



EGG DONOR HANDBOOK

INTRODUCTION

Thank you for considering egg donation at Genesis. Your willingness to donate will help an infertile couple by giving them the chance to experience pregnancy and become parents.

This guide provides a comprehensive overview of what to expect from your cycle. Please familiarize yourself with this handbook, but do not hesitate to contact us if you have further questions.

Getting in touch with us

Routine calls (such as reporting the date of your period or medication questions) are handled by your Donor Egg Coordinator or the IVF nursing team. They can be reached directly between the hours of 8:00 a.m. and 4:00 p.m., Monday through Thursday. Fridays from 8:00 a.m. to 3:00 p.m. at 718-331-3512 (IVF department) or at 718-436-3747 (donor egg department). For emergent matters after regular clinical hours and on weekends, please call 914-220-7664.

Getting in touch with you

During your IVF cycle, you will be called with daily medication instructions between 12:00 p.m. and 4:00 p.m. A message will be left if we are unable to reach you personally.

Overview of the egg donation process

To participate in the Donor Egg Program, you must first complete a series of screening tests, which includes blood tests, a physical exam and psychological screening. After your screening tests are complete and you are matched to a recipient couple, the in vitro fertilization (IVF) cycle can begin. As an egg donor, you will take fertility medications to stimulate your ovaries to produce multiple eggs. Close monitoring of your response to these medications is necessary to minimize the risk of serious side effects from the medications. When the eggs are mature, egg retrieval is performed to collect the eggs. This marks the end of your participation as an egg donor. The eggs that you donate are later fertilized in the laboratory, and a few of the resulting embryos are then transferred into the recipient's uterus. If embryos of good quality remain after the transfer, the couple may decide to freeze them for future use.

PRIOR TO CYCLING

1. Introduction with our egg donor coordinator

Our egg donor coordinator will discuss the entire process of egg donation with you in detail. This meeting will serve as an introduction and will give you a clear understanding of IVF and the egg donation process. Throughout your participation in the Donor Egg Program will guide you through your various appointments and answer any questions or concerns that may come up. Please allow 1 hour for this appointment.

2. Medical screening.

The procedures involve a physical exam and a gynecologic exam by a Genesis physician and blood tests for communicable and sexually transmitted diseases. Our goal is to determine that you are physically able to undergo the donation procedures. The disease testing will be repeated later in the donation process as required by the FDA. Appointments for an exam and testing are available throughout the week during our office hours.

3. Drug screening

Testing is performed as part of the application process to test for substance abuse. Upon successful completion of each of these screening procedures, a donor will be matched to an Oocyte Recipient(s). Once matched, the next stage of the donation process will begin. Drug screening will be repeated every six months.

4. Psychological testing

Psychological screening and counseling ensures that you understand the emotional and psychological aspects of the donation procedure. Appointments are scheduled for Tuesdays.

5. Genetic testing

Genetic Screening will identify whether you are a carrier of genetically transmitted diseases such as Cystic Fibrosis and Sickle Cell Anemia. Appointments for these screening tests and interview are with a Genesis genetic counselor and are scheduled on Tuesdays.

6. IVF orientation

This is a private meeting with an IVF nurse/coordinator that will take place once you are matched with a recipient couple and the cycle is coordinator. She will review in detail the donation process as well as the different medications and how to administer them. You will also review your specific medication protocol developed by your physician.

7. Consent forms

Consent forms, which are given to you by your donor egg coordinator at the orientation appointment, will be signed at the conclusion of the appointment.

MATCHING

Once you have met all of the criteria for ovum donation, we will begin the process of matching you with a recipient couple. We will match you based on the information supplied by both you and the recipient couple. Although the information you provide in your initial screening form will assist the recipient couple in selecting you as their donor, your identity will remain anonymous. No identifying information (i.e. name, address, etc.) is ever given to the recipient couple. However, *information about you as well as a photo*, will be shared with them.

