



NYU Langone  
Fertility Center

# FERTILITY PRESERVATION: EGG FREEZING

*New Patient Orientation*



# Welcome to the NYULFC Orientation!

## Section 1: NYULFC Overview

*Critical Information for Egg Freezing Cycles at NYULFC*

## Section 2: Stimulation & Retrieval

*Ovulation Induction – Egg Retrieval*

## Section 3: Cryopreservation

*Embryology – Oocyte Cryopreservation*

## Section 4: Wellness

*Wellness and support for NYULFC patients*

## Section 5: Research

*Research studies and participation options*

# Meet Our Health Educators



Haley Penny, LMSW  
*Haley.Penny@nyulangone.org*



Eva Billik, LCSW  
*Eva.Billik@nyulangone.org*

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# SECTION 1: NYULFC OVERVIEW

*Critical Information for Egg Freezing Cycles at NYULFC*



# Communication: Join Our Patient Portal

- NYU Langone Fertility Center utilizes a Patient Portal to communicate with all patients undergoing treatment.
  - NYULFC Patient Portal URL: <https://portal.fertilitycenterportal.com>
- If you do not already have a patient portal account, please email me or your Patient Care Coordinator – we will make sure your care team issues an invitation right away.
- The NYULFC Patient Portal is the primary method of communication for all patients. Please plan to check your Patient Portal messages daily during your cycle.
- *Please Note: The NYULFC Patient Portal is not connected to the Epic MyChart portal used throughout the NYU Langone Health system. Epic's electronic medical record does not support fertility cycle management at this time.*

The screenshot shows the 'Sign In' page for the NYU Langone Health Patient Portal. At the top, there is a purple header with the text 'Sign In'. Below this is the NYU Langone Health logo. The main content area contains the following text: 'Welcome to the NYU Langone Fertility Center Patient Portal. Log in below to securely access your healthcare information. Please note: You must be a current patient at NYU Langone Fertility Center to log into this patient portal. To access your information about other care you are receiving at NYU Langone, please log into your NYU Langone Health MyChart account. If you have questions about your care at NYU Langone Fertility Center, please call us at 212-263-8990.' Below the text are two input fields: 'Email Address' with a person icon and 'Password' with a lock icon. At the bottom, there is a purple 'Sign In' button and a link for 'Forgot your password?'.

# NYULFC Office Locations



## Main Office

159 E 53rd St. Floor 3  
New York, NY, 10022

Phone: 212-263-8990



## NoMad Satellite

109 W 27th St, Floor 9  
New York, NY, 10001

Phone: 212-263-0040



## Westchester Satellite

132 Parkway Road, Floor 2  
Bronxville, NY 10708

Phone: 914-556-4900

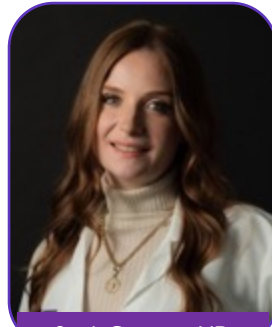
# Meet the NYULFC Physician Team



Alan Berkeley, MD



Jennifer Blakemore, MD



Sarah Cascante, MD



Shannon Devore, MD



Elizabeth Fino, MD



James Grifo, MD, PhD



Frederick Licciardi, MD



Jacqueline Shaw, MD



Brooke Wertz, MD, MPH

World Class Outcomes  
Expert & Exceptional Care  
Constant Collaboration

Our physicians have over 140 years collective experience performing fertility treatment cycles. Each member of the NYULFC physician team is dedicated to delivering exceptional clinical care, and all members of the team collaborate daily to deliver best-in-class outcomes for NYULFC patients.

NYULFC operates on a “Doctor-of-the-Day” model, which means one physician is assigned to perform all surgical procedures each day. You will see your physician throughout your treatment cycle, and your physician will direct your care plan (including medication dosage, monitoring frequency, and other clinical directives), however it is possible that your physician may not be the one assigned to perform surgery on the date of your procedure.

During your care at NYULFC, you may also meet our staff physician, Dr. Lisa Kump. While Dr. Kump is no longer accepting new patients, she provides outstanding care for all patients in-cycle at the Fertility Center.

# Reproductive Endocrinology Fellows



Nirali Shah Jain, MD



Amelia Kelly, MD



Emily Weidenbaum, MD



Carlos Parra, MD

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NYULFC is part of the Division of Reproductive Endocrinology and Infertility (REI) at NYU School of Medicine's Department of Obstetrics and Gynecology.

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We host a 3-YR fellowship training program in REI approved by the American Board of Obstetrics and Gynecology.

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Fellows are licensed physicians and have completed a 4-year residency in OB-GYN prior to sub-specializing in REI.

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Throughout your time at the NYULFC, you will interact with our fellows who provide clinical care and on-call support to patients (including emergencies).



# Genetic Counseling

Andria Besser and Hannah Green are Board-Certified Genetic Counselors at NYULFC.

Typically, patients wait to consult a Genetic Counselor until preparing to create embryos.

Indications for Genetic Counseling include:

- Personal or family history of genetic disease
- Couples who both carry the same autosomal recessive genetic disease
- Carriers of X-linked diseases, autosomal dominant diseases, or heritable chromosome abnormalities

Genetic Counseling is available by appointment only

- To schedule a phone consultation, please contact Maithili Patel at 646-754-2709 or [Maithili.patel@nyulangone.org](mailto:Maithili.patel@nyulangone.org).

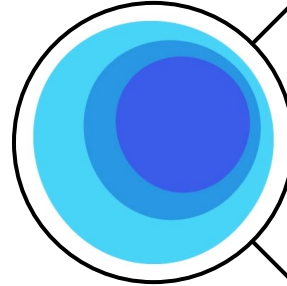


Andria Besser, MS, CGC



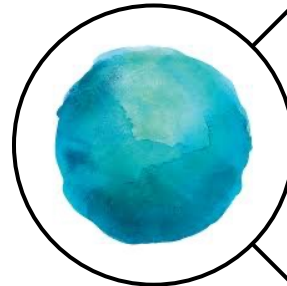
Hannah Green, MS, CGC

# Genetics at NYULFC



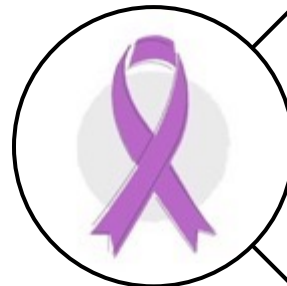
## Expanded Carrier Screening (ECS)

NYULFC uses the **LabCorp Inheritest/Beacon** test for genetic carrier screening, to assess the risk of having a baby with one of over 500 inherited conditions. Carrier screening is typically performed via blood sample and is recommended for everyone prior to embryo creation. Complimentary individualized genetic counseling about your results is provided by a LabCorp Board-Certified Genetic Counselor.



