Egg freezing

Medisch Centrum Kinderwens

Information about egg freezing

You have made, or wish to make, an appointment at Medisch Centrum Kinderwens due to your desire to freeze several of your oocytes ('egg cells'). This information folder provides more details about this treatment procedure.
To freeze eggs, it is necessary to undergo hormonal treatment, similar to the treatment used in IVF or ICSI. Detailed information about the treatment itself can be found in the folder 'Practical info IVF and ICSI'.

The treatment

An IVF or ICSI treatment consists of four phases: stimulation (phase 1), egg retrieval (phase 2), laboratory procedures (phase 3), and embryo transfer (phase 4). In egg freezing, only phases 1 and 2 are performed. After thawing the eggs, an ICSI procedure must always be carried out; conventional IVF is no longer possible.
During stimulation, hormones are used to encourage multiple follicles to grow in both ovaries. Follicles are fluid-filled sacs that contain an egg in their wall. During egg retrieval, the follicles are aspirated to obtain the eggs. After retrieval, the eggs are processed and assessed in the laboratory. Mature eggs can be frozen and stored for later use. Immature eggs are also often obtained, but these cannot be preserved for future use.

Indications and limits

The chances of achieving a pregnancy with thawed eggs depend on several factors. The most important are the age of the woman at the time the eggs were frozen and the number of eggs frozen. For this reason, there is an age limit of 40 years for egg freezing without a medical indication.

Caro App

After registering with Medisch Centrum Kinderwens, you will use the Caro app to guide you through your egg freezing treatment. This app serves as your digital assistant throughout the process and allows the center to provide better support during your treatment journey.

Consultation

During the consultation, the doctor will discuss whether egg freezing is a suitable option for you. The chances of pregnancy after thawing the eggs and the risks associated with freezing will be explained. Any alternatives will also be discussed with you.
Your medical history will be reviewed to determine whether the treatment is possible and safe, or whether special measures are needed. You may also be referred to our social worker if appropriate, and you can request psychosocial support at any time. After the consultation, you will receive information about the treatment and the treatment agreements to review before the follow-up consultation.

Examinations

On the day of your consultation, a transvaginal ultrasound will be performed to assess your ovarian reserve and the likelihood of obtaining a sufficient number of eggs. Blood tests will also be conducted.

You may choose to have the blood tests done before the consultation, so you receive the results during the consultation, or immediately afterwards, combined with the ultrasound. The hormone AMH is measured in the blood, which also provides an indication of ovarian reserve.

Follow-up consultation

During the follow-up consultation, the results of the ultrasound and blood tests will be discussed. If the results are favorable and you wish to proceed, the next steps will be planned. This includes the start date of treatment, medications to be used, and dosages. A nurse will explain how to administer the injections. You may self-administer the injections or have someone else do it for you. You will be asked to sign the treatment and storage agreements and submit them to the secretariat.

Prior to the treatment

To optimize egg quality, it is recommended to start taking folic acid (0.4–0.5 mg/day) and vitamin D (10 micrograms/day) or a prenatal multivitamin at least three months before treatment. Smoking, vaping, and alcohol use are discouraged.
For further information please refer to www.zwangerwijzer.nl.

Stimulation phase

During stimulation, FSH is used to stimulate follicle growth. In addition to this, you'll use something to prevent ovulation. Depending on your situation, a short or long treatment protocol will be selected. You You'll receive this schedule to ensure that you'll always know the particulars.
The Caro app will provide the questionnaires needed to register your cycle. Your first ultrasound will be scheduled at the correct time in your cycle. After this ultrasound, you can collect your medication from the pharmacy in our clinic.
You will start the FSH injections on the agreed day. After you've been injecting your hormones for several days, you'll return to our facility for a check-up ultrasound. Usually, this'll take place around 8 days after starting FSH. During this ultrasound we examine the size and number of follicles. Usually, we'll need to perform several check-ups. Once the follicles are large enough, we'll initiate the final maturing stage of the follicles using a trigger injection Ovitrelle and/or Decapeptyl®.

During stimulation, you'll be able to continue doing everything the way you're used to. You may not have as much energy as you're used to, and some people experience mood swings, headaches, abdominal pain or nausea. If this is the case, we advise against activities such as running or horseback riding. If you're experiencing extreme discomfort, please contact one of our nurses. The phone number and hours can be found at the end of this information brochure.

Egg retrieval

The egg retrieval, which is the second phase of the treatment, takes place 36 hours after the trigger injection(s). You are allowed to have a light breakfast on the day of the retrieval, though we advise you not to drink a lot (no more than, for example, one cup of tea). Take 2 tablets of paracetamol (total 1000 mg) and 1 tablet of Naproxen 220 mg two hours before the procedure.