** Important note: Before beginning your cycle, please discuss any potential conflicts (such as religious holidays, business trips or vacations) with us before you start medications so that we can avoid any disruption in your treatment.*

MEDICATIONS

* Important note: If you become ill during your treatment cycle, please let us know immediately, especially if medication may be needed. Please also tell us about any other medications you may take, whether on a daily or “as needed” basis. During your egg donation cycle, you may take acetaminophen (Tylenol) but not aspirin or Ibuprophen (Aleve, Motrin, Nuprin).

STARTING YOUR CYCLE

When the above requirements have been met, you will be ready to begin treatment. You will be asked to call us when your period begins so that you can schedule your baseline testing. Cycle day 1 is considered to be the first day of full menstrual flow. If your flow begins after 9:00 p.m., please consider the following day to be day 1 of your cycle. Please call us during regular business hours.

LUPRON (**If this is your protocol****)**

Lupron is the first medication you will be taking. Lupron is administered by subcutaneous injection in the morning. Its function is to temporarily and reversibly shut down the normal menstrual cycle by suppressing hormone production from the pituitary gland and the ovaries. Lupron allows for external control of the menstrual cycle and helps minimize the risk of premature ovulation. Hot flashes, mood swings or headaches may occur as side effects of Lupron therapy but generally resolve upon initiation of gonadotropins, the next medication.

Before starting Lupron: Lupron is started about one week after ovulation (i.e. about one week before the next expected menstrual period). Before you can start Lupron, you will need to have a blood test for the hormone progesterone to confirm that ovulation has occurred. Please call your donor egg coordinator or the IVF nurses Monday through Friday 8:00 a.m. to 4:00 p.m. once your menstrual period begins, and you will be instructed when to come in for the progesterone level blood test. If you are taking the birth control pill, the lupron start date can be scheduled without the need for additional blood testing.

** Important note: Please be advised that from the start of this menstrual cycle until one week after the egg retrieval, you must either abstain from intercourse or use barrier contraceptives.*

Taking Lupron: Once you are instructed to begin Lupron, you will take it each morning for 3-4 weeks. Approximately 8 to 14 days after you start taking Lupron, you will get a period. Please call the office *during regular business hours* to notify your donor egg coordinator or the IVF nurses when your period on Lupron begins. (If your period begins on a weekend, you can call the office on Monday morning.) A blood test for the hormone estradiol and an ultrasound (baseline testing) will be scheduled to assure that the Lupron has suppressed the ovaries. If the ovaries are suppressed, you will continue to take Lupron and be instructed when to start the next medication – the gonadotropins.

It is extremely important that you continue taking Lupron every day. Do not stop your Lupron injections until you are specifically instructed to do so.

ANTAGON(**If this is your protocol****)**

Sometimes, the doctor may prescribe Antagon *instead* of Lupron, as a means of controlling your menstrual cycle. You will not take both Lupron and Antagon, only one or the other. If Antagon is prescribed for you, you must come into the office on DAY 2 of your period, once the doctor determines that you are ready to start treatment.

Gonadotropin therapy is first initiated on day 2 of the menstrual cycle. Antagon, 250mcg subcutaneous injection, is then initiated around day five or six of taking the gonadotropins. We will instruct you when to add the Antagon to your nightly injections.

The Antagon is supplied in a pre-filled syringes and is taken once daily in the evening. Antagon is then continued daily until the day of chorionic gonadotropin (HCG) treatment. Most patients

experience no side effects from Antagon. Others may experience symptoms such as headache, nausea, and/or injection site reaction.

GONADOTROPINS

Gonadotropins stimulate the development of multiple ovarian follicles so that multiple eggs can be retrieved. There are several brands of gonadotropins. *Menopur* consist of a mixture of the naturally occurring hormones FSH (follicle stimulating hormone) and LH (luteinizing hormone). *Gonal F* and *Follistim* are the newer forms of purified FSH. The physician will determine which of the gonadotropins you will take.