## Preimplantation Genetic Testing for Aneuploidy (PGT-A)

NYULFC uses the laboratory **CooperGenomics** to test embryos for chromosomal information. CooperGenomics provides complimentary live webinars and individualized genetic counseling for PGT-A education, which are strongly recommended prior to cycle start. Note that PGT-M (monogenic condition) and PGT-SR (structural rearrangement) may be approached differently through other laboratories.



## Genetic Testing for Inherited Cancers

NYULFC partners with the NYU Perlmutter Cancer Center (646-754-1376) for cancer-related genetic testing, such as BRCA1/BRCA2. Please note that NYULFC does not provide genetic counseling or testing for hereditary cancer.

# Patient Care Coordinators

Your Patient Care Coordinator serves as your point person throughout your treatment cycle. Your Coordinator can be reached via phone, email or NYULFC Patient Portal. When emailing your Coordinator, you may also want to include the Coordinator group, which provides coverage when team members are out of office: [FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org).

Provider Name	Coordinator Name	Coordinator Phone	Coordinator Email
Dr. Berkeley	Tatiana Nova	914-556-4910	Tatiana.Nova@nyulangone.org
Dr. Blakemore	Joanna Zielinska	646-501-8653	Joanna.Zielinska@nyulangone.org
Dr. Cascante	Kianna Thompson	212-263-3395	Kianna.Thompson@nyulangone.org
Dr. Devore	Lisa Valentine	212-263-0064	Lisa.Valentine@nyulangone.org
Dr. Fino	Joanna Marrero-Constantine	212-263-7976	Joanna.Marrero-Constantine@nyulangone.org
Dr. Grifo	Maribel Feliciano	212-263-7967	Maribel.Feliciano@nyulangone.org
Dr. Licciardi	Kylene Alexander	212-263-7973	Kylene.Alexander@nyulangone.org
Dr. Shaw	Kianna Thompson	212-263-3395	Kianna.Thompson@nyulangone.org
Dr. Wertz	Kimown Peters	646-754-1253	Kimown.Peters@nyulangone.org



# Annual Laboratory Schedule

The NYULFC embryology, andrology, and endocrinology laboratories are located at our main office: 159 E 53<sup>rd</sup> St, Floor 3.

NYULFC's laboratories close for 10 days each December to perform extended cleaning and maintenance.

We refer to this as “December Downtime”

NYULFC continues to provide monitoring, consultations, and non-IVF procedures during the closure periods.

Please contact your Patient Coordinator with any questions you have regarding the laboratory downtime period.

Your Coordinator will make sure you schedule your cycle so it will be completed prior to or start after Downtime.

## Medical Clearances

Your Fertility Center Doctor will inform you and the NYULFC Clinical staff if Medical Clearance is required before your treatment cycle. If applicable, clearance must be obtained prior to receiving a cycle reservation.

## Anesthesia Evaluation

The Egg Retrieval is performed using monitored anesthesia care. In some cases, NYULFC will require an anesthesia clearance.

Anesthesia clearance is required:

- If a patient's BMI is 38 or greater OR
- If a patient has an illness that may compromise their airway or ability to breathe

In these cases, the patient must see the anesthesiologist for an examination of the airway and to determine intravenous access **before starting cycle medications**.

If the anesthesiologist concludes the airway is compromised or IV access cannot be determined, the patient will **NOT** be cleared for anesthesia.

In these cases, the procedure may be cancelled, or the patient may have to undergo the egg retrieval without anesthesia. Alternatively, the patient may be asked to delay treatment until sufficient weight can be lost, or until medical clearance can be obtained.

## Anesthesia and BMI

Because Oocyte (Egg) Retrievals are performed under anesthesia, we want to make you aware of our anesthesia consult requirements related to Body Mass Index (BMI)

### Pre-Cycle: BMI 38 or Greater:

An Anesthesia Consultation is required prior to clearance for an Egg Retrieval procedure. This must be done prior to cycle start.

During the Anesthesia Consultation, comorbidities such as hypertension, cardiovascular disease, asthma, obstructive sleep apnea, cancer, and other issues are also considered.

### Day of Retrieval: BMI 45 – 49.99

Patient may only receive monitored anesthesia care without any type of sedation.

### Day of Retrieval: BMI 42 – 44.99

Patient may be eligible for mild sedation. Patient may have recall of and will likely move during the procedure.

### Day of Retrieval: BMI ≤ 41.99

Retrieval may be performed with usual sedation as determined by Anesthesiologist.

### Day of Retrieval: BMI ≥ 50

Patient shall not undergo a procedure at NYULFC.



# Cycle Start Reservation

## Reservation Requirement

A **Cycle Start Reservation** is required for all patients undergoing care at NYU Langone Fertility Center.

## Reservation Timing

To account for variation in menstrual cycle timing, all Cycle Start Reservations are honored within a 7-day window of the confirmed date.

Ex: if your reservation for “Day 2” Start is confirmed for the 14th of a month, your reservation will be honored between the 7th and the 21st.

## Making a Reservation

Please contact your Patient Care Coordinator to make a Day 2 Cycle Start Reservation.

Your Coordinator will book your Cycle Start Reservation. A Coordinator will also call you ~2 weeks prior to your anticipated menses to confirm your Reservation.

# What is a “Day 2”

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**Day 1** of your menstrual cycle is considered full flow menstrual period before midnight (not staining or spotting).

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**Day 2 is the second day of full flow.**

*Note: if your period arrives at night, do not call the overnight emergency service. In the morning, please call our office at 212-263-8990 for Day 3 cycle start instructions.*

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If you are taking birth control, “Day 2” will be the fourth day after your last active pill.

## Ready to Start?



On **Day 1** of your period, please call the **Main Office** number (212-263-8990) to schedule your **Day 2 Cycle Start**.



You will be scheduled to visit our office between 7AM – 9AM for your Day 2 Cycle Start Morning Monitoring appointment for baseline bloodwork and an ultrasound.



