



# EGG FREEZING (OOCYTE PRESERVATION)

New Patient Orientation



# Welcome to the NYULFC Egg Freezing Orientation Class.

## Section 1: NYULFC Overview

**Critical Information for Egg Freezing Cycles at NYULFC**

## Section 2: Stimulation & Retrieval

**The Egg Retrieval Process:**

Ovulation Induction  
Oocyte Retrieval

## Section 3: Cryopreservation

**The Cryopreservation Process:**

Embryology  
Oocyte Cryopreservation

## Section 4: Wellness

**Wellness & Support for NYULFC Patients**

## Section 5: Research

**Research Studies & Participation Options**



# Hello & Welcome!

## Haley Penny, LMSW

Health Educator  
NYU Langone Fertility Center

## NYU Langone Fertility

660 First Avenue, 5<sup>th</sup> Floor  
New York, NY, 10016



E: [Haley.Penny@nyulangone.org](mailto:Haley.Penny@nyulangone.org)



T: 212-263-8990

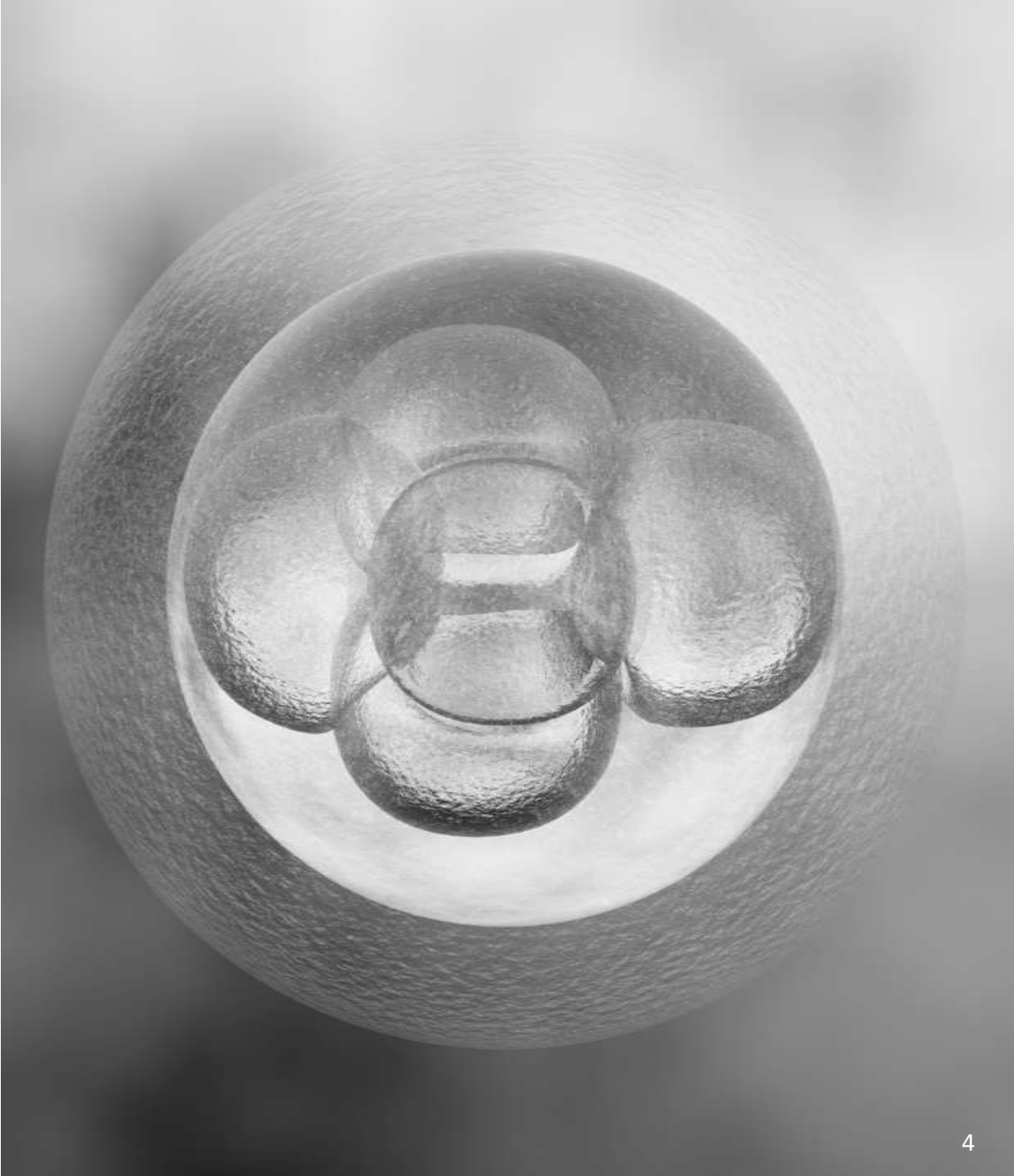


F: 212-263-7853



**Section 1: NYULFC Overview**

**Critical Information  
for Egg Freezing  
Cycles**



# Important Announcements: Your NYULFC Patient Portal Account

NYU Langone Fertility Center (NYULFC) uses a Patient Portal to communicate with all patients undergoing treatment.

If you do not already have a patient portal account, please send me an email immediately ([Haley.Penny@nyulangone.org](mailto:Haley.Penny@nyulangone.org)). I will make sure your care team issues an invitation today.

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. Your NYULFC treatment information will only be accessible in the NYULFC Patient Portal.