Gonadotropins are generally taken for 8-10days. Gonadotropins should be administered each evening at approximately the same time (between 5:00 p.m. and 10:00 p.m.). Abdominal bloating or mild discomfort may occur as a result of ovarian enlargement, and some women experience mood swings, headaches or breast tenderness from their changing hormone levels. While you are taking gonadotropins in the evenings, you should continue to take Lupron each morning.

Office visits while taking gonadotropins: Hormone blood tests and ultrasound monitoring for egg development are done between 6:45 a.m. and 8:00 a.m. Monday through Friday and between 7:00 a.m. and 8:00 a.m. on Saturday, Sunday and holidays. **It is very important that you are on time for your scheduled blood test and ultrasound appointments**, as they are crucial for proper monitoring of the stimulation. It may be necessary for you to come to Genesis every day during the time you are taking gonadotropins.

HCG (Novarel / Human Chorionic Gonadotropin) or Lupron

HCG or Lupron serves as the “trigger” for the final maturation of the eggs and their eventual release. It is given by intramuscular or subcutaneous injection, and the egg retrieval is scheduled for approximately 35 hours later, just prior to the actual release of any eggs. Specific instructions will be given as to when to administer the injection. **It is extremely important that you take the “Trigger” injection at exactly the time instructed.**

Intercourse during the cycle

Unless instructed otherwise, you may have sexual intercourse until day 7 of injections. There should be no intercourse from day 7 of injection until one week after egg retrieval. Due to the risk of pregnancy, make sure to use barrier contraception during the course of the entire cycle, until you get your period after the egg retrieval.

INJECTION INSTRUCTIONS

LUPRON

1. Place all necessary supplies (vial of Lupron, syringe with attached needle - either an insulin syringe or a 1 cc syringe with a short (less than ½ inch) needle), alcohol swabs) on a clean, dry flat surface. Always check the expiration date of medications.
2. Wash your hands.
3. Pull out the plunger to the marking of the amount of medication you will be taking.

$$\begin{aligned} 1\text{mg} &= 20 \text{ units} = .2\text{cc} \\ .5\text{mg} &= 10 \text{ units} = .1\text{cc} \\ .25\text{mg} &= 5 \text{ units} = .05\text{cc} \end{aligned}$$

4. Clean the top of the medication vial with an alcohol swab.
5. Remove the needle cap and inject the needle into the vial of medication.
6. Without taking the needle out of the vial, turn the vial upside down and withdraw the prescribed amount of medication into the syringe by pulling back on the plunger. Make sure the needle is under the liquid level.
7. Once you have the proper amount of medication in the syringe with a minimum of air bubbles, remove the needle from the rubber stopper and prepare to inject the medication.
8. Hold the syringe in one hand being careful not to allow anything to touch the needle. With your free hand swab the selected injection site with an alcohol swab (the front mid portion of the thighs or the abdomen) and allow it to dry somewhat.
9. Pinch the injection site between your thumb and pointer finger with one hand holding the syringe in the other like a “dart”. Puncture the skin at a ninety-degree angle making sure the needle goes completely into the skin.
10. Depress the plunger at a moderate and continuous rate to inject all the medication.
11. Release the “pinched” skin and swiftly remove the needle from the skin.
12. Discard the syringe and needle in an appropriate “sharps” container.
14. Refrigerate the remaining Lupron.
15. Alternate injection sites daily.

ANTAGON

1. Place all necessary supplies (Antagon pre-filled syringe, and alcohol swabs) on a clean, dry flat surface. Always check expiration date of medications.
2. Wash your hands.
3. The most convenient sites for subcutaneous injection are in the abdomen below the navel or upper thigh.
4. The injection site should be swabbed with a disinfectant to remove any surface bacteria. Clean about two inches around the point where the needle will be inserted and let the disinfectant dry for at least one minute before proceeding.
5. Remove needle cover.
6. Pinch the injection site between your thumb and pointer finger with one hand holding the syringe in the other like a “dart”. Puncture the skin at a ninety-degree angle making sure the needle goes completely into the skin.
7. Depress the plunger at a moderate and continuous rate to inject all the medication.
8. Release the “pinched” skin and swiftly remove the needle from the skin.
9. Discard the syringe and needle in an appropriate “sharps” container.
10. Alternate injection sites daily.

