

# DONOR PREPARATION FOR IVF CYCLE WITH DONOR EGGS

*Checklist items may be done in any order but each requires an appointment.*

**My Donor Number is** \_\_\_\_\_

\_\_\_\_\_ Day 3 Labs  
*appointment date*

\_\_\_\_\_ IVF Profile Labs  
*appointment date*

\_\_\_\_\_ Injection Demonstration  
*appointment date*

\_\_\_\_\_ Baseline Scan and Labs  
*appointment date*

**Congratulations!** You've been chosen to participate as an egg donor to help make the dream of parenthood come true for a couple who has struggled with infertility. Before being added to our donor pool, you met our Licensed Clinical Therapist Ann Ramey to explore the process and procedures involved with egg donation. You took a personality test, resolved your questions and concerns, and signed the consents required for participation in the Fertility Center's program. Now, you'll begin the steps to prepare to give the gift of your eggs.

### PRE-CYCLE TESTS

All tests listed require an appointment and must be current within one year. You can combine tests in the same appointment. Our Receptionist Kami Collins or another front desk associate will assist you with scheduling. Remember, any time you come into the office for a visit, you can bypass the main waiting area in the lobby and go directly to the lab office to wait. This will help protect your identity from other patients.

### Day 3 Labs

Please call our office the day your period starts and tell the receptionist that you need to schedule your Day 3 Labs. This blood work measures three levels – estradiol (E2), luteinizing hormone (LH) and follicle-stimulating hormone (FSH) – which are helpful in determining how responsive your ovaries may be to stimulation medications. If your period starts on Friday, someone will meet you at the office over the weekend to draw your labs. If your period starts on Saturday or Sunday, just phone the office Monday morning for an appointment. These tests are done at your doctor's discretion, and occasionally patients are exempt.

### IVF Profile Labs

This blood work is required in order for your participation in our program as well as all other IVF programs across the country. You will be screened for HIV, Hepatitis B and C, RPR (Syphilis), Chlamydia, Gonorrhea, Blood Type & Rh as well as Rubella, Cystic Fibrosis and CMV Titer.

### PREGNANCY PREVENTION

About one week before your egg retrieval and for about a week afterwards, it will be important for you to either abstain from sex or use advanced protection (such as condoms and foam or a diaphragm). We may miss some of the eggs when we do your retrieval (even though we will try to extract all) so you could get pregnant, possibly with multiples. It's also important to allow the needle sites on the inside wall of the vagina to heal following the retrieval procedure before resuming sexual activity.

## INJECTION DEMONSTRATION

Because several of the medications that we use for donors must be injected, you will need to schedule an appointment with a member of the Fertility Center's IVF Team for injection training. Two different kinds of injections are used during an IVF cycle. A tiny, subcutaneous injection given just under the skin (much like insulin for diabetics) is used for Follistim, Ganirelix and Diluted hCG. An intramuscular injection is given in the upper outer buttock muscle with a longer needle to reach the muscle and is necessary for certain "trigger" shots, such as Lupron. Neither injection is difficult, but some instruction may be necessary to feel comfortable giving (or getting) these injections at home. Refer to the end of this book for step-by-step instructions for each injection.

## MASSAGE THERAPY

You are encouraged to enjoy a full-body massage at our clinic to help increase blood circulation and relaxation. Call our office to make an appointment for a free massage just before you start your stimulation medication.

## VOICEMAIL MESSAGES

Your dose of Follistim may be adjusted as your cycle progresses, so you will need to check our office voicemail system after 6 p.m. on the day of each office visit, even if you just stop in to have blood drawn. Messages will include your lab results along with instructions about what to do next.

**REMINDER:** To access the Fertility Center's voicemail system from any phone at any time, just dial 423-899-0500, press 4, press 1 and enter your seven-digit home telephone number (without area code). Listen to the message and hang up.

## TYLENOL

You can use regular or extra-strength Tylenol in recommended doses during your stimulation cycle and retrieval to relieve any minor discomfort resulting from injections or procedures.

## PRESCRIPTION

Some of the medications you will be taking include:

Zithromax, Follistim, Ganirelix, Diluted hCG, Lupron

If you don't already have your medications for this cycle, call our office to see if we have them ready for you to pick up. Your prescription bag also will include needles and syringes for mixing and administration.

