



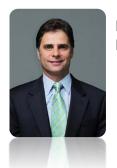
Please Silence Your Cell Phones and Handheld Devices

FERTILITY CENTER

www.NYUFertilityCenter.org

New Patient Orientation Oocyte Cryopreservation (Egg Freezing)

Meet Our Physicians



Dr. Frederick Licciardi



Dr. James Grifo



Dr. Nicole Noyes



Dr. Alan Berkeley



Dr. Lisa Kump-Checchio



Dr. M. Elizabeth Fino



Dr. David Keefe



Dr. Brooke Hodes-Wertz



Dr. Kara Goldman

Reproductive Endocrinology Fellows

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

Our division offers a 3-year fellowship training program in REI approved by the American Board of Obstetrics and Gynecology. **Fellows are licensed physicians** and have completed a 4-year residency in OB-GYN prior to sub-specializing in our discipline.

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



Jennifer Blakemore, MD



Susan Maxwell, MD



Alexis Masbou, MD



Shannon DeVore, MD

Laboratory Schedule

Downtime

The NYULFC's Embryology
Laboratory closes for 10 days in
August and December to perform
extended cleaning and
maintenance.

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

Scheduling

When scheduling your cycle with our coordinators we will make sure you can meet the cut-off dates before each downtime.

Please contact your Patient Coordinator with any questions you have regarding the cut-off dates.

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Prerequisite Tests, Consents & Appointments

- Please note, all required tests (i.e. "checklist") and insurance pre-certification must be completed prior to the start of your cycle.
- Please inform us if you have any medical conditions or allergies, or are on any prescription medications or herbal supplements. Some medical conditions will require documented clearance from your personal physician or specialist prior to treatment. (Cardiology, Nephrology, etc.)
- Your "Advance Directive" (if you have one) should be provided at the start of treatment. Information is available from your MD's assistant.
- All consents for procedures and release forms to use cryopreserved eggs must be completed, properly signed and witnessed prior to starting any treatment or medication.
 Please note that some consents require a notary seal.

No consents, no precertification or an incomplete checklist means "No Start"

FAILURE TO COMPLETE ALL PRE-REQUISITE TESTING, PRE-CERTIFICATIONS OR CONSENT SIGNING WILL DELAY YOUR TREATMENT TO A LATER MONTH.

Anesthesia Evaluation

The retrieval is performed with monitored anesthesia care, we must ensure the patient's safety and in some instances will require an anesthesia clearance.

- If the patient's weight is greater than 200 lbs. and/or BMI indicates the patient is obese
- If the patient has an illness that may compromise the airway or ability to breathe easily

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

If the anesthesiologist concludes that 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 canceled or the patient may have to undergo the egg retrieval without anesthesia. Alternatively, the patient may be asked to delay treatment until sufficient weight has been loss or until medical clearance can be obtained.

Morning Monitoring Hotline

Ready to Start

Please call us at (212) 263-8999 on the day of or evening prior to your:

- Day-1 Microdose Lupron® start date
- Day-21 Lupron® start date
- Day-2 or Day-3 start date

Information to Share

When calling, please record your name (spell it out), date of birth, treating physician and treatment type:

Egg Freeze

Notifying us of your upcoming start will allow your chart to be available before you arrive for treatment.

What is Day 2?

Day 1 of your cycle is considered full flow menstrual period before midnight (not staining or spotting). Day 2 is the following day.

If taking birth control, 4 days after the last active pill.

Cycle Monitoring

*The cycle calendar is a generic guideline and will **change***

- The average number of days of injectable stimulation medications is 10-12 days.
 BUT, this will vary depending on your body's individual response to the medications.
- Day 2 of your cycle, come to our office between the hours of 7 and 9 am for blood work and an ultrasound.
 - You will receive a phone call with instructions from a nurse notifying you if you can begin the injectable medications that evening.
- Your medications, the dosage, and the number of days until you return for your 2nd morning monitoring visit have been predetermined by your doctor.
- After your 2nd morning monitoring visit
 - You will receive a phone call with instructions from a nurse as your medication dosage may change as you progress through your cycle depending on your body's individual response.

Cycle Monitoring

Blood Test and Ultrasound Hours are 7 days a week from 7:00 to 9:00 **AM**, no appointment necessary.

Please try to avoid the 8:59 am rush, particularly on the weekends

Make sure we have a good telephone number with a free voicemail to contact you.

*Expect a phone call from a nurse in the afternoon, usually between 1 pm

and 5 pm.*

Please follow instructions exactly.