GONADOTROPINS (Menopur, Follistim, Gonal F)

1. Place all necessary supplies (vials of medication, 22g 1 ½ inch needle/syringe, 27g ½ inch needle, Q-Cap, alcohol swabs) on a clean, dry flat surface. Always check the expiration date of medications.
2. Be sure to wash your hands before preparing the medication.
3. Remove all of the plastic caps from the prescribed number of vials of medication, “powders”, and one vial of liquid. You can mix up to six vials of powder into 1cc of liquid.
4. Clean all of the exposed rubber stoppers with an alcohol pad.
5. Remove the large needle (22g 1 ½ inch) from the syringe and attach a Q-cap.
6. Draw back the syringe to 1cc and then push the Q-cap with syringe attached onto the vial of powder. Inject the 1cc of air.

7. Flip the syringe upside down so that the vial of liquid is facing upwards into the air. Draw back 1cc of liquid. Remove the vial from the Q-cap.
8. Inject the liquid into your first vial of powder and watch the powder dissolve into the liquid. Flip the syringe back upside down and remove all of the dissolved medication from the vial. Detach the Q-cap.
9. Use the same syringe to inject the liquid into the second vial of powder and, again, watch the powder dissolve. Remove the liquid (now with two powders dissolved in it) by inverting the syringe and drawing back the plunger.
10. Continue mixing all of the powders in this manner, up to six powders total.
11. Once all the vials have been mixed, draw the medication back into the syringe. Be careful to make sure you get all the medication.
12. Remove the Q-Cap and attach the smaller, 27 g ½ inch, needle to the syringe.
13. Point the syringe with the needle facing upward and flick the syringe to get any air bubbles to the surface. Clear any air from the syringe by pushing the plunger so that the liquid level is at the colored portion of the needle.
11. The most convenient sites for subcutaneous injection are in the abdomen below the navel or upper thigh.
12. The injection site should be swabbed with a disinfectant to remove any surface bacteria. Clean about two inches around the point where the needle will be inserted and let the disinfectant dry for at least one minute before proceeding.
13. Remove needle cover.
14. Pinch the injection site between your thumb and pointer finger with one hand holding the syringe in the other like a “dart”. Puncture the skin at a ninety-degree angle making sure the needle goes completely into the skin.
15. Depress the plunger at a moderate and continuous rate to inject all the medication.
16. Release the “pinched” skin and swiftly remove the needle from the skin.
17. Discard the syringe and needle in an appropriate “sharps” container.
18. Alternate injection sites daily.

HCG (Human Chorionic Gonadotropin, Novarel)

