
Transfer of frozen embryos

Medisch Centrum Kinderwens

Information cryo treatment

Together with your physician, you have decided to continue your IVF/ICSI treatment using frozen (cryopreserved) embryos. During that conversation, you have discussed and decided whether you want to use one or two embryos. This information brochure contains further information about this treatment.

Practical information

Start of treatment

We ask you to report the start of your menstruation to the administrative office, where one of our secretaries will schedule an ultrasound for you. If your menstruation starts during the weekend or on a holiday, you can report to us on the next work day.

We can be reached for this purpose at 071-5812301 between 9am and 2.30pm, on Monday to Friday.

Timing of the embryo transfer (ET) in a regular menstrual cycle

The defrosting and transfer of a frozen embryo is timed with either a positive LH test or Pregnyl. Around the twelfth day of your menstrual cycle you'll have to come to the clinic to have an ultrasound. The exact moment of this ultrasound is determined using the length of your cycle, based on which your physician might need to reschedule the ultrasound.

If using ovulation (LH) tests:

When the follicle is ready to be released from the ovary, ovulation takes place. Ovulation is caused by the LH hormone (produced in the pituitary gland). It will take place 24 hours after LH hormone levels in your blood start rising. LH is a protein which is discarded through urine. It is possible to find the LH-peak in the urine through so-called ovulation tests (see the LH-tests information brochure for further information). We advise you to start using ovulation tests at around the tenth day of your menstrual cycle. If the test returns positive, please contact our administrative office as described above. For this, too we can be reached at 071-5812301 on week days. The embryo transfer will be scheduled five or six days after the test returns positive, depending on the day the embryo was frozen.

If you the test hasn't returned positive for six days, we advise you to call our administrative office to schedule an ultrasound, preferably on the day of your latest negative ovulation test.

If using a Pregnyl-injection:

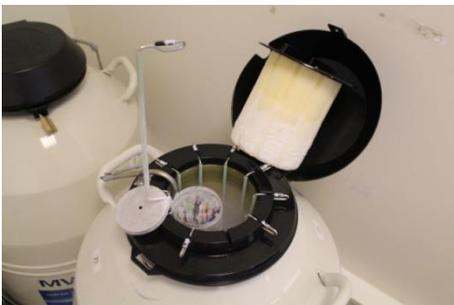
Pregnyl is hCG (pregnancy hormone). This simulates the LH-peak and thus, it can cause an ovulation. If it is revealed during an ultrasound that the largest follicle is at least seventeen millimeters in size, the insemination can be timed using a Pregnyl-injection. You can pick up the Pregnyl at the pharmacy with a prescription you will be given after this ultrasound. You'll then inject the Pregnyl at the time indicated by your treating physician or nurse (for more information on how to inject Pregnyl, use the link at the end of

this brochure). The embryo transfer will take place six or seven days after injecting the Pregnyl, depending on the day the embryo was frozen.

Timing of the ET in an irregular or absent menstrual cycle

Due to your irregular or absent menstrual cycle, you have received a schedule of Progynova and Utrogestan (or other progesteron) use. This medication prepares the endometrium for the embryo transfer. Progynova is estrogen, the hormone usually produced by a growing follicle. Utrogestan is progesterone, the hormone usually produced by the follicle after releasing the oocyte. Together, they prompt the endometrium to start building up.

After ten to twelve days of using Progynova, an ultrasound will be performed to evaluate the endometrium. One of our secretaries will schedule the appointment for you. If the endometrium is sufficient, you can start the Utrogestan after consulting your physician. You'll also continue the Progynova. The embryo transfer will take place four or five days after starting Utrogestan.



The appointments and agreements we form with you depend on the day the embryo was frozen:

Embryo transfer (embryos frozen on the third or fourth day)

If your embryos were frozen on the third or fourth day after puncture (before January 1st, 2016), defrosting will take place on the day before the transfer. In the morning, depending on what you and your physician agreed on, one or two embryos will be defrosted in the laboratory. If these embryos are not viable after the defrosting process, another straw containing your embryo(s) will be defrosted. If none of the embryos are viable after the defrosting process, we will sadly not be able to move forward with the embryo transfer. If this is the case, we will call you on the day of the transfer between 10 and 11am.

Embryo transfer (embryos frozen on the fifth day)

If your embryos were frozen on the fifth day after puncture (after January 1st, 2016), defrosting will take place on the day of the transfer. In the morning, depending on what you and your physician agreed on, one or two embryos will be defrosted in the laboratory. If these embryos are not viable after the defrosting process, another straw containing your embryo(s) will be defrosted. If none of the embryos are viable after the defrosting process, we will sadly not be able to move forward with the embryo transfer. We strive to call you between 10 and 11am.

The embryo transfer itself

We ask you to come to the clinic at the scheduled time. Please do not use the toilet starting 1.5 hours before the appointment; this will cause your bladder to be full enough. After checking in at the reception

on the third floor, please wait in the waiting room on the second floor. Your doctor will come to collect you and, if applicable, your partner. When you're in the treatment room, a check of your name and date of birth will be performed. You will then take place in the gynecological chair.

Using a speculum, your doctor will expose your cervix. A thin tube will be inserted into the uterus through the cervix, and the embryo will be inserted into the uterus through this tube. This process is easier if your bladder is not entirely empty. It causes the uterus to move back a little, aligning it with the cervix. The transfer will not take more than a few minutes and is hardly ever experienced as painful.

During the transfer, an ultrasound will be performed, allowing your doctor to see where in the uterus the embryo is placed. In some cases, it might be difficult or impossible to get a clear view of the uterus. This does not influence your chances of a successful pregnancy.

After embryo transfer – in a regular menstrual cycle

It is not necessary to continue medication unless your physician explicitly tells you to do so, in which case you should start medication on the day of ovulation (see the information brochure on supporting the luteal phase).

On the twelfth day post-transfer you'll perform a pregnancy test using morning urine. Please report the result to our administrative office, available at 071-5812301 between 9am and 2.30pm, on Monday to Friday, or email info@mckinderwens.nl. We advise you to perform the pregnancy test in any case, even if you have started to menstruate.

After embryo transfer – in an irregular or absent menstrual cycle

On the twelfth day post-transfer you'll perform a pregnancy test using morning urine. Please report the result to our administrative office, available at 071-5812301 between 9am and 2.30pm, on Monday to Friday, or email info@mckinderwens.nl. We advise you to perform the pregnancy test in any case, even if you have started to menstruate. If the pregnancy test returns positive, please continue to use your medication up to and including the tenth week of your pregnancy. If the test returns negative, you can stop your medication. You should expect menstruation several days later.

We hope for a successful treatment. In case of pregnancy, we would like to perform an ultrasound four to five weeks after the embryo transfer. If this treatment doesn't result in pregnancy, another treatment can be started in consultation with your physician.

<https://www.youtube.com/watch?v=7KZskZIkCDU>

(YouTube: Pregnyl Instructions)

<http://zwangerwijzer.nl>

(lifestyle tips)

This information is meant for women who have been offered a cryopreserved embryo transfer treatment at the MCK Fertility Center. This information, together with any other information given to you by a physician or nurse, is meant to help you make an educated choice on whether you want to take the treatment. This information is subject to change.

For any feedback regarding this information brochure, please let us know at info@mckinderwens.nl.