Texas Fertility Center

Donor Cycle Management

Combining experience, technology—*and a few little miracles*—to create families

What is Involved in the Donation Process?

By choosing to become an egg donor, you are giving a special and wonderful gift … the opportunity for a couple to realize their dream of having a family. In most instances, couples who choose to use donor eggs have been through a long and painful journey of infertility. When couples finally make the decision to use donor eggs, they are able to experience joy as they go through the process of choosing their ideal donor knowing they may be able to at last achieve their dream. The couple who has chosen you as their **PERFECT** donor will be forever grateful for the gift you have given.

The specific steps of the procedure include:

Preparation of the Ovaries for Stimulation

Most stimulation protocols involve suppression of ovarian function for one cycle, followed by vigorous stimulation in the next cycle. Our protocols are designed to obtain a greater number of mature oocytes than would ordinarily develop in a natural cycle. As a result, we ask our patients to take oral contraceptives (birth control pills) for one cycle in order to allow a large group of developing oocytes to become synchronized. The purpose of oocyte synchronization is to increase the chance that multiple oocytes will develop at the same rate, resulting in a large number of mature eggs. The pills also reduce the likelihood that a patient will have an ovarian cyst when she is ready to begin stimulation. This is important, as the presence of a cyst could possibly delay the stimulation start.

LH Suppression

As an oocyte matures in a natural cycle, it produces increasing amounts of estrogen. Once this estrogen level reaches a peak, it stimulates the production of a hormonal surge from the pituitary gland called the LH (luteinizing hormone) surge. This surge causes ovulation to occur. In the IVF procedure, we do not want ovulation to occur – rather we want to be able to retrieve the maturing oocytes directly from the ovaries prior to ovulation. We must therefore prevent patients from having an LH surge. Although there are several ways in which we can prevent a spontaneous LH surge, we typically use a medication called leuprolide acetate (Lupron®).

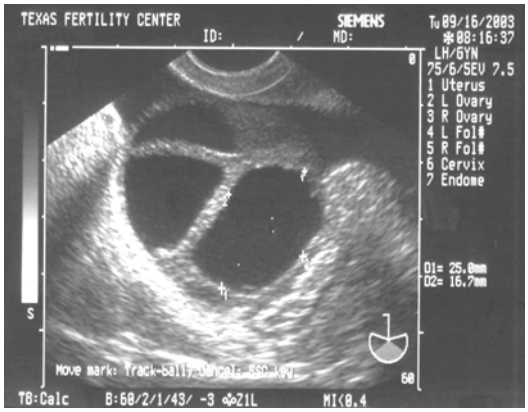
Lupron administration is usually initiated during the final week of oral contraceptives and continued until 2 days prior to the egg retrieval. A second, newer approach involves the use of a different class of medications called GnRH antagonists (Antagon® or Cetrotide®). These medications are typically administered during the stimulation itself; usually starting once the leading follicle reaches 12-15 mm. They work essentially the same way as Lupron, i.e. by blocking the spontaneous LH surge, and they are also continued until 2 days prior to the egg retrieval.

Follicle Stimulation

Once ovarian suppression has been achieved, patients are given subcutaneous injections of Follicle Stimulating Hormone (FSH) to stimulate the growth of multiple ovarian follicles. A follicle is a fluid filled sac within the ovary, and each follicle should contain one maturing egg. Most women require anywhere from 7-13 days of stimulation in order to achieve optimal egg maturation.

Stimulation Monitoring

As the follicular stimulation process is crucial to the success of an IVF cycle, it is very important that we monitor all of our patients very closely. This is accomplished in two different ways. First, we perform transvaginal ultrasound examinations to measure the size of the growing follicles. We also obtain blood samples to measure the estrogen production from the follicles. This process allows us to continuously adjust the dose of follicle stimulating hormone, if necessary, in order to optimize each individual's stimulation.



Follicular monitoring usually begins on the 4th or 5th day of FSH stimulation, and is repeated every two or three days. Once the largest developing follicles reach a mature size, typically 19-21 mm medication hCG (i.e. Ovidrel®) is administered to complete the maturation process and prepare the eggs for retrieval.