## MEDICATION PROTOCOL

The Ganirelix Protocol is used for the majority of our egg donors. The variation within this protocol is the amount of Follistim you will be taking. Any increases or decreases in medication that your doctor recommends will be communicated to you through voicemails, so be sure to check for messages.

Sample packets of birth control pills are available through our office. You will start taking birth control pills on day 3 of your menstrual cycle. You will continue the pills for at least nine days or up to several weeks. Because the level of estrogen in the pills is low, you can expect some breakthrough bleeding or spotting, which is normal while you are on the pills or when you stop taking the pills and may continue through the first couple days of stimulation. Just after stopping your pills but before starting your stimulation medication, you will need to schedule a **baseline scan and lab** appointment to make sure your ovaries are quiet and your estrogen level is low.

You will be instructed when to stop taking birth control pills and when to take your antibiotic (typically Zithromax). You will start your Follistim injections approximately four days later. Please refer to your Injection Instructions or call a member of the IVF Team if you have questions about mixing or administering your shots. You will take a directed number of units of Follistim in the **morning** and another directed dose of Follistim in the **evening**. You will maintain this dose for 3 days, then schedule another ultrasound scan and lab appointment on the fourth day of medication.

You can go ahead and take your morning dose before coming into the office on day 4 of your cycle. From that point, you will come in to the office for scans and labs **every other day**. During each visit, your follicles will be measured for growth by ultrasound, and your estrogen level will be evaluated.

Ganirelix and Diluted hCG will be added to your daily medication regime based on your estradiol level and the size of your follicles. This normally occurs about mid-point in your stimulation.

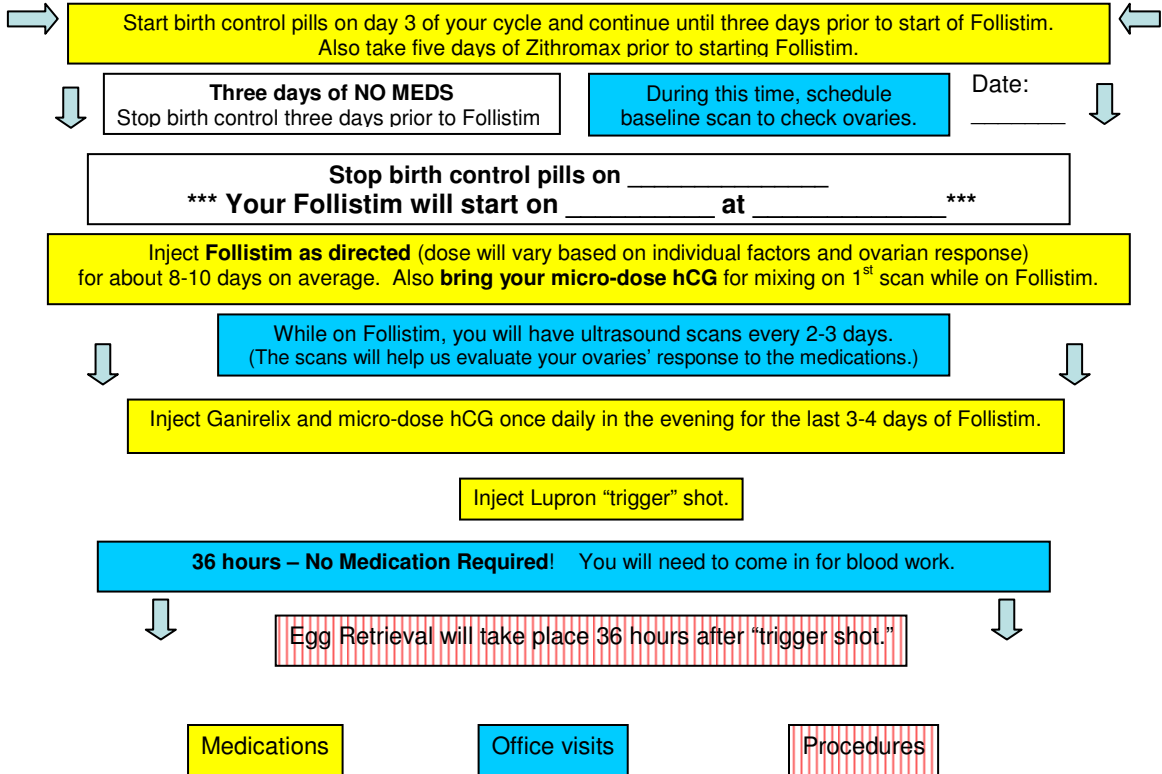
## TRIGGER SHOT

It takes an average of 7 to 10 days for most people to develop mature follicles (about 18 to 20mm) and be ready for their "trigger" injections (typically Lupron). This medication signals the eggs to release from their follicles 36 to 39 hours later.