Call with questions 212-263-8990

The best time to call the nursing staff is 9:30 AM until 5:00 PM



Oocyte Cryopreservation (Egg Freezing)

The Female Reproductive System

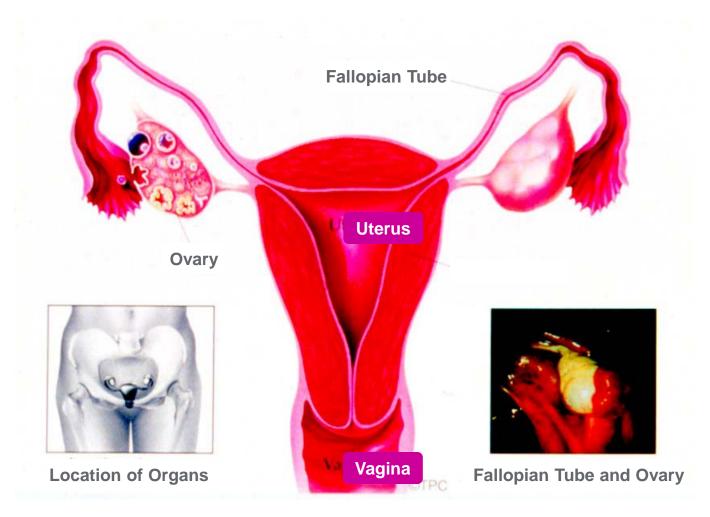


Illustration Courtesy of Organon

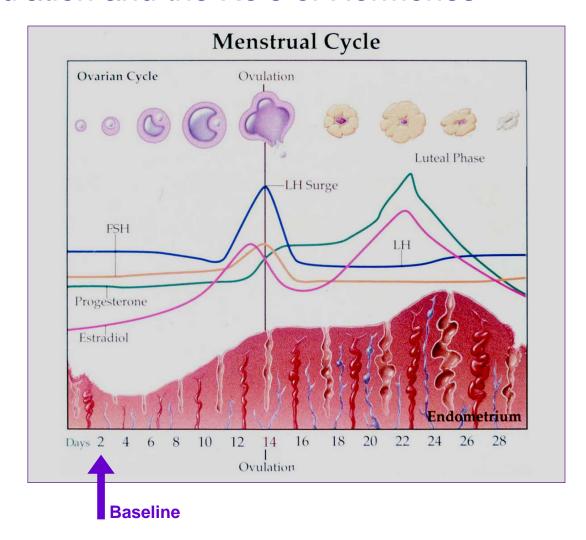


Ovulation and the Role of Hormones

Desired Baseline Hormone Levels:

FSH <13.5 IU/L

Estradiol <75 pg/ml







EF Medication

The decision to start medication is usually based on Day-2/3 blood test and ultrasound results as well as approval from the insurance carrier. If you purchase your medications in advance, and are cancelled, you will not be able to return medications to the pharmacy. If stored properly, the medication usually expires in 1 year.

If you do not have insurance coverage, please notify a nurse of your pharmacy of choice and when to order the medications. You may choose to wait to pick-up the medications until you receive the go-ahead to start the cycle.

Specialty pharmacy sheet in your folder

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.

Review your medications and store them appropriately

Gonadotropins (FSH, HMG)

- Purpose: Stimulate the ovaries to mature multiple follicles.
- Types:
 - FSH Gonal F® or Follistim® administered via the "Pen"
 - HMG Menopur® administered by 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%).



- Once you begin stimulation, limit exercise to walking and small upper-body free weights.
- 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, shop around for either medication from several pharmacies to find the lowest price. Do this in advance and tell us where you would like us to send your prescription.





GnRH Antagonists

- **Purpose:** To suppress the release of luteinizing hormone (LH), which could cause premature ovulation.
- Brand: Cetrotide® or Ganirelix Acetate
- Cycle Day Started: Usually begun on Cycle Day 7 to 9, but this
 depends on response to gonadotropin injections. Once begun, this
 medication is continued up to and including the day of hCG
 administration.
- Administration: Subcutaneous injection
- Possible Side Effects (incidence < 5%): Abdominal bloating, bruising or reaction at injection site, headache, nausea or vaginal bleeding.
- Please notify a nurse if you have a latex allergy.





GnRH Agonist

- **Purpose:** To suppress the natural hormone cycle and prevent premature ovulation. Usually begun on Cycle Day 21 of the cycle prior to gonadotropin treatment (but this depends on your normal cycle length); menses usually follows in 8 to 10 days.
- Brand: Lupron® (Leuprolide Acetate)
- Administration: Subcutaneous 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 Human Chorionic Gonadotropin (hCG)/ Ovidrel®

- Purpose: Mimics the natural surge of luteinizing hormone(LH) and matures the oocytes or eggs.
- Administration: 2 subcutaneous Ovidrel® injections
 must be taken within 10 minutes of the scheduled
 time and in the exact dose instructed failure
 to do so may result in cancellation of the egg retrieval.