# Current NYULFC Office Locations

## Main Office



**660 First Avenue, 5<sup>th</sup> & 6<sup>th</sup> Floors  
New York, NY, 10016**

**212-263-8990**

## NoMad Satellite



**109 West 27<sup>th</sup> Street, 9<sup>th</sup> Floor  
New York, NY, 10001**

**212-263-0040**

# We're Moving! Coming Soon...

## New! Main Office



53<sup>rd</sup> Street  
between Lexington  
and Third Avenue

**July 2022 (Move Date Pending)**

**159 East 53<sup>rd</sup> Street – 3<sup>rd</sup> Floor**

**212-263-8990**

## New! Westchester Satellite



Located next to the  
Bronxville Metro North  
Railroad Station &  
Downtown Bronxville

**Opening January 2023**

**132 Parkway Road – 2<sup>nd</sup> Floor  
Bronxville, New York**

# Meet the NYULFC Physician Team



Alan Berkeley, MD



Jennifer Blakemore, MD



Shannon DeVore, MD



Elizabeth Fino, MD



James Grifo, MD, PhD



Brooke Hodes Wertz,  
MD, MPH



David Keefe, MD



Frederick Licciardi, MD

## 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



Jacquelyn Shaw, MD



Sarah Cascante, MD



Ashley Wiltshire, MD

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

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

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

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

## Genetic Counseling

Andria Besser is a Board-Certified Genetic Counselor and the Director of Reproductive Genetics at NYULFC.

Indications for Genetic Counseling include:

- Personal or family history of genetic disease, chromosome abnormality, or birth defect
- Couples who both carry the same autosomal recessive genetic disease
- Female carriers of X-linked diseases



Andria Besser, MS

**Most patients pursuing Egg Freezing Cycles do not choose to pursue Carrier Screening.** Carrier Screening tests continue to expand each year. In order to receive the “most current” Carrier Screening test, Egg Freezing patients often choose to perform Carrier Screening if/when they return for Embryo Creation/IVF cycles. Preimplantation Genetic Testing is performed on embryos (it cannot be performed on oocytes), and thus is not offered to Egg Freeze patients.

If you are pursuing Embryo Banking, most Embryo Banking couples will perform Carrier Screening prior to embryo creation. Most patients pursuing Embryo Banking Cycles will also choose to perform Preimplantation Genetic Testing.

**Available by appointment.**

Contact our Genetics Coordinator, Sylvia Wadowiec, at [Sylvia.Wadowiec@nyulangone.org](mailto:Sylvia.Wadowiec@nyulangone.org) or 212-263-0054 to schedule a phone consultation.

### Carrier Screening for Recessive Genetic Diseases

NYULFC uses the laboratory “Sema4” for carrier screening. Carrier screening can help detect if an individual is at risk of having a baby with a specific inherited disorder. Carrier screening is performed via bloodwork or saliva sample.

### Preimplantation Genetic Testing (PGT-A, PGT-M)

NYULFC uses the laboratory “CooperGenomics” for PGT. PGT can help to screen an embryo for genetic abnormalities. **If you are considering PGT, a phone consult with a CooperGenomics Genetics Counselor is required.**

Please note that NYULFC does not provide testing or genetic counseling for hereditary cancers such as BRCA1/BRCA2.

These appointments are available through the NYU Perlmutter Cancer Center (646-754-1376).



## Patient Care Coordinators

Your Patient Care Coordinator serves as your point person throughout your treatment cycle.

At NYULFC, each physician collaborates directly with a Patient Care Coordinator to form a “Physician Pod” or care team.

**When contacting your Patient Care Coordinator, please email:**

[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)

**and copy your dedicated Coordinator.**

**Patients of Dr. Alan Berkeley  
& Dr. Frederick Licciardi**

**Rose Polidura**  
212-263-6498

[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Rose.Polidura@nyulangone.org](mailto:Rose.Polidura@nyulangone.org)

**Patients of Dr. James Grifo**

**Maribel Feliciano**  
212-263-7967

[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Maribel.Feliciano@nyulangone.org](mailto:Maribel.Feliciano@nyulangone.org)

**Patients of Dr. Brooke Hodes  
Wertz**

**Kimown Peters**  
646-754-1253

[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Kimown.Peters@nyulangone.org](mailto:Kimown.Peters@nyulangone.org)

**Patients of Dr. Elizabeth Fino**

**Joanna Marrero-Constantine**  
212-263-7976

[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Joanna.Marrero-constantine@nyulangone.org](mailto:Joanna.Marrero-constantine@nyulangone.org)

**Patients of Dr. David Keefe  
& Dr. Jennifer Blakemore**

**Lisa Valentine**  
212-263-6498

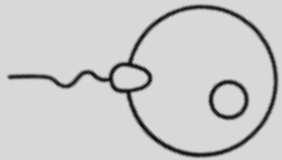
[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Lisa.Valentine@nyulangone.org](mailto:Lisa.Valentine@nyulangone.org)

**Patients of Dr. Shannon DeVore**

**Emily Hawkins**  
212-263-3659

[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Emily.Hawkins@nyulangone.org](mailto:Emily.Hawkins@nyulangone.org)

# Embryology and Andrology Laboratory Schedule



**The NYULFC embryology, andrology, & endocrinology laboratories are located on the 6<sup>th</sup> Floor at 660 First Avenue.**



NYULFC's laboratories close for 10 days each December to perform extended cleaning and maintenance ("**December Downtime**").

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

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

Your Coordinator will make sure you can complete your cycle prior to the December closure.

# Prerequisite Tests & Appointments

Please note, all required tests (i.e. “checklist”) and insurance pre-certification **must be completed** prior to the start of your cycle. **Failure to complete all checklist items or consents will delay your treatment.**

Please inform us if you or your partner 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 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.

**Pre-Day 2/3 Checklist**

To ensure your health is optimal as you proceed through a treatment cycle, results of all screening appointments must be completed in advance of your Day 2/3 visit. With the exception of semen analysis, genetic testing, and psychological consultation, testing may be performed at your preferred laboratory.

Form ID: 2021-083-0821-AM; Patient Coordinator

Procedure/Requirement	When	How Requirements	When	With Partner	When
Hypertension (Self-Monitoring)	At least 4 weeks before Day 2/3	Home blood pressure readings	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Hypertension (Clinician)	At least 4 weeks before Day 2/3	Clinician blood pressure reading	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Diabetes (Self-Monitoring)	At least 4 weeks before Day 2/3	Home blood glucose readings	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Diabetes (Clinician)	At least 4 weeks before Day 2/3	Clinician blood glucose reading	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Cholesterol	At least 4 weeks before Day 2/3	Clinician cholesterol reading	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Weight	At least 4 weeks before Day 2/3	Weight measurement	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Smoking Status	At least 4 weeks before Day 2/3	Smoking status	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Alcohol Consumption	At least 4 weeks before Day 2/3	Alcohol consumption	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Medication/Supplement Use	At least 4 weeks before Day 2/3	Medication/supplement use	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Herbal Supplement Use	At least 4 weeks before Day 2/3	Herbal supplement use	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3
Advance Directive	At least 4 weeks before Day 2/3	Advance Directive	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3	At least 4 weeks before Day 2/3

The checklist pictured above is a generic guideline. You will receive a customized checklist from your Patient Care Coordinator.