Because we want to allow for the maturation of the eggs but don't want the eggs to release before being captured, we will plan your egg retrieval within 36 hours after this injection. **It is very important that you take your trigger injection(s) at the exact times instructed.** Please call our office or page the doctor on call after hours if you have any questions.

SAMPLE CALENDAR

**IVF CALENDAR – DONOR # \_\_\_\_\_ PROTOCOL**



## DAY OF EGG RETRIEVAL

The day BETWEEN your "trigger" injection and your egg retrieval, you will take NO INJECTIONS. The night before your egg retrieval, you will not eat or drink ANYTHING after midnight, including chewing gum. Anesthesia will NOT put you to sleep if you have ingested anything. Please remember to return any unused medications to our office at the time of your retrieval.

Plan to arrive at the Fertility Center in Chattanooga **one hour** before your scheduled retrieval. Someone will need to accompany you to the office and drive you home. Enter through the main lobby and register with the receptionist, who will direct you to a waiting area. Once you are called to the recovery area, you will change into a hospital gown (which opens in the back). The only things you are allowed to keep on are your socks. Anesthesia will come in and ask you some questions about your medical history, then start an IV in your arm. You will walk over to the procedure room for the retrieval and will go to sleep once you're settled. Your guest will wait for you in the recovery area.

The transvaginal ultrasound-guided method is used in the egg retrieval process, which only takes about 20 to 30 minutes. Once you are in the procedure room, you will be sedated and asleep while your doctor cleans the vaginal canal with sterile saline, inserts the ultrasound vaginal probe with attached needle guide, locates the ovaries on the ultrasound, and aspirates the ovarian follicles. The fluid aspirated from the follicles is examined under a microscope in the IVF lab, which adjoins the procedure room, and searched for eggs. You will awaken within a few minutes and be moved by stretcher back to the recovery area.

You will be observed for about an hour before being discharged. You will be offered something to drink, your IV will be discontinued and you can prepare to go home. Before you leave, we will tell you how many eggs were retrieved and give you a prescription and written discharge instructions. You may not drive for 24 hours after anesthesia. You will probably nap off and on for the rest of the day. We recommend not eating a full meal until suppertime, but you can snack on soup, crackers, toast, etc. to avoid post-anesthesia vomiting.

Most patients report very little discomfort after the procedure, although some complain of having a "bruised" feeling. Tylenol or Extra-Strength Tylenol is fine to take for pain, and you may be given a prescription for Darvocet if you need something stronger. The retrieval is considered an invasive procedure with a risk of infection, internal and/or vaginal bleeding, and possible damage to internal organs. You will be observed for signs of complications after the retrieval, and you will be prescribed antibiotics prior to retrieval to prevent infection.

## POST-OP

Following your retrieval, you'll be given an appointment time to return to our office for your post-operation exam. During that visit, you'll also receive your payment check.

# FOLLISTIM INJECTION INSTRUCTIONS

*Store cartridges in refrigerator. Start when calendar or IVF team instructs.  
Use Follistim pen as syringe. Each cartridge holds 600 units.  
Refer to calendar or doctor's orders for dosage amount and frequency.  
Vary injection sites to minimize tenderness.*

## **Injection Instructions – Subcutaneous**

1. Assemble supplies:
  - alcohol swabs/cotton balls
  - Follistim cartridge(s) from refrigerator
  - Follistim pen and needles
  - disposal container
  - band-aid (optional)
2. Take Follistim cartridge(s) out of refrigerator to warm to room temperature for at least 15 minutes before proceeding.
3. Wash your hands.
4. Remove cartridge of Follistim from box and insert it cap down into Follistim pen. Screw pen closed while making sure blue arrow and yellow dot line up.
5. Peel the paper cover off one of the pen's needles and twist it onto pen while pushing firmly. Remove external cover and save it for removing needle later.
6. Dial appropriate dose on top of pen.
7. Remove needle cap and save it.
8. Select an area near your belly button (about two inches away) and swab with alcohol. Let it dry.
9. Pinch up the skin and quickly insert the needle with a dart-like motion into the cleaned area. Push down on the top of pen to inject the Follistim, then remove the needle from the skin.
10. Apply pressure to the site(s) with a clean, dry cotton ball for a minute or two. Cover with a band-aid, if needed.
11. Recap needle and put on external cover, then twist (counterclockwise) and pull needle off. Dispose of needle in container.
12. You may leave the pen with a partially used cartridge inside it on the counter at room temperature until time for your next injection.
13. If first cartridge did not contain a complete dose of medication, repeat steps 4, 5, 7-11 with a second cartridge. Use a new needle as well as a new injection site. Each pen will let you dial an entire dose but then will only inject the amount available in the pen. Once a new cartridge is loaded, you don't need to dial again – just administer the second injection.

