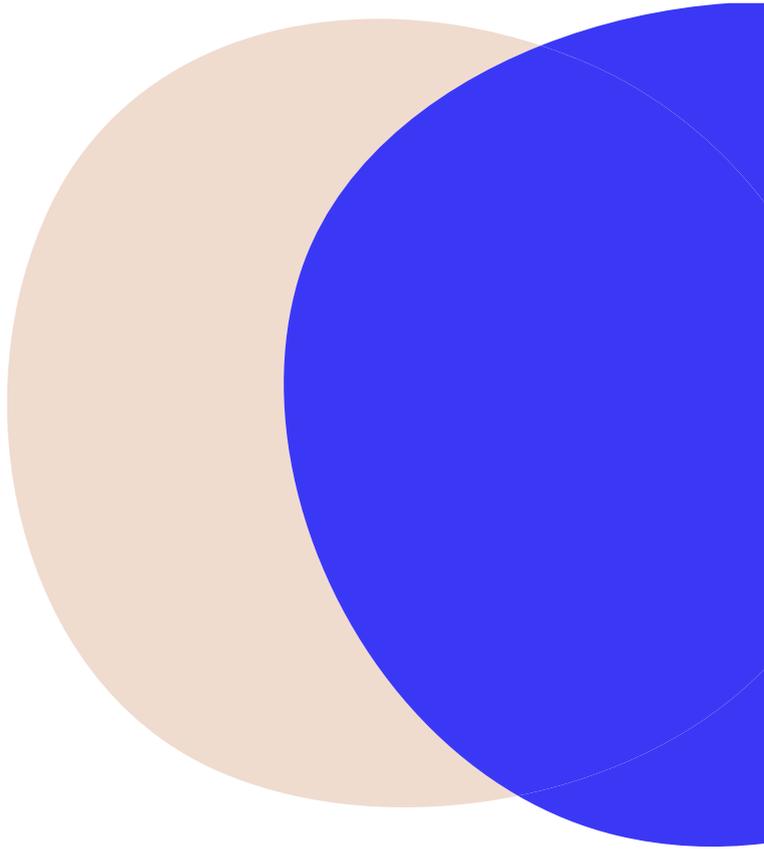


Patient guidance

13. Social freezing - Freezing of unfertilised eggs



Guidance for social freezing

The longer you postpone parenthood, the greater the risk that it will be difficult for you to become pregnant. Therefore, younger women increasingly use social freezing, where they have their unfertilised eggs frozen for achievement of pregnancy later on when it fits better into their life situation.

If you choose to use social freezing, you should be prepared to undergo hormone stimulation to mature more than the one egg that you would normally do. Eggs are then retrieved.

Frozen, unfertilised eggs can only be used for your own fertility treatment and cannot be donated to others.

Frozen, unfertilised eggs may only be stored for five years from the time of freezing, however, no later than until you turn 46. If they have not been used before then, they must be destroyed.

Your treatment process

On the next page, you will find an overview of your donation process with us. You should expect to make 3 - 5 visits to the fertility clinic.

Step 1: Preliminary consultation

You will first attend a preliminary consultation, at which we take the time to discuss your fertility treatment. An ultrasound scan is done of your uterus and ovaries, and we discuss your general state of health and ensure that you have undergone the necessary fertility review. On this basis, the doctor makes a plan for the optimal fertility treatment for you.

Step 2: Registration for treatment

When you get your menstrual period, please contact us on telephone +45 3817 0740. Visit www.aleris-hamlet-fertility.dk for information about telephone hours.