Egg Retrieval Surgery (Follicle Aspiration)

The removal of the mature eggs from the follicles is accomplished during an outpatient procedure at the St. David's Fertility Surgery Center. This procedure is scheduled approximately 36 hours after the hCG injection (i.e. Ovidrel®), so it is critically important that the hCG injection (i.e. Ovidrel®) be taken at exactly the prescribed time. The egg retrieval is almost always accomplished by **vaginal needle aspiration under ultrasound guidance.** This procedure does not require either an incision or general anesthesia but, as it is somewhat uncomfortable, an anesthesiologist will be present to administer intravenous sedation and medications to minimize any discomfort.

Pre-Retrieval Instructions

- **DO NOT** smoke cigarettes at all and avoid all second-hand smoke. Smoking decreases estrogen production and may reduce fertility by as much as 30%.

- **DO NOT** use aspirin or antiprostaglandins (Motrin, Ponstel, Aleve or Ibuprofen) for pain after your fourth day of FSH stimulation. You may continue to use Tylenol as needed during your FSH stimulation. Please have all other prescription medications approved by your physician before beginning stimulation.

- Continue to take a multiple or prenatal vitamin (with at least 800 micrograms of folic acid). If these cause you intestinal problems or constipation, you may want to try a supplement without the iron. If you are still having a problem, consult your physician at your next appointment.

- Continue to take the folic acid that has been ordered.

- **STOP** your caffeine intake. This includes caffeinated coffee, tea, sodas, energy drinks, some over-the-counter medications (i.e. Midol, Excedrin) and chocolate, among other items.

- Check with your ***prescribing*** physician about using prescription antihistamines or decongestants. Usually you will be allowed to treat your allergies aggressively before retrieval. Use over-the-counter antihistamines as necessary to stay free of sinusitis and/or bronchial infections before your egg retrieval.

- Be aggressive about fighting colds, flu, or diagnosing and treating any new illness that appears during your stimulation. Seek medical advice from your primary care physician and notify the donor staff if you experience symptoms of an illness.

- Weigh yourself close to the time of your egg retrieval and then during the two weeks after transfer. Report any rapid weight gain (4 lbs. or more a day, or 10 lbs. in two weeks) to the donor staff or physician.

Donor Medications

- **Doxycycline**—antibiotic taken to eliminate any bacteria from the genitourinary tract. This medication is to be started when Lupron injections begin. **Take one pill twice a day for seven days.**
  Possible side effects—
  - Nausea caused from esophageal or gastric irritation. Take with food (avoid milk 1-2 hours before and after taking the medication).
  - Skin sensitivity to the sun. Wear sunscreen and avoid prolonged exposure to the sun.
  - Increased risk of yeast infections. Treat with over-the-counter Monistat for 7 days or prophylactically eat live culture yogurt or take acidophilus.

OR

- **Z-Pack (azithromycin)**—antibiotic taken to eliminate any bacteria from the genitourinary tract. This medication is to be started when Lupron injections begin. **Take two pills the first day, then one pill for the next 4 days.**
  Possible side effects—
  - Mild nausea, vomiting, diarrhea, constipation or stomach pain
  - Dizziness, tired feeling or headache
  - Nervous feeling, sleep problems (insomnia)
  - Vaginal itching or discharge
  - Mild itching or skin rash
  - Ringing in your ears, problems with hearing
  - Decreased sense of taste or smell
  - Skin sensitivity to the sun. Wear sunscreen and avoid prolonged exposure to the sun.

- **Lupron**—subcutaneous (under the skin) injection to prevent ovulation. Medication needs to be refrigerated.

- **Ovidrel**—subcutaneous (under the skin) "trigger shot" given when follicles reach their mature size. It helps the egg in the follicle reach its final maturity.

- **Hydrocodone**—a narcotic to be used for pain after the retrieval.

Other Possible Medications

- **Repronex/Menopur**—a subcutaneous (under the skin) injection used in conjunction with Gonal-F or Follistim

- **Antagon/Cetrotide**—used to prevent ovulation when Lupron cannot be used.

PLEASE LET US KNOW IF YOU ARE ALLERGIC TO ANY MEDICATIONS!!!