When you call to schedule this appointment, you may initially reach our call center. **Do not worry!** Our team is always looking out for calls to schedule Day 2 Cycle Start appointments and we'll get back to you shortly!



If you get your period after hours (after 5PM) you will not reach a staff member. Again, *do not worry!* Call us on your cycle Day 2 to schedule your **Cycle Start** appointment for **Day 3**. It is absolutely fine to start your cycle medications on Day 3 of menstruation.

*Note: If your periods are irregular or you do not get periods at all, you will make an alternative Cycle Start plan with your Coordinator.*

## Cycle Monitoring

- On average, patients need **10-12 days** of injectable stimulation medications, however this will vary based on your body's individual response to the medications.
- Following your Day 2 visit, you will receive a phone call from a Nurse with medication instructions. The nurse will notify you if you can begin injectable medications that evening. Your medications, the dosage, and the number of days until you return for your second morning monitoring visit have been predetermined by your doctor. **You will receive your individualized cycle calendar on Day 2.**
- In the afternoon after every morning monitoring visit, you will receive instructions from a nurse, as your medication dosage may change throughout your cycle depending on your body's individual response to the medications.

# Example Egg Retrieval Cycle Calendar

S	M	T	W	Th	F	S
CYCLE DAY 1	CYCLE DAY 2	CYCLE DAY 3	CYCLE DAY 5	CYCLE DAY 5	CYCLE DAY 6	CYCLE DAY 7
<p>MENSES DAY 1 –</p> <ul style="list-style-type: none"> <li>Call main office to schedule Day 2 Cycle Start Appointment</li> </ul>	<p>DAY 2 CYCLE START:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> <li>Individualized Cycle Calendar</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*PM Start Gonadotropins</b></p>	<p><b>*PM Gonadotropins</b></p>	<p><b>*PM Gonadotropins</b></p>	<p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork only</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*PM Gonadotropins</b></p>	<p><b>*PM Gonadotropins</b></p>	<p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*PM Antagonist</b> <b>*PM Gonadotropins</b></p>
CYCLE DAY 8	CYCLE DAY 9	CYCLE DAY 10	CYCLE DAY 11	CYCLE DAY 12	CYCLE DAY 13	CYCLE DAY 14
<p><b>*AM Antagonist</b> <b>*PM Gonadotropins</b></p>	<p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*AM Antagonist</b> <b>*PM Gonadotropins</b></p>	<p><b>*AM Antagonist</b> <b>*PM Gonadotropins</b></p>	<p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> </ul> <p>Afternoon call or portal message from Nursing:</p> <ul style="list-style-type: none"> <li>Medication Instructions</li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*AM Antagonist</b> <b>*PM Gonadotropins</b></p>	<p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork and Ultrasound</li> </ul> <p>Afternoon call from Nursing</p> <ul style="list-style-type: none"> <li><b>Trigger Shot Instructions</b></li> <li><b>Procedure date/time</b></li> <li>Schedule next Morning Monitoring appointment</li> </ul> <p><b>*AM Antagonist</b> <b>*PM TRIGGER SHOT</b> <b>Administer at exact time</b></p>	<p>Morning Monitoring:</p> <ul style="list-style-type: none"> <li>Bloodwork only</li> </ul> <p><b>*No Medications</b></p>	<p>EGG RETRIEVAL PROCEDURE</p> <p>Release to the care of an adult to escort you home. <b>Rest for the remainder of the day.</b></p> <p>We will call you with fertilization results the following day.</p>



# Morning Monitoring at NYULFC

## WHEN & WHERE

Morning Monitoring services, including bloodwork and ultrasound, are available at all of our three offices (Main Office, NoMad, and Westchester).

Morning Monitoring occurs between **7AM – 9AM**, 7 days per week.

**Appointments are required for Morning Monitoring.**

## AFTERNOON PORTAL MESSAGES

Expect a portal message or (in rare cases) phone call from a Nurse in the afternoon following your morning monitoring visit.

Please be sure to check your NYULFC Patient Portal account each day for important medication instructions!

As a back-up, please provide us with the best phone number (with voicemail!) to reach you between 12PM – 5PM.

Please follow all instructions delivered by your Nurse.

## CONTACT US

Questions?

Please message your care team using the NYULFC Patient Portal or call the main office at **212-263-8990**.

The best time to reach our nursing staff is between 10AM – 5PM ET.