# Consents

NYULFC partners with EngagedMD to deliver consent forms and video education modules directly to your email inbox.



You will receive your **Oocyte Cryopreservation consent form** via email, and you will be required to verify your identity when you sign. You will also receive a Research consent form – this is optional. More information is available on slide 37.

You will be asked to scan your driver’s license or passport using your phone.

All consents must be complete prior to cycle start.



## Notice: Anesthesia Evaluation

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

Anesthesia clearance is required:

- If the patient's weight is greater than 200 lbs, and/or if the patient's BMI is indicative of obesity
- If the patient has an illness that may compromise the 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 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.



# Reservation for Cycle Start

## 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

Example: 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 of the month.

## How do I make a Reservation?

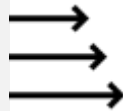
Please contact your Patient Care Coordinator to make a Day 2 Cycle Start Reservation.

Your Coordinator will book your Cycle Start Reservation. Your Coordinator will also call you 1-week prior to your anticipated menses to confirm your Reservation.



# What is a “Day 2” Start?

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



**Day 2 is the following day.**

*Note: if your period arrives late 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.*

If you are taking birth control, this will be 4 days after the last active pill.





# Morning Monitoring at NYULFC

## When & Where

Morning Monitoring services, including bloodwork and ultrasound, are available at both offices (Main Office & NoMad Satellite).

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) a phone call from a nurse during the afternoon following your morning monitoring visit.**

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

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 Information

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.

## Onsite Safety & COVID-19

NYULFC and the NYU Langone Health system are managing COVID-19 risks together, and the safety of our patients and staff is our top priority.

If you are experiencing a medical emergency, please call 911. If you are not feeling well, please do not come to the office. Please seek treatment from your primary care provider, and contact your NYULFC nurse to inform us of your illness. Your physician will collaborate with you to determine the appropriate next steps in your care plan.

At NYULFC, we are utilizing all guidance available from ASRM, the CDC, the New York State Department of Health, and NYU Langone Health to institute safety precautions. Please be aware of new social distancing and safety practices at NYULFC.

### 1) Masks are mandatory.



All patients and staff are required to wear a mask while onsite. Please plan to arrive wearing your mask, and please keep your mask on for the duration of your visit.

### 2) Appointments are required.

In order to reduce the number of individuals in our waiting areas, each patient will receive an appointment for morning monitoring. To protect the safety of our patients and staff, patients will only be allowed to enter the Center during their scheduled appointment.

### 3) Guests are not permitted.

To minimize the number of individuals onsite, only the scheduled patient will be admitted to the facility. All patients visiting NYULFC for morning monitoring, bloodwork, or imaging scans must attend without any visitors present. Children are not permitted onsite. We apologize for any inconvenience. We are committed to protecting the safety of our patients and staff by limiting the number of individuals in our space.

### 4) Patients may be screened for temperature and health at entry to any NYU facility.

Every individual entering NYULH may be asked to pass a temperature screening and/or may be screened for COVID-19 related symptoms. We regret the necessity of this intrusion upon your time.

