelling/bloated feeling in your stomach
- feeling feverish, shivery or generally unwell
- nausea and vomiting
- heavy or irregular vaginal bleeding
- diarrhoea
- dizziness
- you are passing a small amount of urine or if your urine seems concentrated

Donor Treatment

We also offer treatment for those looking for egg donor, sperm donor or embryo donor cycles. Your egg donor could perhaps be someone you know who is willing to donate their eggs for your use as long as they are under the age of 35; this is called 'known donation.' Alternatively there is the unknown donor, known as an 'anonymous donation.'

We offer an egg donation programme, please contact us for more information.
We also work closely with several donor sperm banks in the UK and overseas.

Donor Sperm

Treatment with donor sperm is available for heterosexual and same sex couples as well as single women. This treatment can be either carried out by intrauterine insemination (IUI) or In Vitro Fertilisation (IVF/ICSI). Sperm donors can be known or anonymous.

Known donors may be friends or relatives who may wish to donate, the donor would have to be under the age of 41. A known donor and their partner would both have the opportunity to have implications counselling to ensure they are both comfortable with the process. It should be known that donor sperm has to go through a three month period of quarantine.

For patients who opt to use anonymous donors, we work with a number of independent sperm banks both abroad and in the UK. We will provide you with the list of sperm banks we work with, as well as the information about ordering the samples that you require.

Donor Eggs

In certain cases, patients need to embark on treatment using donated sperm or eggs. Patients may have relatives or friends who wish to donate (known donor). A known donor and their partner would both have the opportunity to have implications counselling to ensure they are both comfortable with the process.
For patients who opt to use anonymous donors, we work with a number of independent organisations that specialise in sourcing donors. We will provide you with guidance and put you in contact with these organisations. These organisations will work with you to match a donor that meets your requirements.

Please contact us on 01323 410333 for further information on our donor treatments

What are the Overall Success Rates for IVF?

It is important to be realistic about the likelihood of a successful treatment cycle. IVF success depends mainly on the age of the woman. Your chances increase as you progress successfully through each step of the treatment process.

Your chances of a clinical pregnancy (pregnancy with a heartbeat seen on ultrasound scan) are:

- one in three when you start a cycle
- one in two if you are young and have a good quality blastocyst embryo transfer

More detailed up to date information on our success rates can be found on The Sussex Downs Fertility Centre website at www.thesussexdownsfertility.com or www.HFEA.gov.uk for further information.

All our patients will be given a personal success rate at the initial consultation after reviewing your results.

Frozen embryo transfer (FET)

In a frozen embryo transfer cycle (FET) we thaw some of your frozen embryos and transfer one or two of them into the uterus. The number of embryos to be thawed in any one attempt will be discussed with you in advance by your consultant or embryologist.

We are selective about the embryos we freeze in order to give you the best chance of pregnancy after thawing and transfer. Currently about 80-85% of our blastocysts survive being frozen and thawed.

Our current successful pregnancy (live birth) rate for frozen embryo transfer is 35%. This compares favourably with the average national rate which is 30%.

An advantage of a FET is we do not need to use hormone injections to stimulate the ovaries and you do not have a surgical egg collection procedure.

For more information about a FET, please speak to your consultant or call The Sussex Downs Fertility Centre.

CONTACT US

For more information about treatment, please call 01323 410333 to speak to a member of the fertility team or email us at info.sdfc@nhs.net

Sussex Downs Centre, Unit 6, Park View, Alder Close, Eastbourne, BN23 6QE
T: 01323 410333 • E: info.sdfc@nhs.net • www.thesussexdownsfertility.com


thesussexdownsfertilitycentre


sussexdownsfertility


SD_Fertility

SDFC388 | Issue 1 | Author – Kuljit Moore | Authorised by – Jane Skelton
Publish Date: October 2019 | Review Due: October 2021