1. Place all necessary supplies (vials of HCG powder and liquid, alcohol swabs, and 22g 1 ½ inch needle/syringe, 27g ½ inch needle) on a clean, dry, flat surface. Always check the expiration date of medications.
2. Wash your hands.
3. Flip off the plastic tops and clean the tops of both vials with an alcohol swab.
4. Remove the needle cap and pull back the plunger to the 2cc mark.
5. Inject the air into the vial of liquid.
6. Without taking the needle out of the vial, turn the vial upside down and withdraw 2cc of liquid into the syringe by pulling back on the plunger. Make sure the needle is under the liquid level.
7. Once you have the proper amount of liquid in the syringe, remove the needle from the rubber stopper and inject this into the vial of HCG powder. This mixture must be shaken to dissolve. It does not instantly dissolve like the gonadotropins. Gently shake the vial being careful not to withdraw the needle.
8. Once dissolved, withdraw the prescribed amount (usually 1cc - 2cc) from the vial by turning the vial upside down and pulling back on the plunger. Once again, be careful to keep the needle under the liquid level.
9. Once all the medication is in the syringe, remove the needle from the vial and prepare to inject the medication. First hold the syringe with the needle facing the ceiling and flick the syringe to get all the air to the top. Then slowly push plunger in so that the medication is at the tip of the needle. Do not place the syringe and needle down without capping it first.
10. Hold the syringe in one hand being careful not to touch the needle. Swab the injection site (lower abdomen or upper, middle thigh) with alcohol. Allow it to dry somewhat. Stretch the skin between your thumb and pointer finger with one hand and hold the syringe like a “dart” with the other. Puncture the skin at a ninety-degree angle making sure the entire needle goes completely into the skin.
11. Depress the plunger at a moderate and continuous rate to inject all the medication.
12. Swiftly remove the needle from the skin.
13. Rub the site with a clean alcohol swab. Gently apply pressure if bleeding is noted.
14. Discard the syringe and needle in an appropriate “sharps” container.
15. Discard the leftover diluent.

***Remember, this is a one-time medication. HCG is only taken once per cycle. Remember also it must be taken at the specified time. If for some reason you cannot take the HCG at the specified time, contact the office.

DISPOSAL OF SYRINGES

After use, please place your syringes in the designated Sharps Container and cover it. At the end of your cycle, bring the container to our office. We will dispose of them in an appropriate manner.

MONITORING YOUR CYCLE

Office visits during your cycle

Most cycles require almost daily morning appointments for blood hormone tests and ultrasound monitoring of follicular growth (egg development.)

<u>Brooklyn</u> office:	6:45am – 8:00am Monday – Friday	
	7:00am – 8:00am Saturday – Sundays	
<u>Staten Island</u> office:	5:00am – 6:15 am Monday – Friday	NO WEEKEND HOURS
<u>Hewlett</u> office:	7:30am – 8:30am Monday – Friday	NO WEEKEND HOURS
<u>Park Slope</u> office:	8:00am-8:45 am Monday – Friday	NO WEEKEND HOURS

Monitoring tests

Blood work

- Estradiol: Measurement of estradiol secreted by the follicles in the ovary provides an estimation of ovarian function and adequacy of the follicle. Therefore, an estradiol blood test is obtained frequently throughout the stimulation cycle to monitor the response of the ovaries to medications.
- Luteinizing Hormone: The presence of luteinizing hormone or LH, a hormone that is secreted by the pituitary gland and causes ovulation, is also closely monitored throughout the cycle. LH levels are measured at the same time as the estradiol blood test. This does not require a separate blood drawing.
- Progesterone: the ovary makes this hormone just before and then after ovulation. Most patients undergo progesterone to confirm ovulation prior to starting Lupron a week before their period is due and then during ovarian stimulation to monitor for early ovulation.

Ultrasound

Ultrasound is particularly valuable in tracking follicular growth caused by fertility medications. No preparation is needed before ultrasound, and the examination takes about 15 minutes to perform.

Daily results and instructions

The results of your morning ultrasounds and blood hormone levels are used by your doctor to determine if any modifications need to be made in your medication dosages and when your next visit is required. Each morning you will be asked to leave the phone number (or numbers) where you can be reached later that day. Every effort is made to contact every patient by 4:00 p.m. It is very important to have an answering machine at home. If you do not hear from us by 4:00 p.m., please call 914-220-7664.

THE EGG RETRIEVAL

Pre - retrieval instructions

You should have nothing to eat or drink after midnight the night before the egg retrieval or the morning of the procedure since the retrieval requires general anesthesia. You will also be instructed to come in for a blood test on the morning before your egg retrieval. The purpose of this test is to make sure that adequate amounts of the hCG are in your system.

