



The Olive BRANCH Fertility unit
PATIENT INFORMATION SERIES
EGG RETRIEVAL AND EMBRYO TRANSFER

Preparing for Egg Retrieval

The decision regarding the timing of the third injectable medication (HCG, IVF-C, Hucog, PREGNYL) is determined by a combination of events that include size and number of the leading (largest) ovarian follicles observed on ultrasound and sometimes blood level of ovarian hormones.

The timing of the HCG injection is critically important as your egg retrieval procedure is scheduled at a specified hour following this injection.

You will be provided with clear instructions regarding the timing for this injection.

Male Partners: The day your partner is instructed to take the HCG injection, it is recommended that you ejaculate in order to have a fresh sample with healthier sperm available on the day of egg retrieval (unless you are instructed otherwise).

Egg Retrieval

Please note that your partner must accompany you to provide his sperm specimen just before the time of your scheduled egg retrieval. Also note that arrangements must be made for you to be driven back home after the procedure. You will meet with our Patient coordinator on your arrival for the scheduled egg retrieval procedure. Please feel free to mention any concerns or questions you may have before the procedure.

You will be asked to change into a surgical gown and will be provided with a room for your personal belongings. After your paperwork is reviewed, including consents, and after all your questions are addressed, an IV will be placed in one of your arm veins for administration of medications during the egg retrieval procedure.

You will then be taken to our procedure room for the egg retrieval this takes approximately 15-20 minutes usually (depending on each patient's ovarian response – as retrieval of eggs from a larger number of ovarian follicles may take a few extra minutes).

The egg retrieval involves a transvaginal ultrasound almost identical to the scans performed during the monitoring process. We use a short acting intravenous anesthetic to keep you comfortable during the egg retrieval procedure. A needle guide is attached to the side of the vaginal ultrasound probe, to accommodate the egg retrieval needle; under ultrasound guidance, the needle is passed along the ultrasound guide through the wall of the vagina into the ovary and the fluid within



the visible follicles is aspirated; this fluid contains the egg surrounded by cells. The aspirated fluid is passed on to the embryologist who identifies the egg from each aspirate.

Embryo Transfer

Embryo transfer is a simple, painless procedure that is performed under abdominal ultrasound guidance.

When to transfer embryos:

The timing of embryo transfer is dependent on the number and quality of available embryos and on individual patient related circumstances. Embryos routinely transferred on Day 3 (cleaving embryos) or Day 5 (blastocyst stage embryos). We offer day 5 blastocyst transfer in situations where a large number of embryos were generated from a large number of eggs collected and we want to be assisted in deciding which to transfer.

How does one decide on the number of embryos to transfer:

The decision on how many embryos to transfer is based on a number of factors including the age of the female partner, her prior reproductive history and health profile (placing in perspective risks of multiple pregnancy for the woman), the number and quality of the available embryos, and couple's acceptability multiple pregnancy twins and high order (more than twins) resulting from embryo transfer.

Couples are encouraged to discuss these considerations and communicate their concerns and preferences at any and all times through the IVF process.

Your Fertility clinician will review your embryo status including fertilization, embryo development and the quality of embryos on the day of embryo transfer. The embryology scientific staff and your Fertility clinician will identify the most optimal of the embryos available for transfer.

The number of embryo/s to transfer will be decided only after you have reviewed the "track record" of your embryos seen them, and are satisfied with the discussion and recommendations of your fertility clinician and embryologist.

Procedure of Embryo Transfer:

After seeing the embryos and the number to transfer has been decided upon you will then be taken to the procedure room; your partner is welcome to attend after you have been prepared and draped For patients who have previously undergone an insemination, embryo transfer is a similar procedure. With you lying down, one of our trained staff members will perform an abdominal ultrasound scan (which requires a full bladder in most cases to allow optimal visualization), The pre-selected embryo/s will be "loaded" into an embryo transfer catheter; the catheter is passed on to the fertility clinician who performs a trans-cervical embryo transfer under the



guidance of abdominal ultrasound. For the majority, the procedure of embryo transfer takes just a few minutes. You should not feel any discomfort during the embryo transfer procedure, and will be asked to remain reclining for an additional 15 minutes.

Some common concerns addressed.....

Will my embryos “drop” when I stand up after an embryo transfer?

No gravity plays no role. Your embryos are placed within the uterine cavity and do not “drop” out of the uterus. In the event that you experience any pink-tinged vaginal discharge, be assured that this is the fluid used to cleanse your cervix before the embryo transfer.

Should I remain in bed for the day following embryo transfer?

There is no need for you to be bed-bound following embryo transfer. Remember, for couples conceiving spontaneously, they have NO idea what they were doing around the time of embryo implantation (attachment to the uterine lining) and it's only when a period is missed do they become aware that they are pregnant. We however advise patients be conscious and that extremes of physical activity and psychological stress be avoided over the next few days.

Are there any medications I should avoid after having undergone embryo transfer?

Patients are advised to avoid pain medications such as Ibuprofen, Aleve and Aspirin. Paracetamol is the preferred agent for pain control. If in need of remedies for symptoms of cold, avoid medications with added “decongestant”.

What happens to the embryos that remain unused following embryo transfer?

After the best of the available embryos are transferred, the remaining embryos depending on their grade and number can be considered for cryopreservation (freezing). If this is offered, terms, costs and another consent form will be discussed and signed before the process can be initiated.