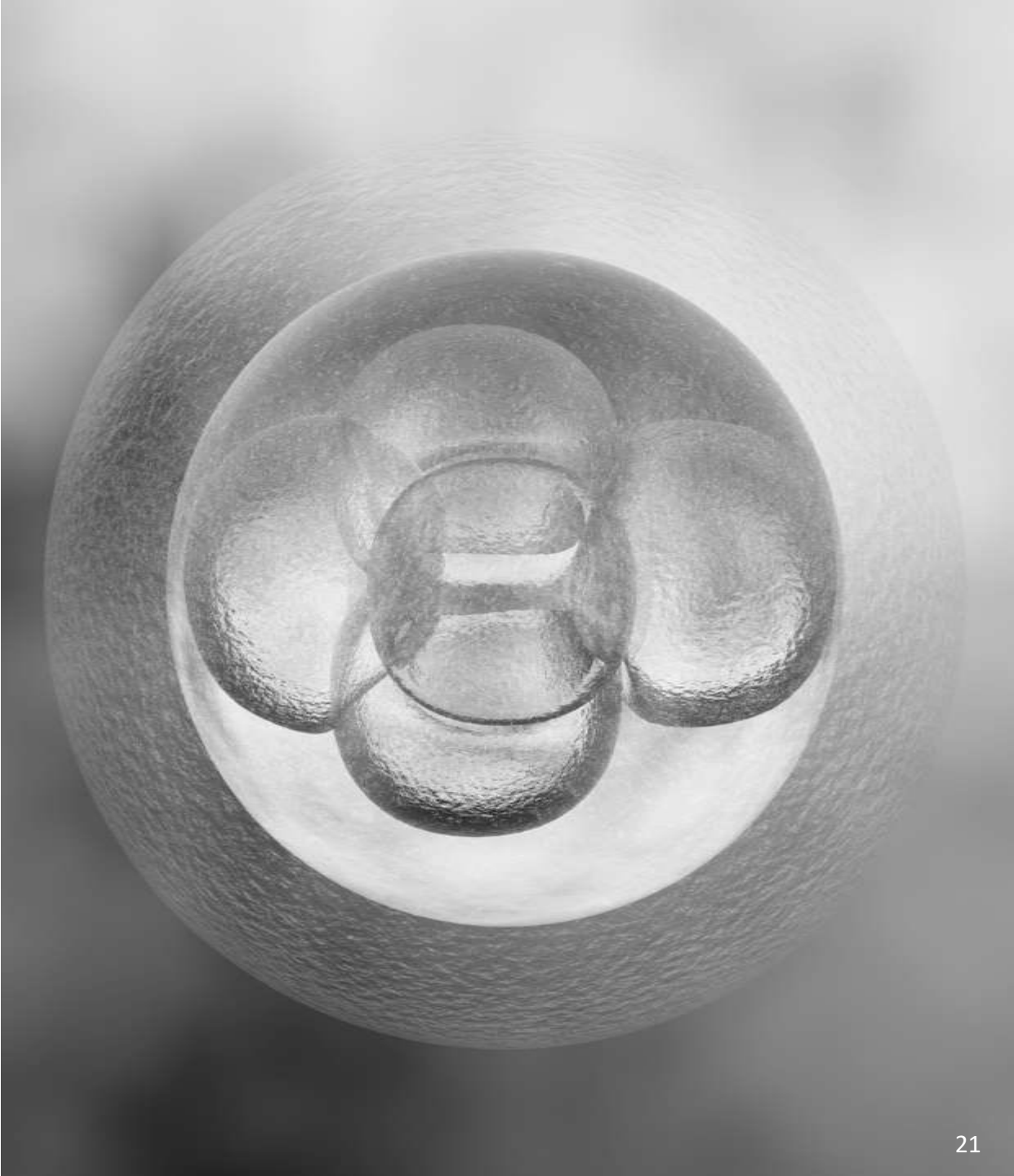
### 5) Cycle Disruption Policy

If an individual demonstrates symptoms of COVID-19 related illness during a treatment cycle, or if the individual is mid-cycle and tests positive for COVID-19, the cycle will be cancelled or suspended.

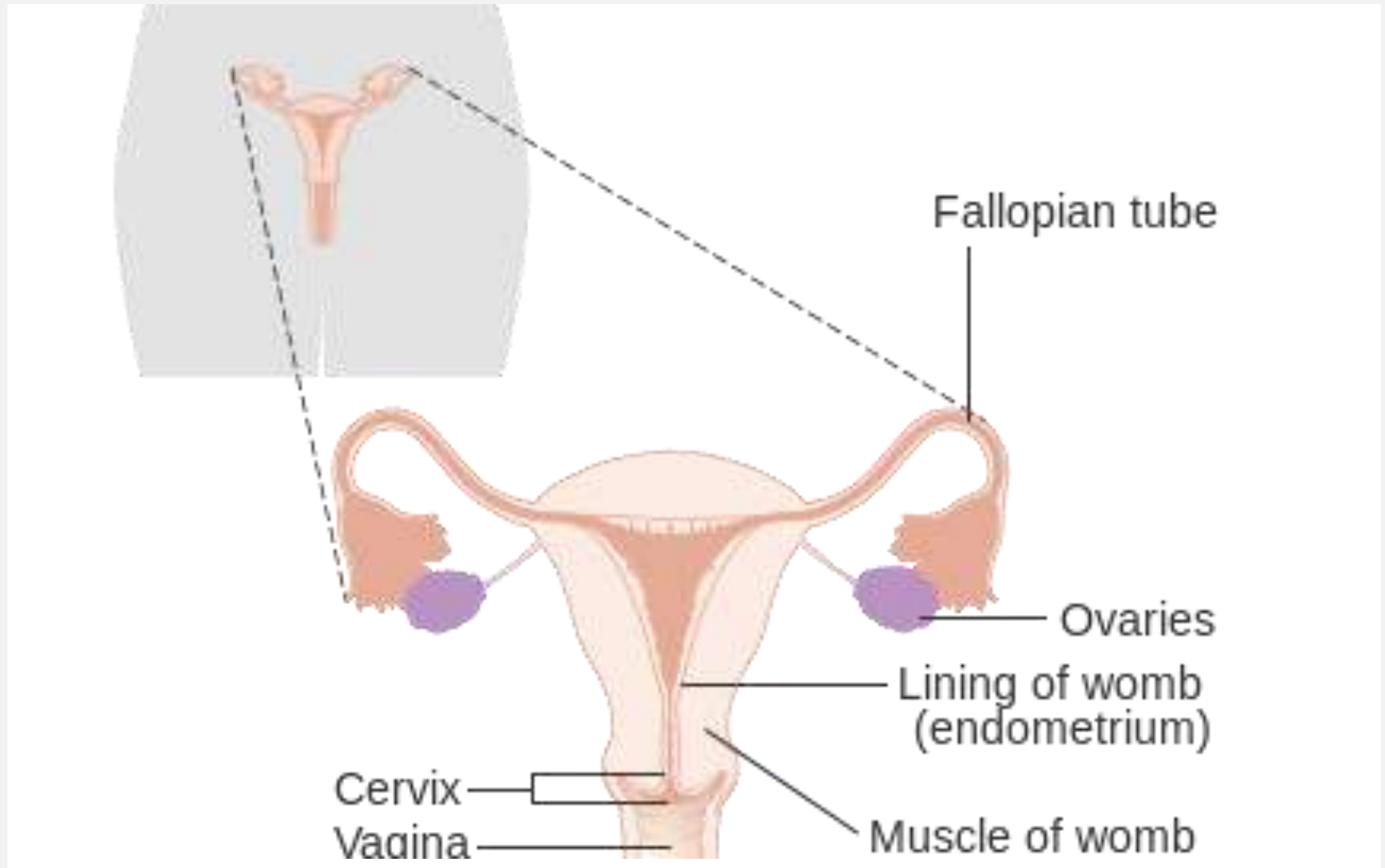
If this cancellation or suspension occurs prior to retrieval, we will issue a credit balance in accordance with services rendered during the cycle. Credit balances will be established on a case-by-case basis. We are not able to extend credit toward products or services provided by third parties (products or services provided by third parties include but not limited to medications, phlebotomy, anesthesia, genetic testing, tissue storage fees, etc).