Day of procedure

1. Leave valuables at home.
2. Wear comfortable clothes and wear or bring socks for the operating room.
3. Do not wear contact lenses.
4. Do not wear perfume or powder.
5. You may brush your teeth but DO NOT swallow the water.
6. You must have someone here to take you home and stay with you after the procedure; we will not let you leave in a cab or taxi.

The Egg retrieval procedure

The egg retrieval is scheduled for approximately 35 hours after the HCG injection is given. Under transvaginal ultrasound guidance, a long thin needle is directed through the vaginal wall and into the ovaries. The aim is to puncture and drain all visible follicles in order to obtain as many eggs as possible. The average procedure takes about 20 minutes, depending on the number of follicles present. A scientist working in the adjoining laboratory examines the follicular fluid, identifies the microscopic eggs and places them in a special culture fluid. You then rest in our recovery area for approximately one hour after the procedure. Please make sure someone is available to escort you home afterwards.

POST RETRIEVAL

Discharge instructions

We advise you to rest comfortably at home following your retrieval. You should be able to resume normal, but not strenuous, activities the following day. Showers are permitted. You may take Tylenol for any mild discomfort. Remember, however, no intercourse for one week. Should you experience fever, severe discomfort or heavy bleeding, you should notify the office immediately.

FOLLOW-UP APPOINTMENT AND COMPENSATION

You will be instructed to call the office once you get your period after the egg retrieval to schedule a follow-up appointment, to be sure that you have fully recovered from the retrieval and have no side effects. You can expect your period about two to three weeks after the retrieval. During this appointment, you will receive the balance of your compensation. Due to confidentiality issues, we cannot tell you if a pregnancy resulted from your donation. Nevertheless, you can be assured that your donation is greatly appreciated by the recipient couple, and your efforts to help them are valued tremendously regardless of whether a pregnancy was achieved.

RISKS AND COMPLICATIONS

Cycle cancellation

It is important to recognize that, at times, a cycle needs to be canceled prior to egg retrieval because of a poor (or occasionally an over-exuberant) response to medications. If you have followed the medication regimen correctly but the cycle must be canceled for some reason, you will be compensated for a portion of the original compensation package.

Ovarian Hyperstimulation Syndrome

Because of the ovarian enlargement that results from stimulating the ovaries to produce follicles, it is not uncommon to experience some degree of ovarian hyperstimulation syndrome (OHSS) during your egg donation cycle. The most common symptoms of mild OHSS are fluid retention and

bloating. These symptoms can begin several days after the HCG injection and usually subside 1 to 2 weeks later when your period begins. Occasionally, more severe symptoms can occur. *You should notify us immediately if you experience any of the following symptoms: moderate abdominal distension, abdominal pain, nausea, vomiting, diarrhea, weight gain of five or more pounds, dizziness, fainting, shortness of breath, and/or difficulty urinating.* If OHSS is suspected, you may be asked to monitor your weight and urine output daily and perhaps undergo serial blood tests. Severe OHSS is rare and requires hospitalization for close observation and intravenous fluid treatment.

Other rare risks

Since the egg retrieval is a surgical procedure, it is associated with some risk. In very rare cases, the procedure can cause infection and injury to the bowel, blood vessels or other abdominal structures. Such injury might require abdominal surgery for control of bleeding or repair or removal of the ovary. These risks, however, are extremely small.

COMMONLY ASKED QUESTIONS

1. What is the overall time commitment for egg donation?

The treatment and procedures involved in egg donation (medication injections and egg retrieval) can be done in 3 to 4 weeks. However, there are other steps involved in egg donation. Pre-treatment screening can take 2 to 4 weeks and matching to a recipient couple may take several weeks to several months. In addition, you must return to the office 3 weeks after retrieval for a check-up and to receive your compensation.