Donor Sample Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
EXAMPLE		1 Period Start	2	3	4	5 Start Birth Control Pills
6 BCP	7 BCP	8 BCP	9 BCP	10 BCP	11 BCP	12 BCP
13 BCP	14 BCP	15 BCP	16 BCP	17 BCP	18 BCP	19 BCP
20 BCP	21 BCP	22 BCP Pre-Lupron Sonogram	23 BCP Start Lupron 10 units in a.m.	24 BCP Lupron 10 units in a.m.	25 BCP Lupron 10 units in a.m.	26 BCP Lupron 10 units in a.m.
27 Last BCP Lupron 10 units in a.m.	28 Lupron 10 units in a.m.	29 Lupron 10 units in a.m.	30 Lupron 10 units in a.m.	31 Lupron 10 units in a.m. Period may start	Please remember to take your Lupron at the same time every morning.	Please remember calendar dates are tentative and are subject to change with little notice

Donor Sample Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
PART 2		EXAMPLE			1 Lupron 10 units in a.m. Baseline sono Start Gonal-F/ Follistim as dir.	2 Lupron Decrease to 5 units in a.m. GF/Follistim as directed
3 Lupron 5 units in a.m. GF/Follistim as directed	4 Lupron 5 units in a.m. *Lab and sono GF/Follistim as directed	5 Lupron 5 units in a.m. GF/Follistim as directed	6 Lupron 5 units in a.m. GF/Follistim as directed	7 Lupron 5 units in a.m. *Lab and sono GF/Follistim as directed	8 Lupron 5 units in a.m. GF/Follistim as directed	9 Lupron 5 units in a.m. *Lab and sono GF/Follistim as directed
10 Lupron 5 units in a.m. *Lab and sono Possible Ovidrel	11	12 Possible Egg Retrieval	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	Please remember to take your Lupron at the same time every morning.	Please remember calendar dates are tentative and are subject to change with little notice

Texas Fertility Center

IVF Stimulation Record

Physician: TV KS LH NB

Patient Name
DOB (H)
SSN (C)
(W)

Spouse/Partner Name
DOB (C)
SSN

Sono-guided ET: (Y / N) PGD: (Y / N) Wt:_____

ICSI: ❑ Definite ❑ Possible ❑ 50% / 50% ❑ Not expected

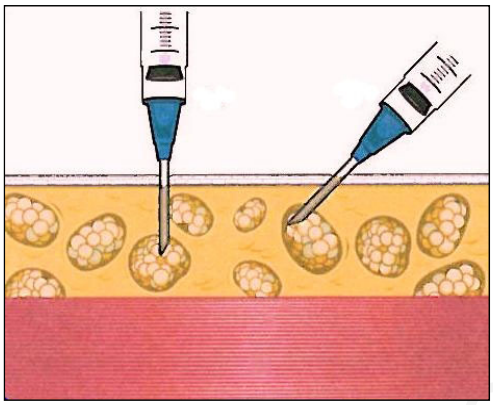
Frozen Sperm (Y / N): ❑ Lab Notified (Y / N)_____(initial/date) ❑ Specimen in Lab (Y / N)_____(initial/date)

Date	Day	CD / Stim Day	AM Meds / PM Meds: GnRH Agonist	AM Meds / PM Meds: FSH	RN or MD sig	Pt Inf	Lab Results: E_2	Lab Results: Ut Lining	Ultrasound: Right	Ultrasound: Left
6/10	**W**	**1** /	**10**							
6/11	**Th**	**2** / **1**	**5**	**150**					**EXAMPLE**	
6/12	**F**	**3** / **2**		**150**						
6/13	**Sa**	**4** / **3**		**225**						
6/14	**Su**	**5** / **4**		**225**			**Lab 100**		**Sonogram 8, 8, 6**	**7, 7, 7, 6, 4**
6/15	**M**	**6** / **5**		**225**						
6/16	**Tu**	**7** / **6**		**225**						
6/17	**W**	**8** / **7**		**225**			**Lab 585**		**Sonogram 14, 14, 14, 14, 13, 12**	**15, 15, 14, 11**
6/18	**Th**	**9** / **8**		**225**						
6/19	**F**	**10** / **9**		**225**						
6/20	**Sa**	**11** / **10**		**OVIDREL**			**Lab 1995**		**Sonogram 20, 20, 20, 20, 19, 18**	**21, 21, 20, 18**
6/21	**Su**									
6/22	**M**								**RETRIEVAL**	