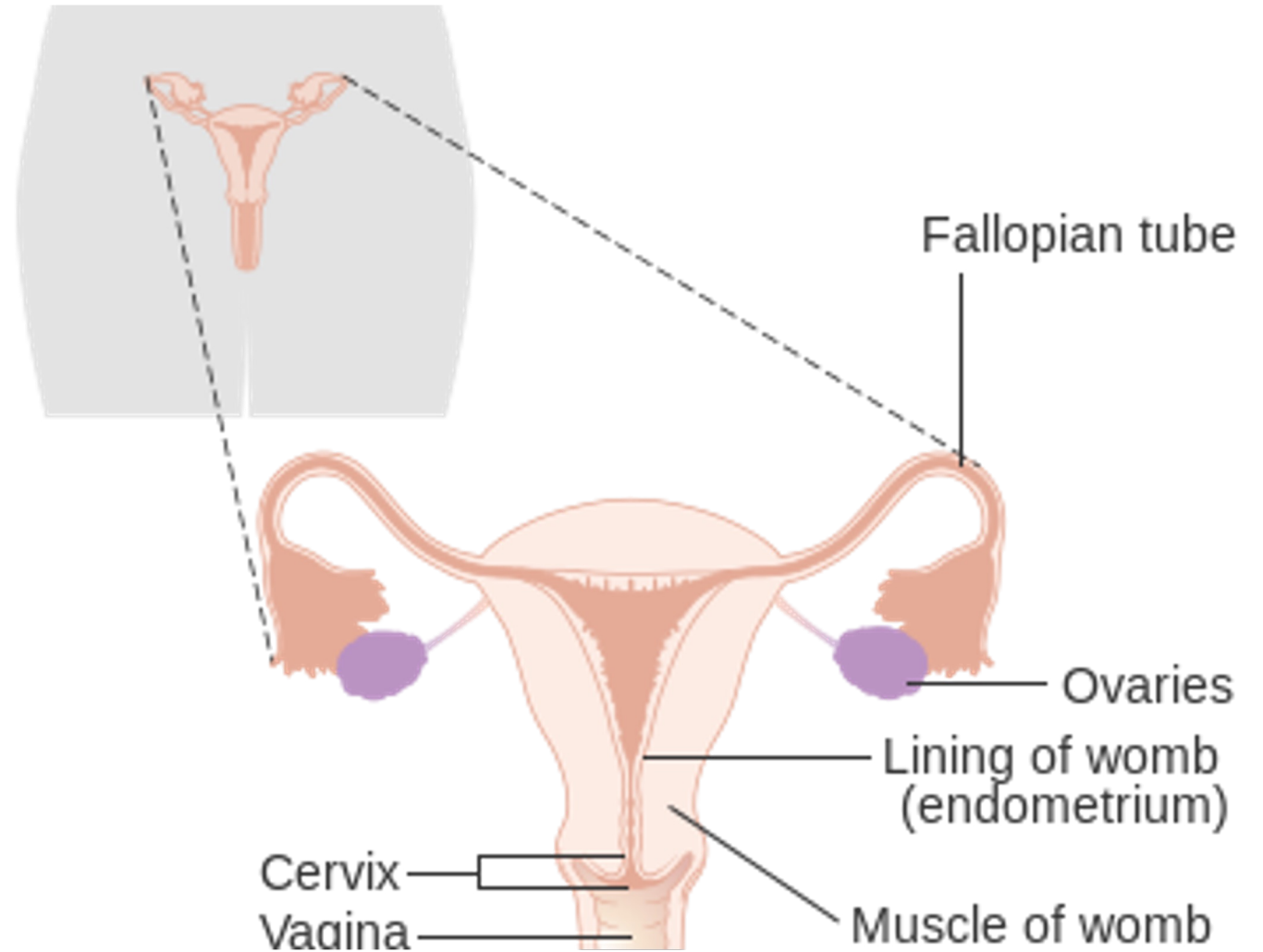
For urgent matters after business hours, our main office number (212-263-8990) becomes an emergency like monitored by our Fellows.

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# SECTION 2: STIMULATION & RETRIEVAL

*Ovulation Induction – Egg Retrieval*

# The Reproductive System



# Stimulation Medications

## Day 2 Start

- The decision to start medication is based on Day 2 or Day 3 bloodwork and ultrasound results, as well as approval from your insurance carrier.
- If you purchase your medications in advance, and your cycle is cancelled, you will not be able to return medications to the pharmacy.
- If stored properly, medications can usually be stored safely for one year.

## Insurance Coverage

- If you do not have insurance coverage, please notify an IVF nurse of your pharmacy of choice and when you would like the medication order to be placed.
- If you have insurance coverage, we must abide by the carrier's guidelines as to drug selection, dosage, and location of pharmacy. Please arrange for pick-up/delivery of your medications ahead of time, especially if your carrier requires a mail-order pharmacy.

## Medication Types

Gonadotropins  
(FSH, HMG)

GnRH Antagonists

GnRH Agonist

Ovulation  
Trigger Shot

## Medication Pricing

- Scan below to access discounted medication pricing available for NYULFC patients at **Apthorp, Metro Drugs,** and **Schrafts** specialty pharmacies.
- When you receive your medications, please open the package to be sure everything was included in your order. Read storage instructions carefully.





# Insurance Coverage vs. Self-Pay

If you have **insurance coverage** for medications...

- You will receive medications from your insurance-mandated, mail-order pharmacy
- You may still have an out-of-pocket cost depending on your plan's co-pays/deductible
- You will purchase all medication upfront (except trigger(s)) – they will arrive in one big box.  
*Please open and review storage instructions*
- You will be instructed to order your trigger shot(s) half-way through your cycle to ensure on-time arrival.

If you **do not** have insurance coverage for medications (aka **self-pay**)...

- You can select a pharmacy based on medication pricing or pharmacy location – NYULFC patients at **Apthorp, Metro Drugs**, and **Schrafts** specialty pharmacies
- We recommend picking up HALF of your medications prior to cycle start, then picking up the rest as needed. We don't want you to overspend on medications you don't end up using. Selecting a pharmacy that is convenient for you will help simplify this process!
- You will be instructed to order your trigger shot(s) half-way through your cycle to ensure you have them on-hand. It is possible you will only need ONE (rather than two) trigger shots. They are approx. \$150 each. If you prefer not to spend the money upfront, be sure your schedule is flexible toward the end of your cycle, so you can pick up your trigger shot(s) the day you need them.

# Gonadotropins (FSH, HMG)

## Purpose:

Gonadotropins are used to stimulate the ovaries to mature multiple follicles simultaneously.

## Types:

- FSH – Gonal F® or Follistim® administered via the “Pen”
- HMG – Menopur® administered via subcutaneous injection with the short needle

## Possible Side Effects:

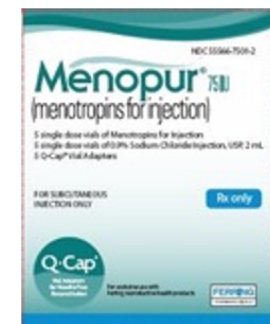
Breast tenderness, rash or swelling at injection site, mood swings, depression, abdominal bloating or discomfort, hyperstimulation syndrome (<1%)

## Special Instructions:

Once you begin ovarian stimulation using gonadotropins, limit exercise to low-impact. Stay well hydrated and eat plenty of protein.

## Please Note:

Gonal F® and Follistim® are the same medication (different manufacturers). You may be required by your insurance carrier to use a specific medication. If NYULFC does not participate with your insurance, you may wish to shop around for either medication from several pharmacies to find the lowest price. It is best to do this in advance, then tell us where you would like us to send your prescription.



# Hot Topic: Exercise Before, During, After Cycles

## Before you start your ovarian stimulation:

- Your normal exercise routine is permitted
- Guidelines generally recommend 150 min/week of moderate-intensity aerobic activity plus muscle strengthening exercises  $\geq 2$  times per week.

## During ovarian stimulation (for Egg Freeze or IVF)

- Exercise is permitted from Cycle Day 2 when you start injections until Cycle Day 5 (three days of injections).

