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# Practical information IVF and ICSI

Medisch Centrum Kinderwens

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## Introduction

This information brochure is meant to give you a practical explanation regarding the IVF or ICSI treatment. This information is also useful for ova (egg cell) donors and for women who decided to undergo IVF treatment in order to freeze ova.

You can use this information in addition to the 'monitoring IVF/ICSI treatment' form.

## Preparation

We advise starting folic acid (0.4 or 0.5 milligrams a day) and vitamin D (10 micrograms a day) at least four weeks before your IVF or ICSI treatment. These can be purchased without a prescription at a drugstore or pharmacy. In addition to this, a healthy lifestyle will improve your chances of conceiving a child (more information can be found at [www.zwangerwijzer.com](http://www.zwangerwijzer.com)).

Before or during your intake consultation, you have received written information as well as a treatment agreement. We ask you to read through it carefully and approach your treating nurse or physician with any questions you may have. Would you be so kind as to bring your signed treatment agreement to one of your consultations and deliver it to our administrative office?

Your treating nurse or physician has discussed with you which treatment schedule is best suited to your needs. A nurse will explain the use of your medication to you. If you have any questions after this explanation or this information brochure, please don't hesitate to contact us.

You will receive the medication on the day of your first ultrasound (the first or second day of your menstrual cycle). The medication is provided by the pharmacy FertiDrugs (located in our building).

Some types of medication need to be kept in the fridge, although they can be kept outside for some time. More information can be found on the directions included with the medication. We advise taking the medication out of the fridge fifteen minutes before use, to allow the fluids to warm up to room temperature.

Keep the medication that does not need to be kept in the fridge somewhere dark and cool.

In the table below, you'll find the different medications your treating nurse or physician may have prescribed to you. All of these have the same function. You and your treating nurse or physician have chosen the best medications for your situation.

FSH	Antagonist	Agonist	hCG
Gonal F®	Orgalutran®	Decapeptyl®	Ovitrelle®
Puregon®	Cetrotide®	Triptofem®	Pregnyl®
Fostimon®	Fyremadel®		
Meriofert®			
Bemfola®			
Ovaleap®			
Menopur®			

## Stimulation phase

### When using an agonist and FSH

#### Cycle day 1 or 2: start of menstruation.

Cycle day 1 is the day the menstruation really starts; that means heavier, bright red blood loss. Even if menstruation doesn't start until late in the evening, this counts as the first cycle day. We ask you to contact our administrative office by phone to plan a starting ultrasound (on the first or second day of your cycle). If no irregularities were found using the ultrasound, the medication can be started the same day.

You'll inject your first agonist dose that same evening, at a time that's convenient for you, such as after dinner or before bed. You should inject at roughly the same time every night, although a 1- or 1.5-hour fluctuation is allowed. The agonist will prevent premature ovulation.

#### Cycle day 3: starting FSH

On the third day of your cycle, you'll inject your first FSH dose, which you can do at the same time as the agonist, so from now on you'll be taking two injections a day.

FSH stimulates follicle growth in the ovaries. Not all women will receive equal doses of FSH, as that depends on factors such as age and ovarian reserves.

### When using an antagonist and FSH

#### Cycle day 1 or 2: start of menstruation.

Cycle day 1 is the day the menstruation really starts; that means heavier, bright red blood loss. Even if menstruation doesn't start until late in the evening, this counts as the first cycle day. We ask you to contact our administrative office by phone to plan a starting ultrasound (on the first or second day of your cycle). If no irregularities were found using the ultrasound, FSH can be started the same day.

You'll inject your first dose that same evening, at a time that's convenient for you, such as after dinner or before bed. You should inject at roughly the same time every night, although a 1- or 1.5-hour fluctuation is allowed.

FSH stimulates follicle growth in the ovaries. Not all women will receive equal doses of FSH, as that depends on factors such as age and number of ova.

#### Cycle day 6.

On the sixth day of your cycle, you'll inject your first antagonist dose, which will prevent a premature LH peak and thus premature ovulation. You can do this at the same time as the FSH injections, so from now on you'll be taking two injections a day.

### The next step of the stimulation phase (for all treatment schedules)

The next ultrasound is usually performed on the tenth day of your cycle (this may change if you decide to do more treatments). Using a vaginal ultrasound, the number of growing follicles and their size is assessed. Then, the next assessment appointment is planned, which usually takes place 1-3 three days later depending on the results of the ultrasound. On average, three ultrasounds are performed during the stimulation phase.

