

## FREQUENTLY ASKED QUESTIONS FOR IVF - AGONIST CYCLE

Dr Robert Watson

1. What do I do if I have started taking Synarel on Day 21 and my period is late?

Do a home urine pregnancy test; wait for one week and if your period has not started come in for a check-up.

2. What do I do if I have started Synarel on Day 21 and my period is lighter or heavier than usual?

As above, do a home pregnancy test; count Day 1 as the first day of substantial bleeding and attend on Day 5 or Day 6 for an ultrasound scan with a view to commencing FSH injections.

3. What do I do if I run out of drugs on a weekend?

Please try to avoid this if possible. Please check your supply of drugs and keep a tally as you go. The main QFG office at Watkins Medical Centre, 225 Wickham Terrace is open from 7 to 9 am seven days per week. Extra drugs are available there if necessary.

4. Is there anything I can do to make my IVF more successful?

During the cycle live well. Exercise gently and drink a reasonable amount of fluid. You and your partner should avoid caffeine, excess alcohol and smoking.

5. What do I do if it looks like my male partner will be away the day of the egg pickup?

Usually the pick-up is performed about 12 days after the start of the FSH injections. He will be needed to supply a semen sample to fertilize the eggs. Please ensure that he is available.

6. What happens the day of the egg pick-up?

On the day of the egg pick-up you will be required to come into hospital at least 90 minutes before the allocated time. You will need to fast for six hours. The anaesthetist will usually see you before administering the general anaesthetic. Your partner will be

required to produce a semen sample either at home or the allocated men's room in the house just next to my rooms. The men's room is private and quiet. He should deliver the specimen to you in the pre op ward preferably just before you go into theatre for the general anaesthetic.

7. What happens if my husband can't produce a sample on the day? If you think this is likely arrange for sperm to be frozen. If he has trouble on the day it is possible for him to go home and then bring a specimen in an hour or two later. The timing of the sperm specimen is not critical.

8. What happens after the egg pick-up?

Usually you will experience some discomfort. Have Panadeine tablets on hand. Avoid taking aspirin, Ibuprofen or Voltaren if possible. Phone my office the day after the egg pick-up around midday. You will be told how many eggs have fertilized. You should also confirm the time of your embryo transfer.

9. What happens at the embryo transfer?

There is no need for a general anaesthetic. You will be taken to the operating theatre where the embryos will be placed in the uterus through the vagina. This is like a pap smear. There is no need to fast. It is not a painful procedure. You will be able to drive yourself home.

10. What happens after the embryo transfer?

You will be asked to return for a blood pregnancy test two weeks after the transfer. During this time you should use progesterone pessaries or Crinone gel into the vagina.

11. What happens if I start spotting before the pregnancy test is due?

Spotting or even heavy bleeding before the pregnancy test does not necessarily mean you are not pregnant. It is never a good sign of course, but you should always attend for the pregnancy test regardless of whether you have had bleeding or not.

12. If my period does not come does it mean I am pregnant?

Not necessarily. The progesterone pessaries or Crinone gel can artificially delay the period even if you are not pregnant.

13. What happens if I am pregnant?

Continue the progesterone pessaries or Crinone, arrange for an ultrasound scan 2 and half or three weeks later. At the ultrasound we will be able to determine how many pregnancies there are and check that there is a foetus and foetal heart beat.

14. What happens if I get hyperstimulation syndrome?

Usually hyperstimulation syndrome starts two or three days after the egg pick-up. It can last for weeks. If you can manage at home with oral painkillers and oral fluids then do so. If you find yourself vomiting, unable to pass urine or with pain that is not controlled with Panadeine then contact the rooms and we will arrange admission. It is normal to expect some bloating and discomfort after any IVF procedure.

15. What happens if I am not pregnant?

Usually your period will start soon after the progesterone or Crinone is stopped. You will need to have at least one months break from treatment. If you have frozen embryos and wish to use these as soon possible then arrange to attend for a scan on Day 10 of the next cycle. (ie about 5 and half weeks after the negative pregnancy test).

16. What happens in a frozen embryo cycle?

If you have regular cycle, very few drugs are used. You simply attend on Day 10 for an ultrasound scan and have daily blood tests looking for an LH surge. The LH level climbs just before the eggs are released and this allows us to carefully time thawing and reimplantation of your frozen embryos.

17. What happens if the pregnancy hormone levels are low and I have a weak positive pregnancy test?

This could still be a viable pregnancy. A repeat blood test will be arranged for 48 hours later. Normally the pregnancy hormone levels (beta HCG) will increase by more than two-thirds in 48 hours if the pregnancy is viable. If the levels increase slowly or you have spotting then the pregnancy may miscarry. It could even be an ectopic or tubal pregnancy.

18. It is okay to have sex during an IVF treatment cycle?

Yes, there is usually no problem but it can be uncomfortable just after the egg pick-up.

19. When do I have to pay for my cycle?

For a stimulated cycle please contact QFG on the first day of your injections to pay for the scientific and embryological side. After the cycle you will receive an account from me for your first consultation on Day 5 when the FSH injections were commenced. Your health fund (if you are insured) will be billed for the egg pick-up and embryo transfer procedures. For those who are insured there is no out of pocket expense associated with the hospital procedures. If you are uninsured the egg pick-up and embryo transfer accounts will be sent to you for payment. You will be able to claim some back from Medicare.

For a frozen embryo cycle, please pay QFG after your Day 10 scan.

20. What happens if my cycle does not go ahead?

If the cycle is cancelled before the egg pick-up, your out-of-pocket expenses are minimal. You will receive a refund from QFG.

21. What happens if I do not have an embryo transfer?

It might happen that no eggs fertilise and it is not possible to have an embryo transfer. Alternatively you may have hyperstimulation syndrome in which case all embryos are frozen and none transferred. In either case the usual fees apply except for the embryo transfer procedure.

22. I have been billed for a Planning consultation (Item Number

13209) but I did not see the doctor that day  
Medicare insists that this be billed on the first day of FSH injections for stimulated cycles or 14 days before the embryo transfer for Frozen Embryo cycles even if you were not physically seen that day.

I:\IVF info\FAQ IVF AGONIST CYCLE 0113.doc