## Cycle Day 5 until Retrieval

- **Significant exercise restriction at this time**
- Hand weights and walking permitted but other exercise activity should cease as this is the most concerning time for ovarian torsion

## From retrieval until 10 days after the retrieval

- **Significant exercise restriction at this time**
- Hand weights and walking permitted but other exercise activity should cease as this is the most concerning time for ovarian torsion.

## GnRH Antagonists

**Purpose:**

GnRH Antagonists are used to suppress the release of lutenizing hormone (LH), which helps to prevent premature ovulation.

**Types:** Cetrotide® or Ganirelix Acetate®

**Administration:** Subcutaneous injection

**Cycle Day Started:**

Typically, patients begin GnRH Antagonists between Cycle Day 7-9, depending on the individual's response to gonadotropin injections. Once begun, this medication is continued up to and including the day of the trigger shot.

**Possible Side Effects:** (Incidence <5%)

Abdominal bloating, bruising or reaction at injection site, headache, nausea, vaginal bleeding.

**Please Note:**

Please notify nurse if you have a latex allergy.

## GnRH Agonist

**Purpose:**

The GnRH Agonist is used to suppress the natural hormone cycle and to prevent premature ovulation.

**Types:** Lupron® (Leuprolide Acetate)

**Administration:** Subcutaneous injection

**Cycle Day Started:**

Usually begun on Cycle Day 21 of the cycle prior to gonadotropin treatment, however this depends on your normal menstrual cycle length. Menses usually follow in 8-10 days post-injection.

**Possible Side Effects:**

Bloating, bruising at injection site, hot flashes, headache, mood swings, insomnia, vaginal dryness. Most of these effects happen only after menses has occurred.

# Ovulation Trigger Shot(s)

## Purpose:

The trigger shot mimics the natural surge of lutenizing hormone (LH) in the body and matures the oocytes (eggs).

Your trigger medication will be determined based upon your response to the stimulation medications. While most cycles are triggered using Ovidrel®, if your physician deems it appropriate, you may receive instructions for Lupron® (Leuprolide Acetate) or Lupron® **AND** hCG/Ovidrel® as the triggers to cause the induce maturation of the eggs.

**Types:** Ovidrel® (Human Chorionic Gonadotropin – hCG) **AND/OR** Lupron® (Leuprolide Acetate)

**Administration:** 2 subcutaneous Ovidrel® injections must be taken **within 10 minutes of the scheduled time and in the exact dose instructed**. Failure to perform the trigger shot appropriately may result in the cancellation of the egg retrieval. **(PLEASE – SET YOUR ALARM CLOCK!)**

If Lupron® is used as a trigger, it will be administered as a 40 units dose and the Ovidrel® dose may be lowered. Lupron® is also administered subcutaneously.

## Possible Side Effects:

Headache, bloating, irritability, pain at the injection site, ovarian hyperstimulation syndrome.

## Please Note:

Ovidrel® is a controlled substance in New York State and only certain pharmacies will dispense the drug. Please check to confirm if your pharmacy can accept an electronic prescription for Ovidrel®/hCG.



*If you do not have insurance coverage for medications, we recommend waiting to buy the trigger injection(s) until it is clear which type you will need – Ovidrel, Lupron, or a combination trigger. We do not want you to pay for medication you may not end up needing.*

# Injection Training Videos

Cycle Type	Brand Names	Medication Type	Purpose	Training Video
IVF, Egg Freeze	<b>Gonal-F OR Follistim</b>	Gonadotropin (FSH)	Ovarian Stimulation	Gonal-F: <a href="https://www.youtube.com/watch?v=K_MvNC3y1t0">youtube.com/watch?v=K_MvNC3y1t0</a>  Follistim: <a href="https://www.youtube.com/watch?v=0iz5zu13Gnk">youtube.com/watch?v=0iz5zu13Gnk</a>
IVF, Egg Freeze	<b>Menopur</b>	Gonadotropin (HMG)	Ovarian Stimulation	Menopur: <a href="https://www.youtube.com/watch?app=desktop&amp;v=iz0m1TPk6PU">youtube.com/watch?app=desktop&amp;v=iz0m1TPk6PU</a>
IVF, Egg Freeze	<b>Cetrotide or Ganirelix Acetate</b>	GnRH Antagonist	Prevent Premature Ovulation	Cetrotide: <a href="https://www.youtube.com/watch?v=UZIMyra_WNc">youtube.com/watch?v=UZIMyra_WNc</a>  Ganirelix: <a href="https://www.youtube.com/watch?v=m1pDSK-1pHM">youtube.com/watch?v=m1pDSK-1pHM</a>
IVF, Egg Freeze	<b>Ovidrel OR Pregnyl AND/OR Lupron</b>	Trigger Injections	Mature follicles & release eggs (TIMED CAREFULLY!)	Ovidrel: <a href="https://www.youtube.com/watch?v=mmD_Fi4LcS0">youtube.com/watch?v=mmD_Fi4LcS0</a>  Pregnyl: <a href="https://www.youtube.com/watch?v=RtC49jsxcUc">youtube.com/watch?v=RtC49jsxcUc</a>  Lupron: <a href="https://www.youtube.com/watch?v=g6prIFXWDIU">youtube.com/watch?v=g6prIFXWDIU</a>



# Oocyte (Egg) Retrieval



Your egg retrieval procedure will be scheduled **34-36 hours** after your ovulation trigger injection time.

**You may not eat or drink within 8 hours of arrival for your egg retrieval.**

Do not take aspirin, NSAIDs (Motrin, Aleve, Advil, Naprosyn) or any medication, supplement or other substance that may interfere with platelet function during your treatment cycle. Doing so may increase your risk of bleeding complications from the egg retrieval.



If using **frozen** partner or donor sperm, it must be in the laboratory prior to starting medication. If a partner will be providing a **fresh sperm specimen**, please ensure partner will be available on the day of the retrieval so the fresh semen specimen may be produced.



In Pre-Op, you will be introduced to the Anesthesiologist who will administer intravenous sedation. The egg retrieval generally takes **5-10 minutes** and you will be sedated for the duration of the procedure.



Recovery typically takes **1 hr**, but may take longer, if needed. You will be evaluated for pain and given post-operative instructions. Because the egg retrieval is performed with anesthesia, you **must be discharged to the care of adult who will escort you home safely.** This is mandated by NYU Langone Medical Center.