SET YOUR ALARM CLOCK!

- Possible side effects: headache, bloating, irritability, pain at the injection site, ovarian hyperstimulation syndrome
- Ovidrel® is a controlled substance in New York State and only certain pharmacies will dispense the drug. Check if your pharmacy can accept an electronic prescription for Ovidrel®/hCG.

Alternate Ovulation Trigger

- Lupron® (Leuprolide Acetate) or Lupron® plus hCG/Ovidrel® are used instead of hCG/Ovidrel® as the drugs to cause the final maturation of the eggs.
- If Lupron® is used, it will be administered as a 40 units dose and the Ovidrel® dose may be lowered.
- The trigger medication will be decided based on your response.
- If self-pay for medications, we recommend waiting to buy the trigger shot until it is clear which type will be needed.





Oocyte Retrieval

Do not take aspirin, NSAIDs (Motrin, Aleve, Advil, Naprosyn) or any medication, herb or other substance that can interfere with platelet function during your treatment cycle.

Doing so will increase your risk of having a bleeding complication from the egg retrieval.

- The procedure is scheduled 34 to 36 hours after the ovulation trigger.
- You must not eat or drink after midnight the evening prior to retrieval. If directed, take your usual medications with a sip of water only!

What to Expect and When to Expect It

On the day of your egg retrieval, you will check-in on the 5th floor and then be directed to the 6th floor where our procedure room and embryology laboratories are located.

When arriving on the 6th floor, our nurses will perform an intake evaluation and get you prepared for the retrieval. Small lockers are available, but please do not bring any valuables, and do not wear jewelry or makeup.

You will meet with the anesthesiologist, and once in the procedure room an embryologist will ask you to identify yourself and may ask you to confirm some details regarding your cycle.

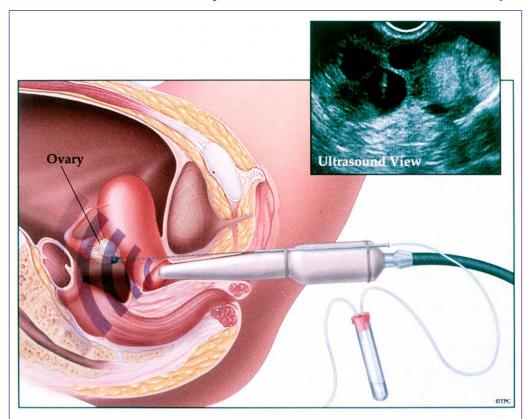
You will be kept safe and comfortable throughout the procedure by our OR staff, which includes the surgeon, fellow, two nursing assistants, the anesthesiologist, and the embryologist.

Oocyte Retrieval (continued)

- The anesthesiologist will administer intravenous sedation.
- The egg retrieval procedure generally takes 5-10 minutes and you will be sedated for the duration of the procedure. Recovery usually takes 1 hour, but can be longer.
- You will be evaluated for pain and given post-operative instructions.
- Because you will receive anesthesia, you must be discharged to the care of an adult escort who will bring you home safely. This is a safety measure mandated by NYU Langone Medical Center.
- Plan to rest at home the day of the egg retrieval.

Oocyte Retrieval

Retrievals begin around 9:30 AM each day and continue to be scheduled about every half hour until all are completed.



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

Illustration Courtesy of Organon

Antibiotic for Egg Freeze Patients

- Purpose: To prevent pelvic infection post-egg retrieval
- Type: Doxycycline
 Ciprofloxacin will be prescribed for patients allergic to doxycycline.
 Please inform us if you have an allergy to "Cipro" or other medications.
- Administration: oral medication, 100 mg twice a day
 (10 12 hours apart) for 4 days
- Possible Side Effects: photosensitivity, gastro-intestinal distress.



Embryology

Embryology

 At retrieval, eggs are examined and evaluated by an embryologist.

Mature eggs are then frozen using liquid nitrogen

• Once frozen, eggs can be stored indefinitely in liquid

nitrogen at -180°C.

 Eggs are stored here at NYU Langone Fertility Center on the 6th Floor.



Mature Egg

After the Egg Retrieval

- The day after the egg retrieval, you will be called by our staff to check on your well being. You will be told how many eggs were frozen.
- If desired, you can make an appointment for a post-retrieval office visit or telephone discussion with your physician 2 weeks following your retrieval – call your physician's office.
- 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.

Potential Risks and Side Effects of EF

Severe Hyperstimulation Resulting In Hospitalization

- Depending on a woman's sensitivity to fertility medications, sometimes moderate to severe hyperstimulation is unavoidable and may require frequent monitoring or changes to the cycle, including cancelation, or even hospitalization.
- Call our office if you feel very bloated or have a rapid weight gain.
 Consult the OHSS information sheet in your patient packet for details.