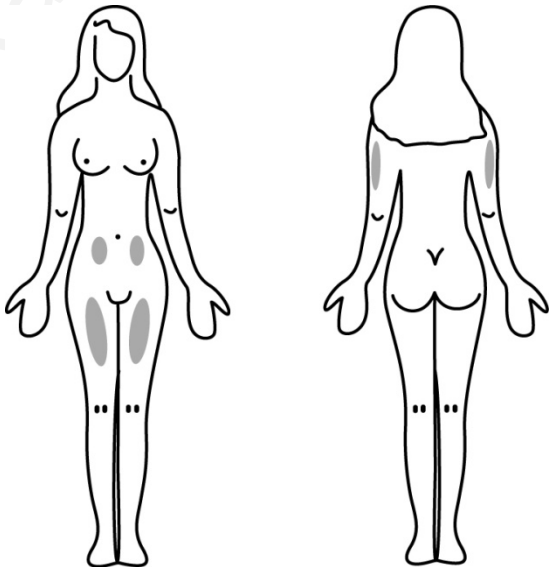
If you have any questions regarding medication after hours, please page the on-call nurse at (512) 235-2385.

Subcutaneous Injections

The subcutaneous injection places the medication beneath the skin into the fatty tissue. This requires a shorter needle than commonly used for intramuscular injections. Generally, Sub-Q needles are between 25 and 30 gauge and approximately ½" in length. Common sites for subcutaneous injection include the abdomen, top part of the thigh or back of the arm.



- Cleanse the selected injection site with an alcohol wipe and allow it to dry.
- While holding the syringe with your dominant hand between your thumb and finger, pinch the skin at the site you have selected.
- With a quick, dart-like motion, insert the entire needle (up to the hub of the syringe) at a 90° angle and depress the plunger slowly and carefully.
- After the injection is complete, quickly pull out the needle. If bleeding occurs, apply pressure to the injection site with a sterile gauze pad. If discomfort occurs after your injection, you may gently massage the injection site to alleviate your discomfort.



Ovidrel Administration Instructions

Get Ready—

1. Make sure you have all the necessary materials assembled in a clean area: Ovidrel® PreFilled Syringe, alcohol swabs, gauze, sharps-disposable container. **PLEASE ALLOW THE PRE-FILLED SYRINGE TO ADJUST TO ROOM TEMPERATURE BEFORE YOU ADMINISTER YOUR INJECTION.**

2. Wash your hands thoroughly.

Prepare your Ovidrel® PreFilled Syringe—

3. With the needle pointing upwards, carefully remove the needle cap from the syringe. Do not touch the needle or allow it to touch any surface. Keep materials sterile.

4. To remove any air bubbles, point the needle up and gently tap on the syringe until all the bubbles rise to the top.

5. Push the plunger carefully until a small drop of liquid begins to appear from the tip of the needle.

Prepare the injection area—

6. Choose an injection site in the lower abdominal area, preferable around the belly button but at least 1 inch away. The injection may also be administered to thigh or the back of the upper arm.

7. Carefully clean the injection site on the stomach with an alcohol swab and allow it to air-dry.

Administer your injection—

8. Holding the syringe with one hand the way you would hold a pencil, pinch the skin on the chosen injection site with the other hand and hold firmly.

9. Insert the entire length of the needle into the skin at an upward angle of about 45 to 90 degrees, as indicated by your doctor or nurse.

10. Release the skin and push the plunger in a slow, steady motion until all the medication is injected. Take as much time as you need to inject all the contents.

11. After injecting all the contents, gently withdraw the needle.

12. Apply pressure to the injection site with a gauze pad. If bleeding does not stop within a few minutes, place a piece of clean gauze over the injection site and cover it with an adhesive bandage.

Discard used materials—

13. Discard the syringe in your sharps-disposal container. Remember that injection materials must be kept sterile and cannot be reused.

IMPORTANT: Ovidrel® should be stored refrigerated (36°-46° F) to allow the product to be used until the expiration date shown on the syringe or carton.

Disposal of Sharps (Needles)

- **Disposal of Needles**—You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering your medications. You should place all needles, syringes, lancets and other sharp objects in a hard-plastic or metal container with a screw-on or tightly secured lid.

Many containers found in the household will do, or you may purchase containers specifically designed for the disposal of sharp medical waste. Before discarding a container, be sure to reinforce the lid with heavy-duty tape. **Do not put sharp objects into any container you plan to recycle or return to a store, and do not use glass or clear plastic containers.** Finally, make sure that you keep all containers with sharp objects out of the reach of children and pets.