**Plan to rest at home for the full day of your egg retrieval!**

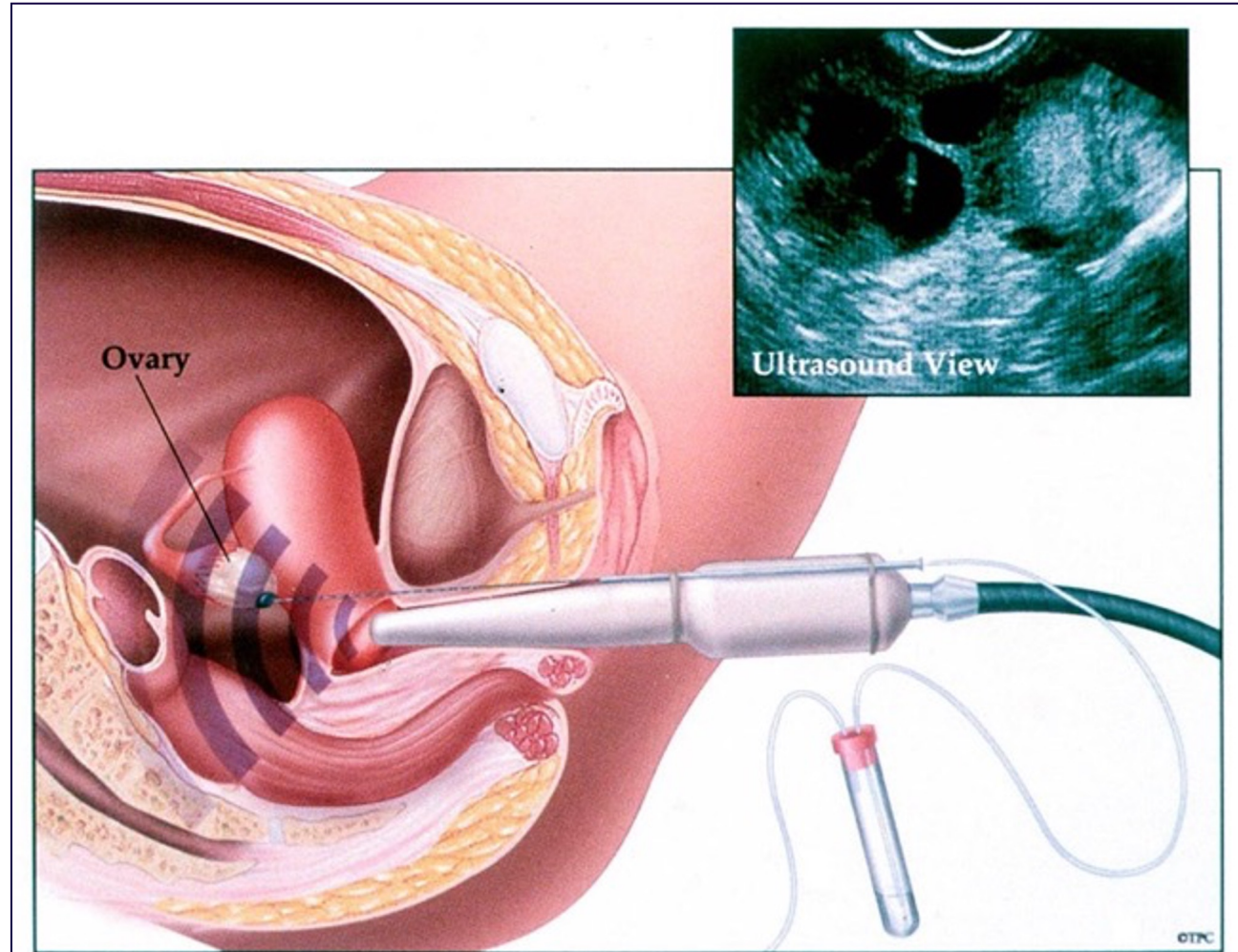


# Oocyte (Egg) Retrieval: Reminders

- Retrievals typically begin at 7:30AM ET each day and are scheduled every 20-30 minutes until all are complete for the day.
- Your retrieval will occur **34-36 hours** after your trigger injection. *Your trigger shot injection time will correlate exactly with your procedure time.*
  - Your trigger injection must be taken within 10 minutes of the scheduled time and in the exact dose instructed.
  - **Please set your alarm clock for your trigger injection!**
- When you wake up on the morning of your scheduled egg retrieval, please remember that you **may not eat or drink for a minimum of 8 hours prior to your egg retrieval procedure arrival time.**
  - If directed, take your medications with a sip of water.
- Small lockers are available onsite, but please do not bring any valuables. **Come as you are!** Please do not wear jewelry, make-up, or contact lenses to your egg retrieval procedure.
- When you arrive at 159 53<sup>rd</sup> Street, Floor 3, you will check in at the front desk then you will be directed to the Procedure sub-waiting room.
  - Our nursing team will perform an intake evaluation and prepare you for the egg retrieval.
  - You will be introduced to the Anesthesiologist who will administer intravenous sedation.
- The egg retrieval procedure typically takes 5-10 minutes. You will be sedated for the duration of the procedure.
- Recovery generally takes 1 hour, but may take a little longer depending on how you're feeling Post-Op.
  - During the recovery period, you will be evaluated for pain and given post-operative instructions.

Because you will receive anesthesia, **you must be discharged to the care of a responsible adult** who will bring you home safely and remain with you for **12-24 hours post-discharge**. Your escort will need to enter our office to pick you up, and while onsite they will be required to sign discharge instructions. This is a safety measure mandated by NYU Langone Medical Center and AAAASF. **No Escort. No Retrieval.**

# Oocyte (Egg) Retrieval



Using ultrasound to view the ovary, the physician inserts the needle through the wall of the vagina into the ovary and removes the egg for use in IVF

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# Section 3: CRYOPRESERVATION

*Embryology – Oocyte Cryopreservation*



# Oocyte Cryopreservation

At retrieval, eggs are evaluated by an embryologist.

Mature eggs are frozen using liquid nitrogen in a process called “vitrification.”

The process of **vitrification** has three critical components: first, eggs are exposed to high concentrations of cryoprotectants to allow rapid dehydration of cells; then the eggs are loaded into tiny storage straws that will facilitate ultra-rapid cooling; finally, the straws containing the eggs are cooled as fast as possible, typically at thousands of degrees per minute.