During this entire phase, you'll continue the daily injections. Dosages can be adjusted as necessary. We occasionally deem it necessary to perform additional blood tests.

You won't have to change your lifestyle during the stimulation phase. You are able (and allowed) to continue all your activities (including having sex, going to the spa/sauna and swimming). Your energy levels may be lower than usual, though, and we have had occasional reports of mood swings, headaches, abdominal pain or nausea. If this is the case for you, we advise against running and riding. If your physical complaints are severe, we ask you to contact one of our nurses.

### Administering Ovitrelle®

The stimulation phase will end when you start to administer Ovitrelle®, which happens on the day the follicles are large enough that we can schedule the ova retrieval. Ovitrelle® is a ready-for-use injection of 250 Microgram/0,5 ml. You'll inject it 35 hours before the retrieval. Ovitrelle® stimulates the final stage of ova maturing, the release of the ova from the follicles and, eventually, ovulation. Before ovulation actually takes place (36-45 hours after injection), we retrieve the ova. This means that it is **very** important that you take the Ovitrelle® at the agreed upon time!

On the day you take the Ovitrelle® injection, you'll also inject your final agonist or antagonist dose at the usual time, but no more FSH. After having administered Ovitrelle®, you won't have to take any more injections.

### Administering Decapeptyl®

If you are donating your ova or embryos, or entering them into storage for later use, you will not need to take Ovitrelle®. Instead, the stimulation phase will end with Decapeptyl® (two 0.1mg injections) on the day the follicles are large enough that we can schedule the ova retrieval. You'll inject the Decapeptyl® 35 hours before the retrieval. Decapeptyl® stimulates the final stage of ova maturing, the release of the ova from the follicles and, eventually, ovulation. Before ovulation actually takes place (36-45 hours after injection), we retrieve the ova. This means that it is **very** important that you take the Decapeptyl® at the agreed upon time!

On the day you take the Decapeptyl® injection, you'll also inject your final agonist or antagonist dose at the usual time, but no more FSH. After having administered Decapeptyl®, you won't have to take any more injections.

**On the day your ova retrieval is scheduled, our administrative office will provide a schedule with dates and times of medications and the retrieval.**

## The day of the ova retrieval

You can have a light breakfast on the day of the egg retrieval. It is recommended that you don't consume a large amount of fluids (max. 1 cup of tea, for example) and take two tablets of paracetamol two hours before the retrieval, and possibly 500mg Naproxen. Then, you and your partner or another companion will go to the MCK Fertility Center. We would appreciate it if you could be here 15 minutes early. A nurse will insert an IV needle into your arm. After this, we ask you to urinate, following which the nurse will show you to the ova retrieval room.

There, the so-called time-out procedure will be observed: the physician who will perform the ova retrieval is going to ask you a number of control questions to minimize the risk of mix-ups. The ova retrieval will be performed using a vaginal ultrasound. A device will be fastened to the transducer, through which the retrieval needle is guided. Just before the retrieval, Rapifen® will be administered. This painkiller is a kind of morphine, which may result in temporary fogginess and dizziness. Using the ultrasound, the follicles will be visualized, pricked and sucked empty. The fluid from the follicles will be examined in our laboratory later. Each follicle contains at most one ovum (egg cell). Most women experience easily bearable pain during the retrieval, which takes a few minutes. After the ova retrieval, you'll have to stay in our resting room for at least an hour, where you can drink and eat a little, and wait for the painkiller's effects to wear off. Using Rapifen® may lead to inhibited reflexes and concentration issues, which may impact daily activities such as driving for up to 24 hours post-treatment.

### When using partner's sperm:

If you have produced the sperm at home, you're advised to keep the jar at body temperature when moving to the MCK Fertility Center. We don't advise this unless you live less than an hour away from our clinic. You can hand in the sperm at our laboratory before the ova retrieval. If you're producing the sperm at our clinic, please report to the laboratory after the ova retrieval. An employee of the laboratory will show you to a private room. When you're done, you can hand in the sperm at our laboratory. You must bring a valid identification document.

### When using donor sperm:

The frozen sperm will be thawed after the ova retrieval. We'll check whether any ova have been found before we do so.

Several checks will be performed in our laboratory by several employees to ensure that the sperm and ova won't be confused with other people's reproductive material. Roughly 30 minutes after the ova retrieval, we'll let you know how many ova were found and (if you're using your partner's sperm) whether the sperm is of high enough quality to perform the planned treatment. If any ova are frozen, you will receive an email with the final amount that has been frozen.