- **DO NOT RECYCLE SHARPS CONTAINERS**—The Environmental Protection Agency (EPA) promotes all recycling activities, and encourages you to discard medical waste sharps in sturdy, non-recyclable containers. If a recyclable container is used to dispose of sharp medical waste, make sure that you don't mix the container with other materials to be recycled. Since sharps impair a container's recyclability, a container holding your sharp medical waste properly belongs with the regular household trash. You may even want to label the container, **"NOT FOR RECYCLING".** In addition, make sure your container is made of non-breakable material and has a lid that can be securely closed. These steps go a long way toward protecting others from possible injury. For further information on sharps disposal, you may visit the EPA website at www.epa.gov.

- **Traveling with Needles**—Be prepared. Ask about options for safe needle disposal when you make travel reservations, board an airplane, or check into a hotel or cruise ship. If you aren't sure that needle containers will be available where you're going, be sure to buy a needle container that you can take with you to hold your used needles until you can dispose of them away the right way.

  Before you fly, check the Transportation Security Administration (TSA) website (www.tsa.gov) for up-to-date rules on what to do with your needles when you travel. To make your trip through airport security easier, make sure your medications are labeled with the type of medicine and the manufacturer's name or a pharmacy label, and bring an explanatory letter from your doctor.

  Don't forget, safe needle disposal is important no matter where you are. Never place used needles in the trash in hotel rooms, on airplanes, or in public restrooms, where they could injure the cleaning staff or other people.

- **The Texas Fertility Center is not able to accept used sharps containers.**

Egg Donor—Frequently Asked Questions

- **What are the requirements for egg donation?** TFC requires all anonymous donors to be 20-32 years of age, healthy and a non-smoker. Donors need to have a Body Mass Index (BMI) less than 31.

- **Can I donate if my tubes are tied?** Yes, a previous tubal ligation does not affect egg donation.

- **Is it okay if I'm taking the pill?** Yes, we may ask you to switch to another brand, but stay on your pills until told otherwise. If you are using Depo-Provera or Implanor, you will need to stop and wait 6 months before donating. If you are using an Intrauterine Device (IUD) with hormones, it must be removed before you will be allowed to donate eggs.

- **What is the compensation for egg donation?** Donors are compensated generously for their time and dedication to the cycle. Please contact our Donor Department at (512) 451-0149, Ext. 4002 for further information.

- **How long will it take for me to be matched to intended parents?** There is no set amount of time. Donor selection is up to the intended parents. Therefore, the time from acceptance into the program to donation varies significantly.

- **Will I be responsible for any of the costs?** The intended parent couple will be responsible for all of the costs of the cycle.

- **What does the testing involve?** The infectious disease screening includes blood testing for HIV, Hepatitis B and C, and syphilis, and cervical cultures for gonorrhea and chlamydia. Other tests include a blood type and genetic screening for a chromosome analysis, cystic fibrosis, and fragile X. The results take about 3 weeks to return from the laboratory, and the cycle cannot begin until final results have been received. All donors also need a psychological evaluation, as well as a physical examination and pelvic sonogram performed by one of our physicians.

- **How are the medications administered?** Lupron and FSH are given by subcutaneous injections. All donors receive an injection lesson so that they are comfortable administering their own injections.

- **How long does the cycle take?** Once you are matched and screening is complete, it will take about 2 ½ months to complete the cycle. You will be taking birth control pills for approximately 3-4 weeks of that time.

- **How much time will I need to take off of school or work?** The TFC Donor Coordinators will try to work with your schedule as much as possible, but there will be occasions when you will have to be seen at a specific time. Blood work needs to be drawn by 8:00 AM, regardless of the day of the week. There are numerous CPL Laboratory blood draw stations around town and donors will be given a list of lab locations. **Please note that, unless alternative arrangements have been made in advance, blood can ONLY be drawn at St. David's Hospital (32nd Street and IH-35) on weekends and holidays**. In addition to blood testing, donors will have 6-7 appointments at TFC for sonograms to monitor follicular development. Donors will need to take a vacation day from work on the day of the retrieval, but they should be able to return the following day.