Once frozen, eggs can be stored indefinitely in liquid nitrogen at  $-180^{\circ}\text{C}$ . Frozen eggs are stored onsite at NYU Langone Fertility Center. All NYULFC patients will receive an account with our tissue management partner, Prelude Cryopreservation.

Patients may log in to the Prelude Cryopreservation portal at any time to manage their cryostored tissue (online education, appointment requests to use cryopreserved eggs, online bill-pay, disposition management, and more). **If you wish to use your tissue, contact your Patient Care Coordinator to start a new cycle.** If you wish to transport your tissue elsewhere, transport fees may apply. If you wish to discard your tissue (meaning you do not wish to use the tissue), you can complete your tissue disposition consents in Prelude Cryopreservation.



Egg with surrounding cells immediately after retrieval



Mature egg with surrounding cells removed

# After Your Retrieval...

Plan to rest at home on the day of the egg retrieval. Coconut water, PJs, and Netflix are your friend.

*Do:* Rest & Relax! *Don't:* Operate heavy machinery.

The day after your retrieval, we will call you to share the final number of mature eggs cryopreserved. During your next conversation with your physician, you will discuss the outcome of this retrieval and review your care plan.

Your next menstrual period will occur approximately two weeks after the egg retrieval if an Ovidrel trigger shot was administered and one week after if a Lupron® trigger shot was administered.

You must keep our office informed of your current address, email address, and telephone number. If the office is unable to contact you via phone or mail for necessary correspondence, your eggs may be discarded. Please update us if/when your contact information changes.

## **CRYOSTORAGE BILLING:**

### **PRELUDE CRYOPRESERVATION**

All frozen tissue is stored onsite at NYULFC.

All NYULFC patients will receive an account with our tissue management partner, Prelude Cryopreservation.

Patients may log in to the Prelude Cryopreservation portal at any point after cryopreservation to manage their cryostored tissue (disposition consents, online education, bill pay, etc.).

**You will receive a Welcome Email from Prelude Cryopreservation once there is tissue associated with your account. You will be asked to create a profile and set up auto-pay for annual storage billing.**



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# Section 4: WELLNESS

*Wellness and support for NYULFC Patients*

# Mind & Body Support

## ACUPUNCTURE SERVICES



Acupuncture services are provided by **Lara Rosenthal, L.Ac.**

Acupuncture can be safely used prior to and concurrently with fertility medications and procedures.

If you are interested in acupuncture for fertility, please call 212-807-6769.

## MIND-BODY SUPPORT



NYULFC patients have access to a Mind-Body Support Group provided by **Helen Adrienne, LCSW, BCD.**

Mind-Body support is offered as a series of individual classes, a one-day group program, or on an individual consultation basis. The main goal of Mind-Body support is to help patients realize that while they cannot control infertility, they can control how they navigate it.

If you are interested in Mind-Body support, please call 212-758-0125.

## YOGA FOR FERTILITY



Yoga for Fertility is provided by **Barrie Raffel.**

Yoga for Fertility is safe to practice at any time during your fertility treatment cycle.

If you are interested in Yoga for Fertility, please contact Barrie at [barrieraffel@gmail.com](mailto:barrieraffel@gmail.com)

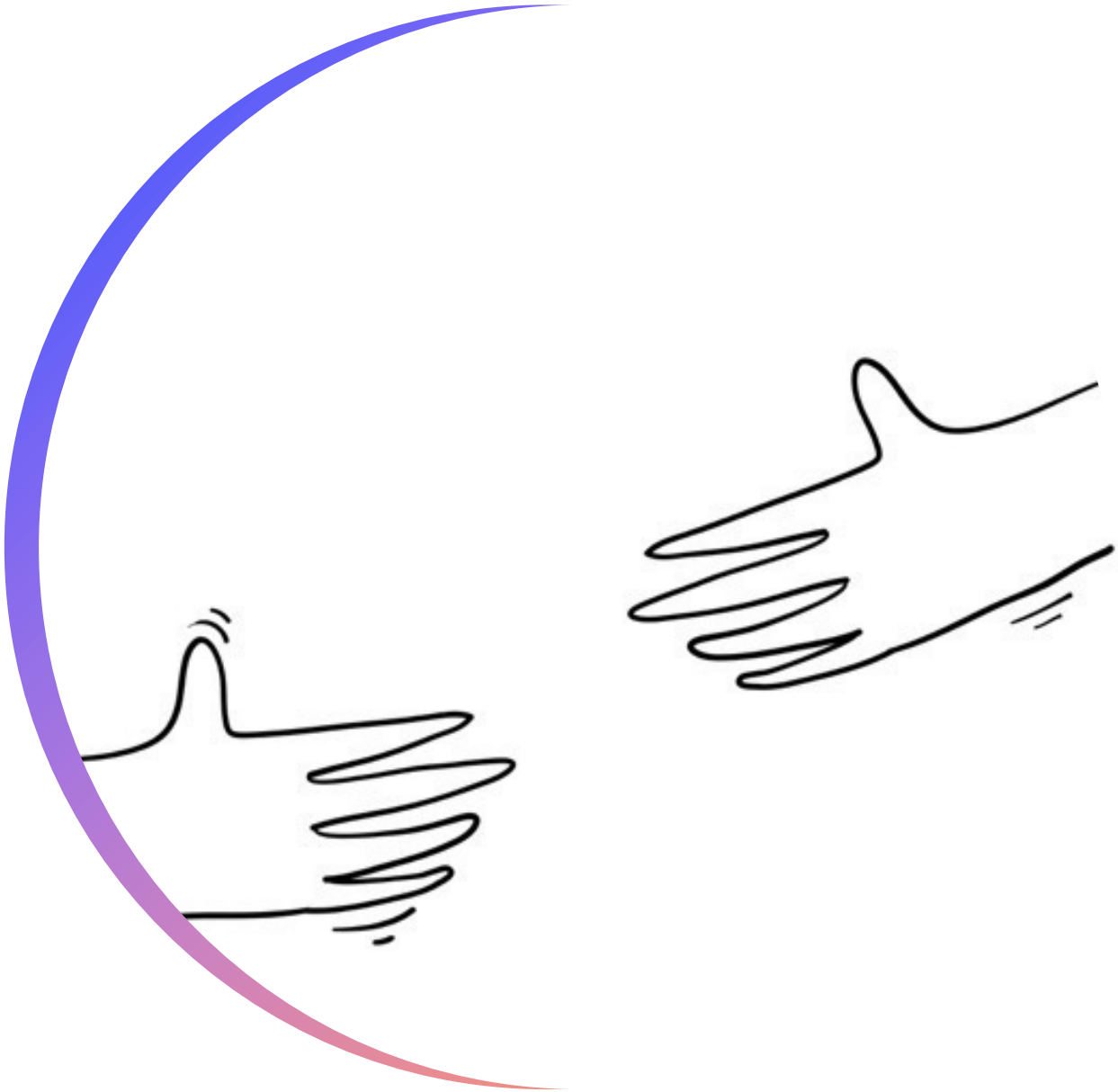
## NUTRITION FOR FERTILITY



Nutrition for Fertility is provided by dietitians at **Rooted Wellness.**

Nutrition for Fertility can be started at any time during your fertility treatment cycle.