Most women decide to stay home on the day of the ova retrieval. We advise you to take this day to rest. You may experience some abdominal pain during the days following the retrieval, for which you can take paracetamol 1000mg (every 6 hours). It is advised that you take some more time to rest if this is the case. It is not a good idea to work out intensively. Usually, these measures are enough to lower your pain levels. Drinking a lot of water (2-3 liters a day) may help.

After the ova retrieval, you'll need medication to help the embryo settle. Together with your treating nurse or physician, you have decided which medication to use and when to start. For more information, we refer you to the 'Supporting the luteal phase' information brochure.

## Two days after the retrieval

One of our IVF analysts will call you between 2 and 4pm to explain the results of the IVF or ICSI treatment. They will explain how many ova were successfully fertilized. In addition to this, the embryo transfer will be scheduled. Please let us know a phone number so we can reach you to do this. In the unfortunate event that you have not yet received news at 4pm, would you be so kind as to call us yourself?

## Five days after the retrieval: embryo transfer

We advise you to come to the clinic with a full bladder when you're having the embryo transfer. Preceding the transfer, an IVF analyst will discuss with you how the fertilization process went and how many embryos developed. One of our physicians will perform the transfer. Using a speculum, the cervix will be exposed. A thin tube will be inserted into the uterus through the cervix. The embryo will be passed through this. The entire transfer takes no more than a few minutes and is hardly ever experienced as painful.

After the transfer, an appointment with your treating nurse or physician will be scheduled to take place roughly 5 weeks later.

You can pee after the transfer. We advise against swimming and taking baths on the day of the transfer.

## On the day of the embryo transfer

Any leftover embryos will be given a definitive evaluation on suitability for cryogenic storage, and those that are deemed suitable will be frozen that same day. You'll receive a written notification of this through either physical mail or email within one week. On average, 60-70% of the embryos can be entered into cryogenic storage.

## Sixteen days after the retrieval

Today you can perform a pregnancy test. We advise you to take a test even if you have started to menstruate. Please inform our administrative office of the result by phone (071-5812301) or email: [info@mckinderwens.nl](mailto:info@mckinderwens.nl).

## Five weeks after the retrieval

This is when your check-up appointment will take place, as scheduled on the day of your embryo transfer. If you are pregnant, this is when the first pregnancy ultrasound will take place. If you are not, your treating nurse or physician will reflect on the treatment and make plans for a possible new attempt or another course of action.

Naturally, if you have any complaints or questions prior to this appointment you can always call us.

## Final remarks

Nurses are available to answer all your treatment-related questions during weekdays. They can be reached by calling our administrative office: 071-5812301. You will either be put through to the nurses, or our administrative office will schedule a phone consultation for you, later that same day.

## Phone numbers in case of severe physical complaints

You can reach us by phone (at 071 5812300) on Mondays to Fridays between 8am and noon, and between 1pm and 3.30pm. On Saturdays, we are available between 10am and 1pm. On Sundays and holidays, we're available between 10am and 1pm.

Courtesy phone number outside of office hours: 06-25257420

## More information

<http://www.zwangerwijzer.nl>

(lifestyle tips)

[https://www.youtube.com/watch?v=m8gOZ7l\\_Jq4](https://www.youtube.com/watch?v=m8gOZ7l_Jq4)

(Youtube: Instruction Gonaf)

<https://www.youtube.com/watch?v=vVA-4da9xic>

(Youtube: Instruction Fostimon)

<https://www.youtube.com/watch?v=Dj4v-CM2bcs>

(Youtube Instruction Ovitrelle)

<https://www.youtube.com/watch?v=vGbIL9QWSsM>

(Youtube ICSI)

<https://youtu.be/8AFvyf6sjMs>

(IVF en ICSI in Medisch Centrum Kinderwens (Dutch))

<https://youtu.be/PRG7tUxX9W8>

(Laboratorium Medisch Centrum Kinderwens (Dutch))

Information brochure 'Information about embryos'

Information brochure 'Supporting the luteal phase'

Information brochure 'IVF and ICSI'

This information is meant for people undergoing an IVF or ICSI treatment at the MCK Fertility Center. This information is a practical guide to ease your treatment and explain the schedule. This information is subject to change.  
For any feedback regarding this information brochure, please let us know at [info@mckinderwens.nl](mailto:info@mckinderwens.nl).