- **What are the side effects of the medications?**
  - Lupron—fatigue, joint aches, moodiness, mild headache, and hot flashes
  - Gonal-F/Follistim—bloating, moodiness
  - HCG/Ovidrel—breast tenderness, cramping

- **What is Ovarian Hyperstimulation Syndrome (OHSS)?** OHSS is characterized by enlarged ovaries and accumulation of fluid in the abdomen. This occurs after ovulation or egg retrieval. The mild form occurs in 10-20% of cycles and results in some discomfort but almost always resolves without complications. The severe form occurs approximately 1% of the time. With close monitoring by sonograms and blood work, the risk of developing OHSS is very low.

- **What are the symptoms of OHSS?** Rapid weight gain (4-5 lbs.) within a 24 hour period, abdominal pain, decreased urine output, shortness of breath, excessive fatigue, and nausea.

- **What is the process of retrieving the eggs?** The retrieval is done at the St. David's Fertility Surgery Center located on the first floor of Building 3 in the same office complex as the Texas Fertility Center. Please note this location so that you do not mistakenly go to either St. David's Hospital or St. David's North Austin Medical Center. The retrieval is performed under IV sedation, and it takes approximately 20-30 minutes. The eggs are retrieved by passing a needle through the top of the vagina into the ovaries under ultrasound guidance. Following the retrieval, the donor will rest in the postoperative area of the surgery center for at least an hour. She can then be driven home, where she should rest for the remainder of the day. Please note that **all donors will need someone to drive them home from the surgery center following retrieval.**

- **Is it okay to have intercourse during the process?** All donors should abstain from intercourse once they start injections. If you do have intercourse, you must use a condom. Donors should either practice abstinence (strongly preferred) or use barrier contraception until you start your period following the retrieval. On rare occasions, one or more eggs may not be retrieved from the ovaries. These eggs may be picked up by the fallopian tubes and fertilized following intercourse, which is why abstinence is strongly encouraged for all donors.

- **How many eggs will be retrieved?** The average number of eggs retrieved is 10-15, but some donors may produce more.

- **Will donating my eggs cause me not to become pregnant later?** There is no evidence that donating eggs will cause the donor to have problems with her own future fertility.

- **Will I be in pain after the retrieval?** Bloating and discomfort from enlarged ovaries is to be expected. Mild narcotic pain medication is given to help with the discomfort. Tylenol can also be taken if the pain is minimal and the donor does not want to take the pain medication. Ibuprofen and Aleve are to be avoided as this could cause bleeding from the retrieval site.

- **How many times can a person donate her eggs?** According to guidelines from the Society for Assisted Reproductive Technology, donors can donate up to 6 times.

We hope these FAQs answer some of your questions. Feel free to contact the TFC Donor Coordinators if there are any other questions you may have.

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE
1209 Montgomery Highway • Birmingham, Alabama 35216-2809 • TEL (205)978-5000 • FAX (205)978-5005 • E-MAIL asrm@asrm.org •
URL www.asrm.org

PATIENT'S FACT SHEET
Side Effects of Gonadotropins

Gonadotropins are fertility medications given by injection. They contain follicle-stimulating hormone (FSH), which is produced naturally by the pituitary gland, alone or combined with luteinizing hormone (LH), also produced by the pituitary gland. A related medication is human chorionic gonadotropin (hCG) which is structurally similar to LH and which simulates the natural LH surge that causes ovulation at midcycle.

Gonadotropins are used to induce follicular development and ovulation in women who do not ovulate. They also are used to induce development and ovulation of multiple follicles in women undergoing advanced reproductive therapies such as in vitro fertilization or superovulation and intrauterine insemination. HCG is commonly used to trigger ovulation once follicles have developed to maturity. There are a variety of gonadotropins commercially available and others in various stages of research and development. Careful monitoring of patients is required when gonadotropins are used in order to minimize the risk of side effects.