If you are interested in Nutrition for Fertility, please email Sarah Rueven: [sarah@rootedwellness.com](mailto:sarah@rootedwellness.com) OR Claire Virga: [claire@rootedwellness.com](mailto:claire@rootedwellness.com)



# Psychological Support Services

NYULFC patients have access to offsite psychologists, all of whom have decades of experience helping couples to navigate the stressors created throughout the fertility treatment journey.

Consultations, treatment, and support sessions are available for couples and/or individuals.

Consultations are mandatory for all patients using donor gametes.

If you are interested in psychological support, we work with a number of mental health professionals -- please contact your Patient Care Coordinator for further information.

## Information & Support

We recognize that you have a choice in care providers, and we are committed to providing compassionate, individualized, and cost-effective service.

We're happy to go at your pace and answer any questions you may have. Ask questions during your visits, or call us at **212-263-8990**. We're here for you.

Information resources are available online at

- [ASRM.org](https://www.asrm.org)
- [Resolve.org](https://www.resolve.org)
- [SART.org](https://www.sart.org)
- [cdc.gov/art](https://www.cdc.gov/art)

Visit our website at

[www.FertilityNY.com](https://www.fertilityny.com) for more information, including a **Patient Resources section** with patient forms, orientation slides, and Injection Training videos.

## Potential Risks & Side Effects of Egg Freezing

### Severe ovarian hyperstimulation (OHSS), which can result in hospitalization

- Depending on a patient's sensitivity to fertility medications, moderate to severe hyperstimulation can occur, and may require frequent monitoring or changes to the cycle, including cancelation or postponement of the embryo transfer, or hospitalization.
- Please call our office immediately if you feel very bloated or have a rapid weight gain. Consult the OHSS information sheet in your patient information packet for details.

### Adverse reaction to medications

- Allergic reaction to anesthesia or fertility medications.
- Anesthesia medication may cause constipation. Colace® is available over-the-counter for this side effect.

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# Section 5: RESEARCH

*Research Studies and Participation Opportunities*

# Research Studies at NYULFC

**NYULFC is dedicated to the mission of advancing science and improving healthcare through scientific discovery.**

As a leading center in academic research, our faculty and staff are actively engaged in multiple research studies at any time which we hope will advance and improve infertility benchmarks and fertility treatment options.

The purpose of our sample collection and repository is to enable the research use of superfluous biospecimens, which are not needed for diagnostic or clinical use, and which would otherwise be discarded

**Participation in research studies is voluntary**, which means it is your choice if you would like to participate or not.

Your decision as to whether or not to participate will not affect the care you receive during your treatment cycle.

**Providing consent for research does not impact your medical treatment in any way.** Research consents must be witnessed by an NYU Langone Fertility staff member.

**Our research studies follow a transparent process of independent Institutional Review Board (IRB) evaluation and careful informed consent.** The IRB reviews all proposed studies and ensure that they are conducted in a manner which safeguards and promotes the health and welfare of subjects.



# Research Studies at NYULFC

**The goal of our research is to optimize fertilization, embryo development and culture, in vitro maturation, cryopreservation, understanding egg and embryo viability as well as other clinical indications of infertility.**

**Our research studies use biological material** (procedural by-products, non-viable specimens or materials deemed non-usable to create live-born pregnancies) from your cycle that would normally be discarded during the routine course of your cycle.

**Discarded biological materials may include** collection of minimal residual sample from sperm preparations, granulosa cells, cumulus cells, fluids from the ovarian follicles that are harvested during oocyte retrieval, immature oocytes, abnormally fertilized oocytes or embryos of such poor quality that are not suitable for transfer.

**Tissue donated to research is never transferred to human subjects.** NYULFC will only collect, use, and store de-identified specimens that are donated for research. Donated research specimens – including DNA material – will not be used to identify patients and will be destroyed once research has been done.

**Research conducted using these otherwise discarded biological materials** will help us learn more about factors of fertility and infertility in order to better understand various reproductive disorders.

If you have questions about the research or your participation, please e-mail [IVF-Research@nyulangone.org](mailto:IVF-Research@nyulangone.org)

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IN CONCLUSION...

# Five Major Takeaways

- 1) In the coming days, **you will receive...**
  - A call from a Nurse to review and order your medications
  - Communication from Billing to review cycle costs
- 2) Call on Day 1 of the period that corresponds with your **Cycle Reservation** to make your **Day 2 (or 3) Cycle Start Morning Monitoring Appointment**
  - If you do not get a monthly period or your cycle plan includes pre-cycle medication, you will make an alternative cycle start plan with your Coordinator
  - Call our main office: 212-263-8990
  - If you get your period after hours (after 5PM) you will not reach a staff member. *Do not worry!* Call us on your cycle Day 2 to schedule your **Cycle Start** appointment for **Day 3**. It is absolutely fine to start your cycle medications on Day 3 of menstruation.
- 3) You will receive your personalized protocol at your **Day 2/3 Cycle Start** visit
- 4) Typically, patients take 10-12 days of medications to stimulate follicle growth to produce a high yield of mature eggs. Your **Trigger Shot** will be administered at an **exact time** which will correspond to your **Egg Retrieval Procedure time**.
- 5) Your next period will arrive 7-14 days post-retrieval, depending on the type of Trigger Shot used. Please **refrain from high impact exercise** until your post-retrieval period. Guidance on exercise pre, during, and post cycle can be found on Slide 23.



**Need Assistance?**  
Reach our team via the Fertility  
Center Patient Portal!

T: 212-263-8990  
F: 212-263-7853



# Questions?