We strongly recommend that you bring someone with you. Roughly 15 minutes before your appointment is scheduled to start, please report to the front desk. You can sit down in our waiting room until one of our nurses comes to collect you.
More detailed information regarding the egg retrieval can be found in the folder 'practical info IVF and ICSI'. Approximately 30 minutes after the procedure, you will be informed of the number of eggs retrieved. Pain medication used during retrieval may impair reaction time and concentration, affecting daily activities (e.g., driving) for at least 24 hours.

After the retrieval

Most of our clients stay home on the day of the retrieval. We advise taking it slow for the rest of the day. You may experience some discomfort during the days following the oocyte retrieval, too. If necessary, you can take 1000mg paracetamol every 6 hours, and rest. This should be sufficient to help the pain decrease. Usually, you'll start menstruating within a week after the oocyte retrieval. This menstruation may be heavier or more painful than you're used to.

The laboratorial phase

Several hours after the eggs are received in the laboratory, they are processed and assessed for maturity. The mature oocytes are frozen on that same day. Several of our employees will each perform multiple checks (both physical and electronic) to ensure that no oocytes are switched or mislabeled.

On the day of retrieval, you will receive an email in the afternoon indicating the number of eggs frozen.

Side effects and risks

Common side effects of using FSH include headache (1-2 in 10 cases), abdominal pain, nausea, and/or diarrhea (1-10 in 100 cases).
Possible localized side effects are pain, redness, swelling and itchiness at the injection site (occurs 1-2 in 10 cases). Mood changes may also occur; it is difficult to distinguish whether these are caused by medication or anxiety during treatment.
The main risk of IVF or ICSI is ovarian hyperstimulation syndrome (OHSS). This risk is present if you have received Ovitrelle as a trigger injection. In this case, a large amount of fluid may accumulate in the abdominal cavity, causing a noticeable increase in abdominal size and body weight. This leads to an increased risk of thrombosis or embolism. You are advised to contact us if you notice a significant increase in your weight and/or abdominal circumference.
A complication that does occasionally occur is torsion of the ovary. The stimulation causes the ovaries to increase in size. In the time following the oocyte retrieval, they stay enlarged. This may cause a torsion of one of the ovaries, causing sudden intense abdominal pain paired with nausea and excessive sweating. If this doesn't dissipate within half an hour, we implore you to contact either us or a nearby hospital's emergency room.
Finally, a risk is an infection after an oocyte retrieval. If you're suffering from abdominal pain and a high fever (>38.5 °C), please contact us.

Costs

Costs for consultation and examinations are covered by basic insurance. The treatment itself and egg freezing are not covered and are at your own expense. Current prices are listed on our website: www.mckinderwens.nl. This includes egg freezing without medical indication, FSH medication, and storage for one year.

Using frozen eggs

Eggs obtained before your 43rd birthday may be used until your 50th birthday to achieve pregnancy. After thawing, phase 3 (ICSI) and phase 4 (embryo transfer) are performed. IVF or ICSI may be reimbursed up to age 43, maximum 3 times. After 43, costs are not covered.
In order to guarantee maximum quality, only up to 8 oocytes will be thawed at a time. If several viable embryos are produced after a single thawing, the remainder of the embryos can be frozen and kept for an embryo transfer at a later point in time.

We ask you to schedule a consultation when you're considering the use of your oocytes to conceive. Your treating physician will discuss which path would be best for you to follow at that point in time.

In some cases, the circumstances surrounding the freezing of your oocytes can differ heavily from the circumstances when you want to use them to conceive. In some **highly exceptional** cases, these circumstances may lead us to reject your request for treatment, for example a severe medical condition developed after freezing your oocytes or if there is a danger to the (unborn) child such as the use of hard drugs.

Chances of pregnancy after thawing

The Netherlands is unable to offer extensive experience or data on frozen and re-thawed oocytes. Papers published in other countries, such as the United States or Japan, indicate that at least 80% of frozen oocytes is viable after thawing and that the chances of fertilization and pregnancy are at most a *little* bit lower than in an IVF/ICSI situation without frozen oocytes. Research has shown that the chances of pregnancy correlate with the age of the biological mother when the oocytes were frozen, as well as the number of oocytes that were frozen. Expectations are that a long period of being in cryopreservation at a temperature of -170 – -196°C does not have any negative consequences. These expectations are based on the fact that human embryos as well as sperm cells can be kept in cryopreservation storage for many years without negative effects on the cell matter.

Follow-Up

Professional associations of gynecologists and embryologists require information on children born from vitrified eggs. Therefore, we would like to enter into an agreement with you saying that you'll agree to such a follow-up. This is a part of the treatment agreement mentioned earlier.

Contact information:

You can reach us by phone from Monday to Friday, 8:00 AM - 12:00 PM and 1:00 PM – 3:30 PM, and on Saturdays from 10:00 AM – 1:00 PM at 071-5812300.
On Sundays and holidays, we are available by phone only for medical emergency between 10:00 AM – 1:00 PM.
Email: info_mckinderwens@tfp-fertility.com.

Emergency line outside office hours: 06-25257420