**Section 2: The Egg  
Retrieval Process**

**Ovulation Induction  
& Oocyte Retrieval.**



# The Female Reproductive System



# Egg Freezing Medications

## Day 2 Start

The decision to start medication is based on Day 2-Day 3 blood tests and ultrasound results, as well as approval from the 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)

**Antibiotics**  
(for Male Partner if Appropriate)

**GnRH Antagonists**

**GnRH Agonist**

**Ovulation Trigger Shot**



## Medication Pricing

Scan here to access discounted medication pricing available for NYULFC patients at **Aphorp**, **Metro Drugs**, and **Schrafts** specialty pharmacies:



Please review the specialty pharmacy sheet, located in your NYULFC patient information packet.

Please be sure to review your medications and store them appropriately.

## 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 walking. 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.



## GnRH Antagonists

### Purpose:

GnRH Antagonists are used to suppress the release of luteinizing 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.

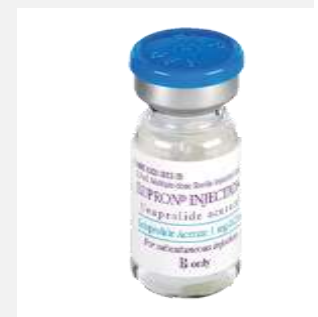
## GnRH Agonist

### 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

### Purpose:

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

**Types:** Ovidrel® (Human Chorionic Gonadotropin – hCG)

**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!**)



### 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.

## Alternate Ovulation Trigger

### Purpose:

Your trigger medication will be decided 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® plus hCG/Ovidrel® instead of hCG/Ovidrel® as the trigger to cause the final maturation of the eggs.

### Administration:

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



**If you do not have insurance coverage for medications (“self-pay”), we recommend waiting to buy the trigger injection until it is clear which type will be needed.**

# Medication Teaching Videos

Brand Names	Medication Type	Purpose	Training Video
<b>Gonal-F</b> or <b>Follistim</b>	Gonadotropin (FSH)	Ovarian Stimulation	Gonal-F: <a href="https://www.youtube.com/watch?v=K_MvNC3y1t0">https://www.youtube.com/watch?v=K_MvNC3y1t0</a> Follistim: <a href="https://www.youtube.com/watch?v=0iz5zu13Gnk">https://www.youtube.com/watch?v=0iz5zu13Gnk</a>
<b>Menopur</b>	Gonadotropin (HMG)	Ovarian Stimulation	Menopur: <a href="https://www.youtube.com/watch?v=HBrRpb436A0">https://www.youtube.com/watch?v=HBrRpb436A0</a>
<b>Cetrotide</b> or <b>Ganirelix Acetate</b>	GnRH Antagonist	Prevent Premature Ovulation	Cetrotide: <a href="https://www.youtube.com/watch?v=UZIMyra_WNc">https://www.youtube.com/watch?v=UZIMyra_WNc</a> Ganirelix: <a href="https://www.youtube.com/watch?v=m1pDSK-1pHM">https://www.youtube.com/watch?v=m1pDSK-1pHM</a>
<b>Ovidrel</b> or <b>Pregnyl</b> or <b>Lupron</b>	Trigger Injections	Mature follicles & release eggs (TIMED CAREFULLY!)	Ovidrel: <a href="https://www.youtube.com/watch?v=mmD_Fi4LcS0">https://www.youtube.com/watch?v=mmD_Fi4LcS0</a> Pregnyl: <a href="https://www.youtube.com/watch?v=RtC49jsxcUc">https://www.youtube.com/watch?v=RtC49jsxcUc</a>

# Oocyte Retrieval

The oocyte retrieval procedure is scheduled

**34-36 hours**

after the ovulation trigger.

You cannot eat or drink within 6 hours of your egg 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.

You will be introduced to the anesthesiologist who 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 typically takes

**1 hour**

but can be longer depending on your body's response to anesthesia.

During this time, 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.**



No escort?  
No retrieval.  
No kidding.

This is a safety measure mandated by NYU Medical Center.



Oocyte Retrieval:  
**Complete!**

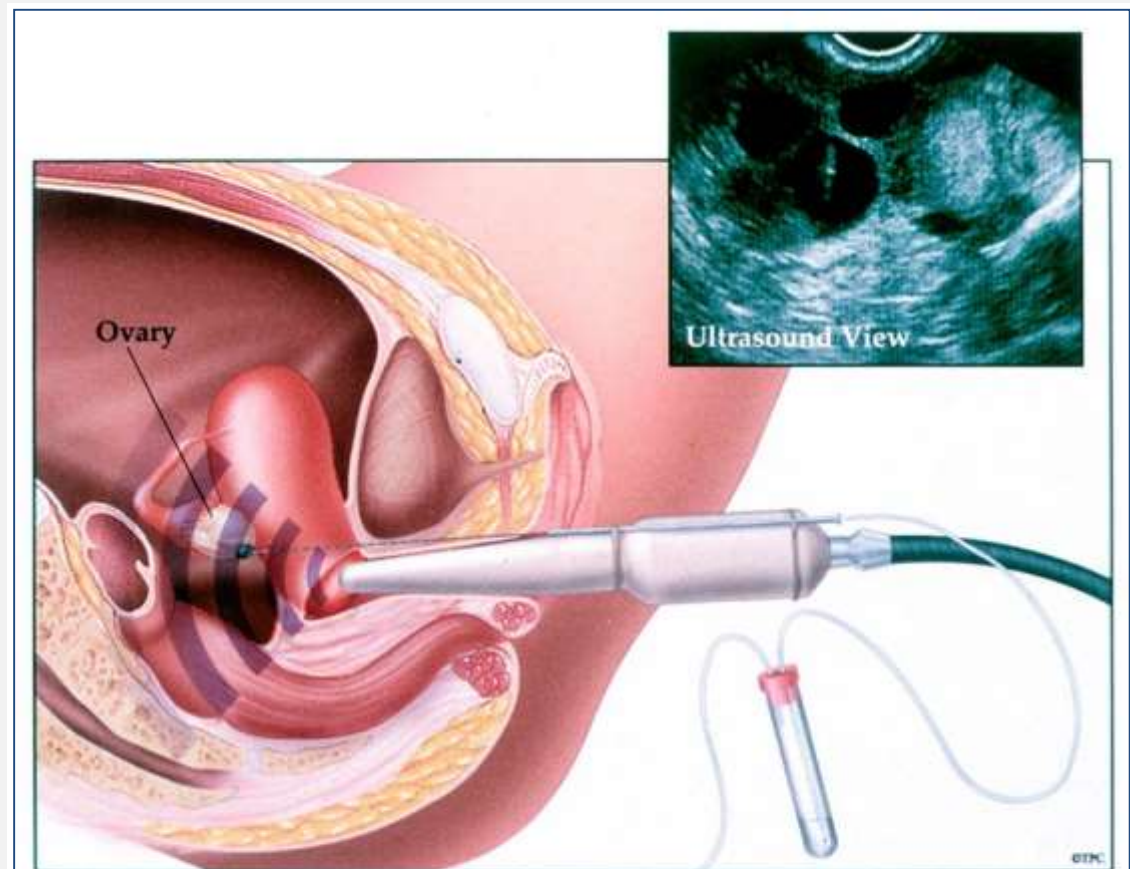
Plan to rest at home for the full day of your egg retrieval.