Adverse Reaction to Medications

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

Zika Virus

Avoid traveling to Zika-infected areas.

Check the CDC website frequently as it is constantly changing.

- Geographic areas affected
- Protection against infection
- www.cdc.gov/zika



Wellness Program

Monthly Calendar of Wellness Events Can Be Found in the Lobby

For Information and Support . . .

- Ask questions during your visits or call us at (212) 263-8990 during the hours of 9:00AM to 5:00PM. During these hours, we use a daytime call center to take your message. Please leave a message and our staff will return your call within 60 minutes.
- Information resources are available online at ASRM.org, resolve.org, cdc.gov/art, and SART.org
- Visit our web site at www.NYUFertilityCenter.org
 - Injection training videos are available
 (English and Spanish) through our website on the page entitled:
 Patient Forms, Orientation & Videos page
- Wellness program services are most effective when started prior to treatment, but can be utilized at any time.

Genetic Counseling

Andria G. Besser, MS, Certified Genetic Counselor

Located onsite and available for appointments on Tuesdays, Wednesdays and Fridays (9am – 5pm).

Indications for Genetic Counseling include:

- Personal or family history of genetic disease, chromosome abnormality, or birth defect
- Couples at-risk for genetic disease (both carriers of same disease)
- Female carriers of X-linked diseases
- Further discussion of genetic test results (carrier screening, PGD/PGS)
- Strong family history of cancer OR history of certain cancers before age 50
- General concerns about genetic risk factors

Email <u>Andria.Besser@nyumc.org</u> or call her at (212) 263-1149 to make an appointment. If not covered by insurance, the cost of an appointment is \$175.



Psychological Support Staff & Services



Shelley S. Lee, Ph.D. (212) 263-0060



Mindy R. Schiffman, Ph.D. (212) 263-0061

- Consultations, treatment/support sessions for couples and individuals
 - Consults are mandatory for all patients using donor gametes
 - Any patient/couple may utilize the services of our psychologists.
 If interested, please call for information or to book an appointment: (212) 263-0054
- Patient support groups available for stress management and donor egg
- Therapies related to the mind-body connection and IVF

Acupuncture Services

- Services are provided by Lara Rosenthal, L.Ac., Belinda Anderson, Ph.D., L.Ac. and Sara Frohlich, L. Ac.
- Offered onsite 4 days of the week. Offsite appointments are also available. If interested, call 212-807-6769.
- Can safely be used prior to and concurrent with fertility medications and procedures.

Mind/Body Support Group

- Services are provided by Helen Adrienne, LCSW, BCD.
- Offered as a series of individual classes, a one-day group program or individual consultations are also available. If interested, call 212-758-0125.
- Main goal is to help patients realize that while you can't control infertility, you can control how you navigate it.

Yoga for Fertility

- Services provided by Tracy Toon-Spencer (onsite and 265 W. 72nd St., 2nd Fl.) and Barrie Raffel (371 Amsterdam Avenue). If interested, call 917-520-5596.
- Safe to practice at any time during your treatment.

Nutrition for Fertility

- Services provided by Bridget Murphy, MS, RDN, CDN
- Can be started at any time during your treatment. If interested, email helen@heleneadrienne.com







Program Consent Forms Required Prior to Cycle Treatment Start

- Oocyte (Egg) Cryopreservation
- Research Consent optional
- Patient must initial each page and sign and date the last page.
- Do not use a checkmark for consent elements that require a specific decision.





Research at the NYULFC



The 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 one time which we hope will advance and improve infertility benchmarks and fertility treatment options.

Research Participation

- Participation in research studies is entirely voluntary, which means it is your choice to take part in a study or decline. Your decision whether or not to participate will not affect the care you receive during your treatment cycle.
- Our research studies follow a transparent process of independent Institutional Review Board (IRB) evaluation and careful informed consent. IRB reviews all proposed studies and ensure that they are conducted in a manner which safeguards and promotes the health and welfare of human subjects.
- 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.
- Research consent forms must be witnessed by a clinical staff member who is knowledgeable about our research. Due to IRB regulations, research consents cannot be witnessed by a Notary Public.

Current Research Studies

- Mostly, our research studies involve biological material (procedural byproducts or 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.
- Providing consent for research does not impact your medical treatment in any way.
- Your orientation packet includes our current study's informed consent.
 Sometimes we have specific studies that will require a separate informed consent.

Research at NYULMC Fertility Center

- Your participation in any currently ongoing studies will not require additional visits outside of your routine IVF care.
- At no time are eggs inseminated (e.g. fertilized) or embryos transferred to human subjects as a "research procedure".
- If you have questions or concerns regarding your participation in a research study, you can notify an NYULFC nurse who will have a member of the research team contact you.

