



## Frozen Embryo Transfer (FET)

Thank you for choosing LCRH Fertility to help you along your fertility pathway. We know that there is a lot of information to digest before you can start treatment and we hope this will help to answer some of your questions. Don't forget that our team are always available to speak to you about any queries you might have.

### How to use this booklet

This booklet has been designed to be read after your individualised treatment has been agreed with you and your Consultant and before you sign consents to treatment.

- Take time to read and digest your information pack including the information leaflets and consent forms.
- Ensure *before* you have signed your consent forms that you have been provided with enough information to understand the nature, purpose and implications of your consent to treatment.
- Please bring or send any screening blood tests you may have had done elsewhere ahead of this appointment if you have not done so already.

### Your nurse consultation appointment

This will last approximately 30 minutes. Our nursing team are available throughout your treatment should you need any advice, help or support during your treatment with us. During your appointment we will:

- Organise a personalised treatment schedule which will document which medications (if any) you will be taking, the dose and when they start.
- Explain what will happen during your treatment.
- Verify your identity and if seeking treatment as a couple both of you agree to thaw and transfer embryos. We will need to confirm your identity against the signed identification documents you will have provided before your treatment cycle.
- Finally your nurse will check that if all your queries have been answered that your consent forms have been completed correctly and signed.

### Information regarding frozen embryo replacement cycles

A frozen embryo transfer (FET) cycle involves the thawing of your previously frozen eggs or embryos for a treatment cycle. This information will help explain how we can prepare you for your transfer cycle and what will happen on the day of the thaw, the embryo transfer and days following.

### Medicated cycles

Medicated cycles can be used whether you have a regular cycle or not and are slightly more flexible in terms of the day of transfer which leads to few cycles cancelled.

- We normally ask you to have a scan between day 1-3 of your cycle.
- We start Estrogen tablets on day 2 or 3 of your cycle, 2mg three times daily, to increase your endometrial thickness.
- These are generally taken for 12-14 days after which time we will scan to measure the thickness of the womb lining.
- If this is sufficient, we then commence progesterone medication and determine the optimal time to either thaw eggs or transfer embryos. We will provide you with a treatment schedule for your scans and medication.



### **Natural cycles**

If you have a regular cycle you may have discussed using a natural cycle to transfer embryos. We need to ensure we know when ovulation occurs so we time the embryo transfer:

- We normally ask you to have a scan at the beginning of your cycle (between day1-4) and again **before** the time of your expected ovulation.
- If this shows a developing follicle and a thickening endometrium then we will suggest urine sticks to detect your ovulation. We usually give a trigger injection to help ovulation occur and to time the transfer.
- If you are thawing eggs we will give instructions about when your partner needs to attend to give a sperm sample or when we may need to thaw a sperm sample.
- Even in a natural cycle we may use additional progesterone support before transfer and if this is the case we will tell you when to start this.

### **Beginning your treatment cycle**

- Your individualised treatment protocol will let you know when you need to come in for your first scan
- We will ask you to contact us once your period starts if you are having natural cycles.
- Day 1 of your cycle is the first full day of bleeding (that is red bleeding which has started before 12pm)
- Scans are arranged by appointment only and are internal/ vaginal. Please ensure you have an empty bladder for all vaginal scans.
- If you require a chaperone, please let us know

### **How do I/we decide how many eggs to thaw?**

If you are thawing eggs to create embryos then we generally recommend thawing all of your eggs. Approximately 80% of oocytes survive the thawing process. Those that survive are then injected with sperm (ICSI) to achieve fertilisation. An average fertilization rate with ICSI is 60-70%. Any fertilised eggs are then allowed to develop in the laboratory for 5 days. An embryo(s) can then be selected for transfer and remaining embryos can be frozen. Alternatively, all the embryos may be re-frozen.

### **How do I/we decide how many embryos to thaw?**

We ask you to specify on your consent to thaw form how many embryos you would like to have transferred. You should be aware that there is no guarantee that embryos will survive the freeze/thaw procedure. Your consent form will specify whether you wish your embryos to be thawed until we have the number to transfer. We are predominately a single embryo transfer clinic.

### **Blastocysts frozen on Day 5 or 6**

Embryos that were taken on to the blastocyst stage and frozen either on day 5, 6 or 7 of your cycle have been taken as far as they need to in terms of development.

### **Embryo transfer**

The number of embryos to be transferred will already have been discussed before the day of embryo transfer. We suggest that a single embryo is transferred particularly if:

- You are young (<37 yrs).
- You have good quality embryos.
- You have had previous pregnancy.
- We advise you to have a half to full bladder for your embryo transfer this will enable a smooth transfer of your embryos. The bladder when full pushes down on the uterus allowing easier access into the uterine cavity and allows us to place the embryos in an optimal position.



### **Pregnancy Test**

- We will give you a date to do your pregnancy test at the time of transfer
- If whilst you are waiting to do your pregnancy test you have developed pain or bleeding or anything else you are concerned about please contact the Clinic so you can be given further advice and support
- Sometimes the result can be unclear and you may need to repeat the test
- If positive or negative please message the Clinic so that one of our team can give you further advice and discuss with you what you should do next.
- If positive on day 10 and again a few days later we ask you to come in for a HCG and Progesterone blood test
- We will arrange an early pregnancy scan for you approx. 2 weeks from the positive pregnancy test result.

### **Pregnancy scan**

- Most positive pregnancy tests result in a normally developing pregnancy.
- If the pregnancy scan has been performed and all is well we would advise you to see your GP to arrange your ante-natal care.
- You may need a prescription to continue any medication.
- Blood pregnancy levels and urine pregnancy tests may not always accurately predict whether a pregnancy is developing normally and your first scan is important to determine this.
- If you have had any pain or bleeding after the positive pregnancy result an early scan and blood tests will be recommended to help us monitor complications of pregnancy such as ectopic pregnancy.
- Occasionally if we suspect an ectopic pregnancy or sadly you have suffered a miscarriage we may refer you to a local specialist centre (early pregnancy assessment unit) to take over your care.
- We must know the final outcome of your pregnancy to inform the HFEA of the results of your treatment
- Please keep in contact during this time we are always available to support you with advice through to the end of your pregnancy

### **Reasons a treatment cycle may be cancelled before transfer**

- Occasionally eggs will fail to survive the thawing process
- On occasions your embryos may fail to thaw successfully. Although 80-85% of embryos survive the freezing and thawing process this does not always mean that transfer is possible
- Occasionally your womb lining fails to thicken enough to be able to transfer embryos. If this happens we will organise a follow-up appointment to review your treatment cycle.

**The team at LCRH wish you every success with your treatment.**