# Oocyte Retrieval: Reminders

- Retrievals begin around 9:30AM ET each day. Retrievals are scheduled approximately every 30 minutes until all are completed.
- Your retrieval will occur 34-36 hours after your trigger injection. 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 cannot eat or drink within 6 hours of your egg retrieval. 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 or make-up to your egg retrieval procedure.
- When you arrive at 660 First Avenue, you will check in on the 5<sup>th</sup> floor in our main reception area. You will then be directed to the 6<sup>th</sup> floor where our procedure room is located. 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 can be longer. 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. This is a safety measure mandated by NYU Langone Medical Center and AAAASF. **No Escort. No Retrieval.**
- Plan to rest at home on the day of the egg retrieval. Congratulations on making a plan to achieve your future family-building goals! The day after your retrieval, we will call you to share the final number of mature eggs cryopreserved, and will review the cryostorage plan for your eggs. During your next conversation with your physician, you will discuss the outcome of this retrieval and review your care plan.

# Oocyte Retrieval

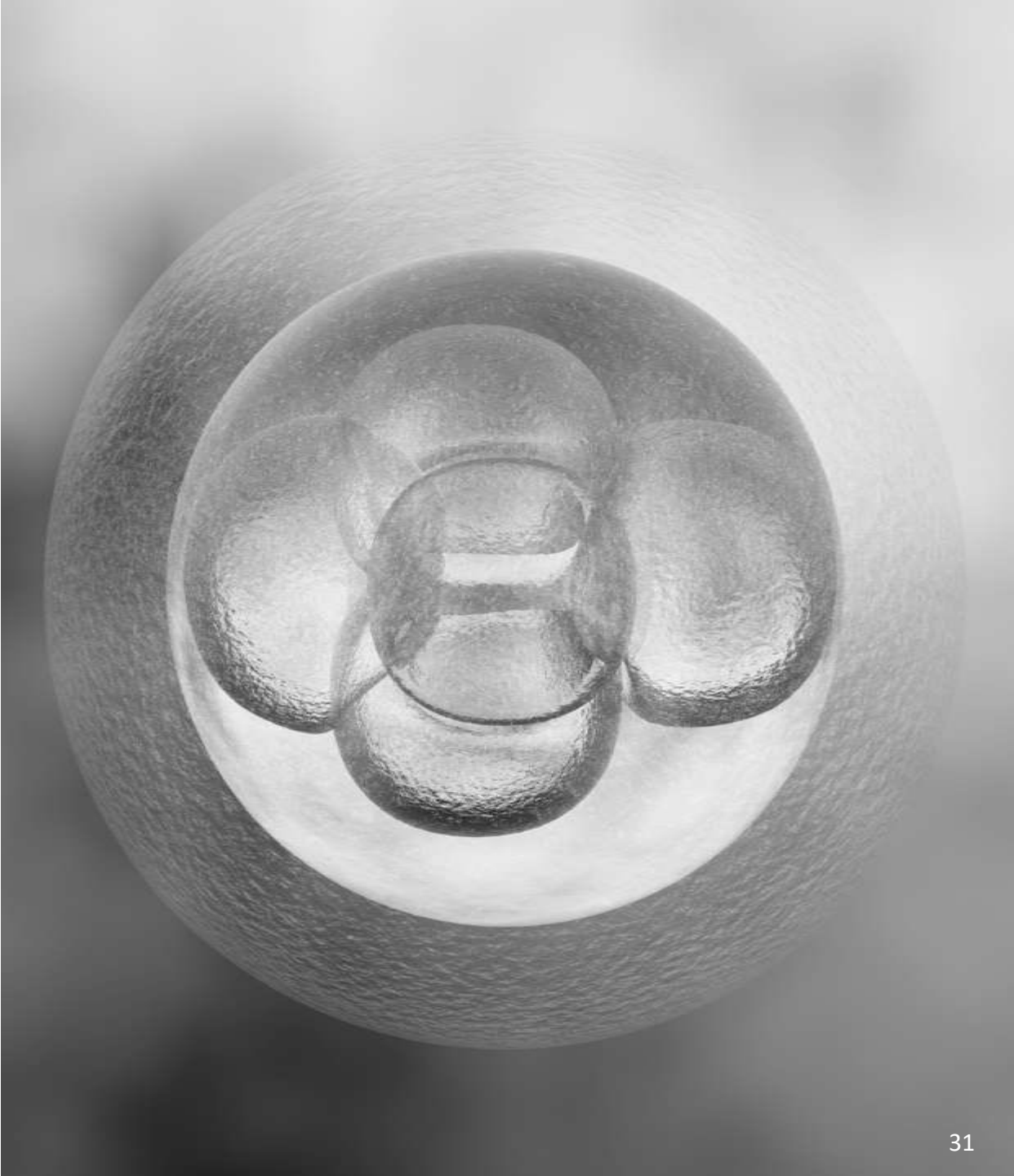


Using ultrasound to view the ovary, the physician inserts the needle through the wall of the vagina into the ovary and removes the egg

Illustration Courtesy of Organon

**Section 3: Cryopreservation**

**Oocyte  
Cryopreservation  
("Egg Freezing")**



# 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, Embryo Options.

Patients may log in to the Embryo Options 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 Embryo Options.