2. Will egg donation affect my future fertility?

No. Most women are born with 1 to 2 million eggs. Due to normal degeneration of the eggs over time, most women have approximately 300,000 eggs remaining at puberty. After the onset of puberty, most women ovulate one egg per month for an average of 400 ovulations. Although one egg develops and is ovulated each month, women actually lose many more eggs per month through normal degeneration. During the egg donor cycle, your ovaries are stimulated so that more than one egg develops. In other words, the medications taken during the donor egg cycle stimulate the development of some of the eggs that would have otherwise degenerated. Typically 6 to 20 eggs develop, depending on how your body responds to the medication. Right before ovulation, the egg retrieval is performed so that we can collect the mature eggs before they are released.

3. Can I donate eggs more than once?

Most likely, yes. Please ask the donor egg coordinator about donating again, if you are interested. All screening must be repeated, unless the next donation is within 6 months. The overall process and compensation remains the same. According to the American Society of Reproductive Medicine's guidelines, you should not donate eggs more than 6 times in total (including donations at other programs).

4. What time do I take my medications?

Lupron: in the morning.

Gonadotropins: in the evening, usually between 5:00 p.m. and 10:00 p.m.

Antagon: in the evening, with your gonadotropins

HCG: exactly at the specific time instructed

5. After the injection, I noticed some blood on the skin or in the syringe. What do I do?

Don't worry. You probably hit a small blood vessel under the skin. Apply some pressure over the injection site and it will stop. There is no danger if some of the medicine went into the blood system.

6. How much of the HCG (human chorionic gonadotropin) do I take?

The HCG injection allows the eggs to undergo maturation so that they will be mature when they are retrieved. It is critical that this medication is taken at the assigned time given to you on that day by the coordinator. The dose is 10,000 IU. Read the label on the powder (the active dry material), make sure it lists the correct dose and dissolve the powder in 2cc of liquid.

7. What about these medications causing ovarian cancer?

This rare disease is more frequent in infertile patients and women who have never borne children. Whether women who have taken fertility medications are more at risk than infertile women who do not take these medications is not positively known, but many studies have shown no link between the medications you will use and ovarian cancer.

8. What size should the follicles be when they are ready?

In general, the diameter of the follicle on ultrasound that normally has a mature egg is about 16-20 mm. Normally, the minimum number of follicles on ultrasound required to proceed to the egg retrieval surgery is **six**.

9. Is there an egg in every follicle?

Not every follicle has an egg that can be retrieved. In fact, we get the egg about 80% of the time. Sometimes the follicle has no egg or the egg is lost during the egg retrieval process.

10. How many days will I be on medication?

The actual ovarian stimulation medications are generally taken approximately 8-12 days. There is no way to predict exactly how long medications need to be taken.

11. Can you give me an idea of about when a retrieval will be done?

This varies from patient to patient and from couple to couple. There is no way to exactly predict this, but generally, the retrieval is done 9-14 days after starting ovarian stimulation.

12. What time do I arrive at Genesis for my surgery?

On the day that you are instructed to take your HCG, you will be notified when to arrive at Genesis for your procedure. Upon arrival at Genesis, have a seat in the waiting room. Before your actual procedure, you will meet the operating room assistant, anesthesiologist and the physician. In order to accomplish all of this, you will be arriving at Genesis approximately one hour before your procedure.

13. Why am I not allowed to eat or drink before anesthesia?

Under anesthesia, the risk of vomiting and aspiration is increased if the stomach is full. Elective general anesthesia cannot be given under these circumstances. **Please do not eat or drink after midnight the evening before your egg retrieval.** This includes gum chewing and hard candy, as they can stimulate gastric secretion.

14. Will I have mood changes from the medication?

Different people respond differently to fertility medications. However, it is not uncommon to have mood changes and headaches during your treatment. Note that these side effects usually occur during the early part of the IVF cycle, when estrogen levels are being suppressed by Lupron. The symptoms often subside when estrogen levels are increased with the second group of IVF medications, the gonadotropins.

Thank you for interest in being an egg donor. Your kind and generous donation can help an infertile couple by giving them the chance to achieve pregnancy. If you have any questions or concerns, please call the donor egg coordinator at 718-436-3747 ext 6588.