1. Ovarian Hyperstimulation Syndrome (OHSS). OHSS is characterized by enlarged ovaries and fluid accumulation in the abdomen after ovulation or egg retrieval. It can be either mild or severe. The mild form occurs in 10% to 20% of cycles and results in some discomfort but almost always resolves without complications. The severe form occurs approximately 1% of the time. The chance of OHSS is increased in women with polycystic ovarian syndrome and in cycles resulting in pregnancy. When severe, it can result in blood clots, kidney dysfunction, twisting of an ovary (torsion), fluid collections in the chest and abdomen, and rarely even death. In severe cases, hospitalization is required for monitoring but the condition is transient, usually lasting only a week or two. Occasionally, draining the excel fluid is needed to decrease symptoms. Most patients who are at high risk for severe OHSS are identified by closely monitoring ovulation induction cycles with the daily use of ultrasounds and/or serum estradiol levels. When serum estradiol levels are rising rapidly and/or are too high, or excessive numbers of ovarian follicles develop, one strategy for prevention of severe OHSS is to withhold further gonadotropin stimulation and delay hCG administration until estradiol levels plateau or decline. Alternately, hCG can be withheld so that ovulation fails to occur, thereby preventing severe OHSS. In some IVF cycles in which OHSS is felt to be a high likelihood, a recommendation may be made to administer hCG, retrieve oocytes, but cryopreserve all embryos for use in future cycles.

2. Multiple Gestation. Up to 30% of pregnancies which result from cycles involving gonadotropin stimulation are multiple, in contrast to a rate of 1% to 2% without fertility medications. The risk of multiple gestation is dependent upon the number of mature eggs released in an ovulation induction cycle and the number of embryos transferred in an IVF cycle. While most of these pregnancies are twins, a significant percentage (up to 5%) are triplets or higher. Compared to singletons, twins and high order (more than two) multiple gestation pregnancy are associated with an increased risk of pregnancy loss, premature delivery, infant abnormalities, handicap due to the consequences of very premature delivery, pregnancy induced hypertension, hemorrhage, and other significant maternal complications. In general, the risk of severe complications increases as the number of gestations increases. There is a suggestion in some studies that the number of low birth weight in infants may be increased in even singleton pregnancies.

3. Ectopic (Tubal) Pregnancies. While ectopic pregnancies occur in 1% to 2% of spontaneous pregnancies in the general population, in gonadotropin cycles the rate is slightly increased. Ectopic pregnancies can be treated with medications or surgery. Occasionally a tubal pregnancy occurs at the same time as an intrauterine pregnancy; this condition is known as heterotopic pregnancy and may be difficult to diagnose.

4. Adnexal Torsion (Ovarian Twisting). In less than 1% of gonadotropin cycles the stimulated ovary can twist on itself, cutting off its own blood supply. Surgery is required to untwist or remove the ovary.

5. Gonadotropins and Ovarian Cancer. Although early studies suggested that the risk of ovarian cancer might be increased in women exposed to medications for ovulation induction, more recent studies have not shown any such relationship. It is generally felt that gonadotropin therapy does not increase the risk of ovarian cancer.

6. Adverse Pregnancy Outcomes. Although the vast majority of pregnancies are entirely normal, recent studies suggest the possibility that complication during pregnancy may be increased slightly. Pregnancy-associated hypertension and abruption of the placenta may be increased. It is not clear if the risks are related to the gonadotropin therapy or are related to infertility.

Important Instructions

Please note that …

- **DATES OF OFFICE APPOINTMENTS AND THE FINAL DAY OF GONADOTROPIN THERAPY WILL VARY DEPENDING UPON INDIVIDUAL RESPONSE TO THERAPY.**

- **LUPRON WILL BE TAKEN EVERY MORNING FROM THE TIME THAT THERAPY BEGINS UNTIL THE OVIDREL "TRIGGER" INJECTION IS GIVEN.**

1. OVIDREL DATE AND TIME:_____

- Tonight you will take your Ovidrel "trigger" INJECTION. This will begin the final process of egg maturation. It is important that you take this injection at exactly the correct time (_____ tonight). Mix the medication as directed and inject all of the medication Sub-Q. Do not take any more gonadotropin or Lupron after taking Ovidrel.

2. DAY BEFORE RETRIEVAL:_____

- Do not take any gonadotropin or Lupron.

- Do not eat or drink after midnight.

3. RETRIEVAL DATE AND TIME:_____

- **IMPORTANT!!!** Do not drink or eat anything this morning. You can brush your teeth in the morning, but do not swallow any water. Do not eat candy or chew gum.

- Wear comfortable, loose clothing the day of the egg retrieval. Abdominal swelling is common after the procedure. Do not wear jewelry, cosmetics, nail polish or bring any valuables to the surgery center. Perfumes and cosmetics can be toxic to eggs and sperm, so please avoid using them on the day of the retrieval.

- The egg retrieval will be performed on:_____ at _____ a.m.