# After Your Egg 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!



Egg with surrounding cells immediately after retrieval



Mature egg with surrounding cells removed



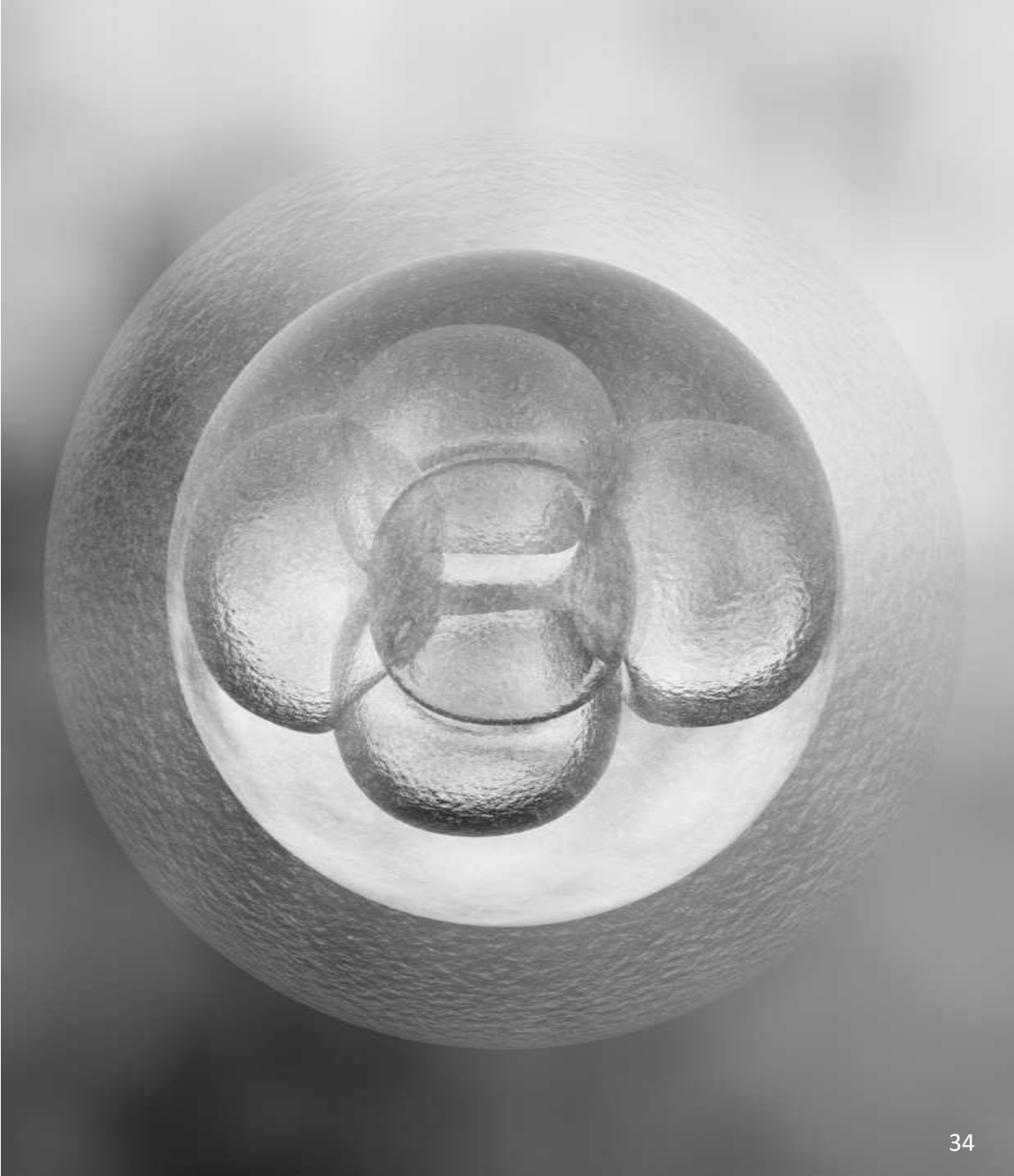
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Learn more at: [nyulangone.embryooptions.com/About.aspx](https://nyulangone.embryooptions.com/About.aspx) 33

**Section 4: Wellness**

**Wellness & Support  
for NYULFC Patients**



# Mind & Body Support

## Acupuncture Services



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

Acupuncture is offered onsite at NYULFC 4 days per week.\*

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.

(\*This service is temporarily suspended due to COVID-19.)