## GANIRELIX INJECTION INSTRUCTIONS

*Store at room temperature. Start when calendar indicates or IVF team instructs.  
Use prefilled syringes. Refer to calendar or doctor's orders for dosage amount.*

*Give one injection a day within 24 hours of previous dose.*

*Vary injection sites to minimize tenderness. One syringe equals 250mcg.*

### **Injection Instructions – Subcutaneous**

1. Assemble supplies:
  - alcohol swabs/cotton balls
  - Ganirelix syringe
  - disposal container
  - band-aid (optional)
2. Wash your hands.
3. Remove cap from needle and save. To eliminate air bubbles, tap on side of the syringe with the needle pointed upward. Push the air out before injecting.
4. Select an area near your belly button (about two inches away) and swab with alcohol. Let it dry.
5. Pinch up the skin and insert the needle with a dart-like motion into the cleaned area. Inject the Ganirelix and remove the needle from the skin.
6. Apply pressure to the site with a clean, dry cotton ball for a minute or two. Cover with a band-aid, if needed.
7. Cap needle and dispose with syringe in container.

## DILUTED hCG

*Store in refrigerator. Start when calendar indicates or IVF team instructs, typically on the same day Ganirelix injections begin. Use prefilled syringes. One syringe holds a small 0.1 ml dose and looks nearly empty.*

### **Injection Instructions – Subcutaneous**

**1. Assemble supplies:**

- alcohol swabs/cotton balls
- Diluted hCG syringe from refrigerator
- 27GA ½-inch needle (gray hub)
- disposal container
- band-aid (optional)

2. Take Diluted hCG syringe out of refrigerator to warm to room temperature for at least 15 minutes before proceeding.
3. Wash your hands.
4. Twist needle onto syringe
5. Remove cap from needle and save. To eliminate air bubbles, tap on side of the syringe with the needle pointed upward. Push the air out before injecting.
6. Select an area near your belly button (about two inches away) and swab with alcohol. Let it dry.
7. Pinch up the skin and insert the needle with a dart-like motion into the cleaned area. Inject the Diluted hCG and remove the needle from the skin.
8. Apply pressure to the site with a clean, dry cotton ball for a minute or two. Cover with a band-aid, if needed.
9. Cap needle and dispose with syringe in container.

## LUPRON “TRIGGER” INJECTION INSTRUCTIONS

*Store in refrigerator. Use prefilled syringes. Each contains 40 units.  
Take first injection when IVF team instructs and second 12 hours later.  
Take each injection within 10 minutes of instructed time – do NOT deviate.  
These are “trigger” shots so prepare for your egg retrieval 36 hours after first injection.*

### **Injection Instructions – Subcutaneous**

1. Assemble supplies:
  - alcohol swabs/cotton balls
  - Lupron (Leuprolide Acetate) syringe from refrigerator
  - 27 or 28GA ½-inch needle with orange cap
  - disposal container
  - band-aid (optional)
2. Take Lupron out of refrigerator to warm to room temperature for at least 15 minutes before proceeding.
3. Wash your hands.
4. Remove orange cap from needle and save. To eliminate air bubbles, tap on side of the syringe with the needle pointed upward. Push the air out before injecting.
5. Select an area near your belly button (about two inches away) and swab with alcohol. Let it dry.
6. Pinch up the skin and insert the needle with a dart-like motion into the cleaned area. Inject the Lupron and remove the needle from the skin.
7. Apply pressure to the site with a clean, dry cotton ball for a minute or two. Cover with a band-aid, if needed.
8. Cap needle and dispose with syringe in container.
9. Wait 12 hours and repeat the above steps.

BOOK FIVE  
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