- Please report to the St. David's Fertility Surgery Center, located at 6500 N. Mopac, Building 3, Suite 3105 (two buildings down from Texas Fertility Center at _____ AM. As donors will not be allowed to drive following the retrieval, please arrange for transportation home from the surgery center. If the building doors are locked, press the intercom by the main door to the building and a staff member will admit you. If there is no answer, call (512) 544-0300 or page the on-call nurse at (512) 235-2385.

- **YOU MUST PRESENT A PHOTO ID AT THE TIME OF YOUR PROCEDURE.**

- The retrieval will last approximately 30-45 minutes. Afterwards, plan to rest in the recovery area for approximately one hour. Donors should plan to rest for the remainder of the day after returning home.

Clinical Pathology Draw Stations

Facility	Address	Phone & Fax	Hours
St. David's Hospital			
St. David's Hospital	919 East 32nd Street Austin, Texas 78705	Phone: 544-4241 Fax: 544-8362	24 hrs/day, 7 days/week
THIS IS THE ONLY ST. DAVID'S HOSPITAL FACILITY THAT DRAWS BLOOD FOR CLINICAL PATHOLOGY LABS (CPL). THE HOSPITAL IS AT THE CORNER OF IH 35 AND 32ND STREET AND THE LAB IS LOCATED ON THE FIRST FLOOR. IF YOU BECOME LOST IN THE HOSPITAL, ASK FOR THE HOSPITAL LAB (NOT CPL). DO NOT GO TO NORTH AUSTIN MEDICAL CENTER. FAILURE TO GO TO THE CORRECT LAB COULD RESULT IN THE CANCELLATION OF YOUR CYCLE DUE TO THE DELAY IN OBTAINING YOUR RESULTS. **PLEASE NOTE, THIS IS THE PREFERRED LAB ON WEEKENDS AND THE ONLY LAB OPEN ON HOLIDAYS.			
North Austin			
Medical Oaks Pavilion	12201 Renfert Way, Suite 330 Austin, Texas 78758	Ph: 835-4093 Fax: 835-0820	7:00 am-5:00 pm Mon-Fri
Northwest Austin			
Ladera Park	11673 Jollyville Road, Suite 106 Austin, Texas 78759	Ph: 257-3487 Fax: 250-5395	7:00 am-5:00 pm Mon-Fri
Twelve Oaks Medical Center	11645 Angus Road, Suite B-6 Austin, Texas 78759	Ph: 345-8819 Fax: 418-1426	7:00 am-5:00 pm Mon-Fri 8:00 am-12:00 pm Saturday
Central Austin			
Bailey Square	1111 West 34th Street, Suite 100 Austin, Texas 78705	Phone: 467-0559 Fax: 467-2920	7:00 am-5:00 pm Mon-Fri
Medical Arts Square	2911 Medical Arts Square, Suite 4 Austin, Texas 78748	Phone: 474-7566 Fax: 474-8192	7:00 am-5:00 pm Mon-Fri 8:00 am-12:00 pm Saturday
Medical Park Tower	1301 West 38th Street, Suite 115 Austin, Texas 78705	Phone: 371-1913 Fax: 453-6037	7:00 am-5:30 pm Mon-Fri
South Austin			
Brodie Lane	9701 Brodie Lane, Suite 103 Austin, Texas 78748	Phone: 291-4350 Fax: 291-1756	7:00 am-5:00 pm Mon-Fri
Medical Center South	4303 James Casey, Suite C Austin, Texas 78745	Phone: 445-0045 Fax: 326-1051	7:00 am-5:00 pm Mon-Fri 8:00 am-12:00 pm Saturday
Southwest Austin			
Westlake Medical Center	5656 Bee Caves Road, Suite K-101 Westlake Hills, Texas 78746	Phone: 328-2462 Fax: 328-2478	7:00 am-5:00 pm Mon-Fri
Round Rock			
Wyoming Springs Medical Bldg.	7200 Wyoming Springs, Suite 100 Round Rock, Texas 78681	Phone: 255-1016 Fax: 255-1932	7:00 am-5:00 pm Mon-Fri
Forest Creek PSC	4112 Links Lane, Suite 100 Round Rock, Texas 78664	Phone: 251-4149 Fax: 251-3092	7:00 am-5:00 pm Mon-Fri