## Mind-Body Support Group



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

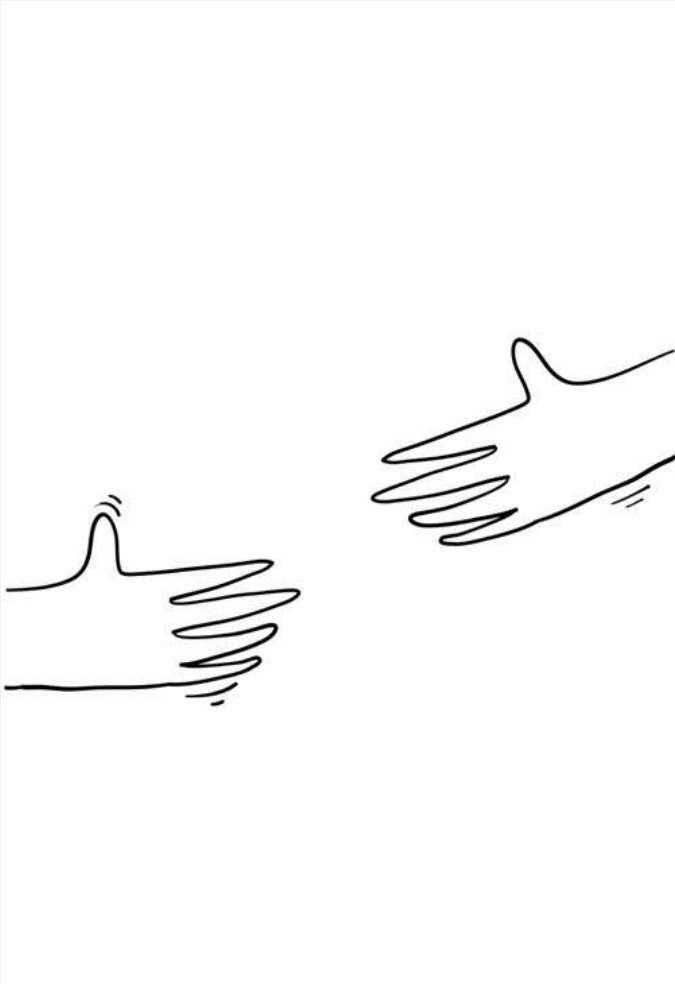


Nutrition for Fertility is provided by dietitians at Rooted Wellness.

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@rootedwellness.com](mailto:sarah@rootedwellness.com) (Sarah Rueven) or [claire@rootedwellness.com](mailto:claire@rootedwellness.com) (Claire Virga).

## Psychological Support Services



NYULFC patients have access to onsite and 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, please call 212-263-0054 for information or to book your appointment.

## 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](http://ASRM.org)
- [Resolve.org](http://Resolve.org)
- [SART.org](http://SART.org)
- [cdc.gov/art](http://cdc.gov/art)

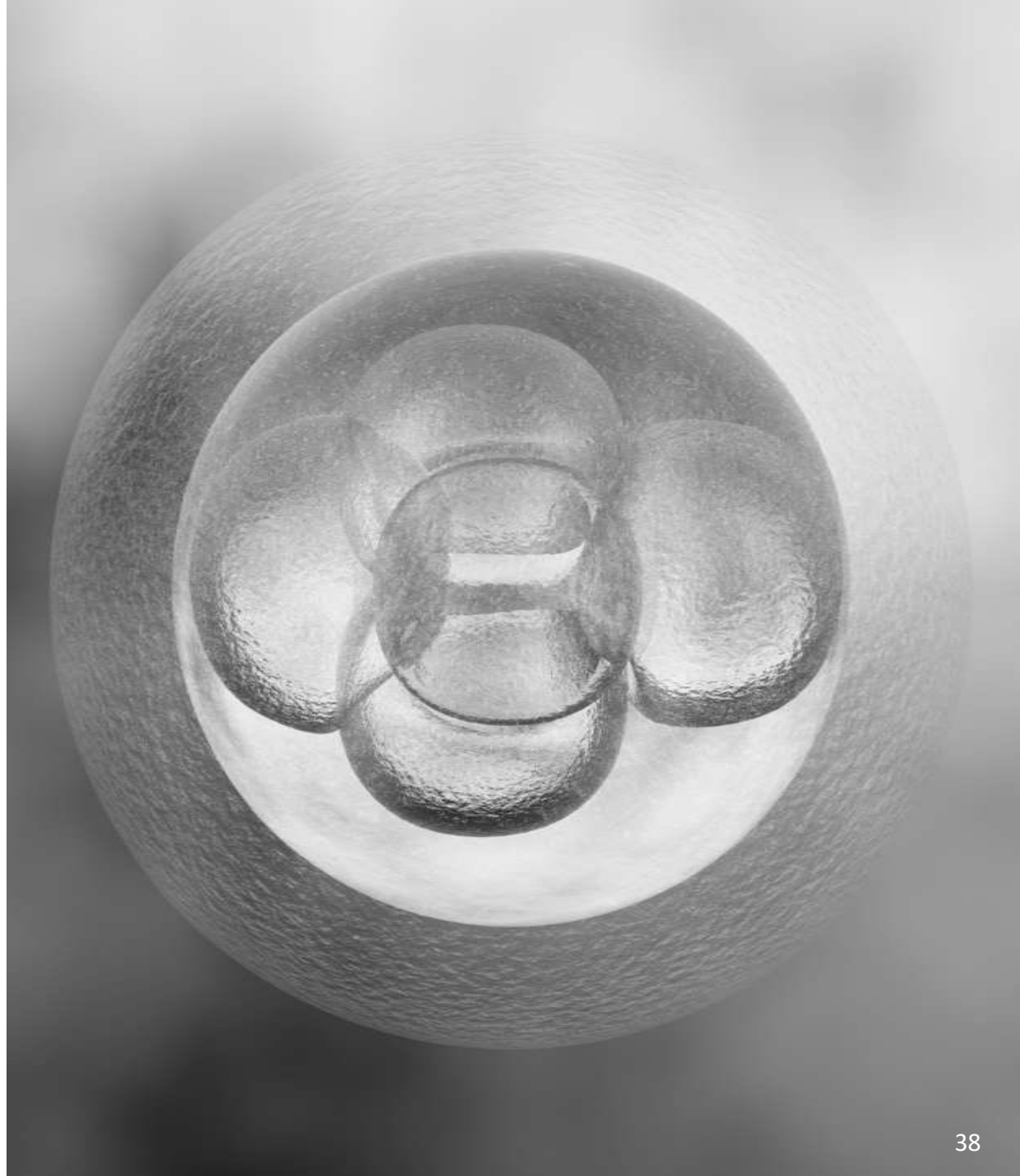
Visit our website at [www.FertilityNY.com](http://www.FertilityNY.com) for more information, including a **Patient Resources section** with patient forms, orientation slides, and Injection Training videos.

## Issues to Consider Before Beginning an Egg Freezing Cycle: Potential Health Risks & Side Effects of Egg Freezing

- Severe ovarian hyperstimulation (OHSS) which can result in hospitalization.
  - Depending on a woman'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.

**Section 5: Research**

**Research Studies &  
Participation Options**





## 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 the senior clinical research coordinator at

[Fang.Wang@nyulangone.org](mailto:Fang.Wang@nyulangone.org)

# Questions?



E: [Haley.Penny@nyulangone.org](mailto:Haley.Penny@nyulangone.org)



T: 212-263-8990



F: 212-263-7853