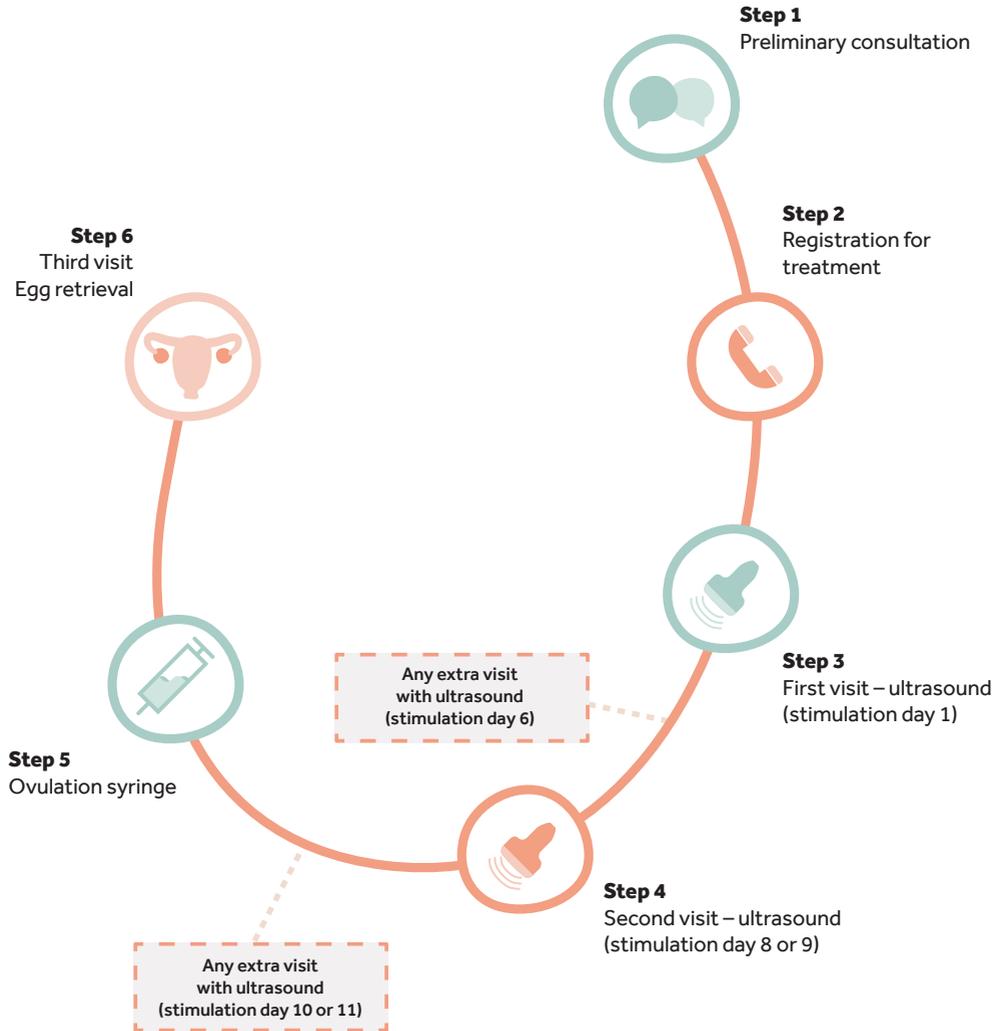
Please provide us with information about:

- Your name
- Your civil registration (CPR) number
- The date of the first day of your menstrual period

We use the term first cycle day for the day on which your period has really started. You will be given an appointment for commencement of treatment and ultrasound scan on cycle day 2 or 3.

If you get your menstrual period on a weekend, you must call us Monday during telephone hours to schedule your first scan appointment. You may be asked to attend a scan already the same day.

Course of your fertility treatment



Step 3: First visit with ultrasound (stimulation day 1)

At the first visit you will have an ultrasound scan even if you have your menstrual period. We ensure that the endometrium has become narrow again and that you have not formed a benign cyst in one of your ovaries. If everything is OK, you will start hormone stimulation.

We call the day you start hormone stimulation 'first stimulation day'. The stimulation can be done with several different hormone preparations. All the preparations contain FSH and some of them also contain LH. Your doctor decides which preparation and dose will be best for your treatment.

FSH is the female sex hormone that your body already knows. It stimulates the formation of more than the one egg which you normally form each month. The hormone must be injected. The dose is individual and depends on your age, weight, number of follicles and AMH (anti-müllerian hormone).

A nurse will instruct you in how to take your medicine, so you can administer the injections yourself. You should inject the hormone in your stomach every evening at roughly the same time. After some days of stimulation, you need to supplement with another pre-

paration (antagonist) that prevents you from ovulating.

In the (short) treatment, the egg retrieval will take place approx. on stimulation day 10 to 12.

Step 4: Second visit with ultrasound (stimulation day 8 or 9)

An ultrasound scan done at this time assesses the number of follicles (egg sacs) and their size. The number of follicles is individual. The size of the follicles is essential for the further planning. When there are three follicles with a diameter > 17 mm, the egg retrieval is scheduled.

Sometimes, it may be decided already on stimulation day 8 when you should take your ovulation syringe and when you are to arrive for egg retrieval. Other times, you may need an appointment for an extra ultrasound scan and any hormone dose adjustment.

Planning of egg retrieval

When the egg retrieval is planned, the nurse will instruct you in which medicine you are to take and when to take it. You will be notified of when you are to arrive in the fertility clinic for egg retrieval.

Step 5: Ovulation syringe

The day on which you are to administer the ovulation syringe you must stop taking:

- The stimulation hormone
- The antagonist hormone

The ovulation hormone completes the maturation of the eggs. The injection is very important and must be administered at home at a very fixed time agreed with us.

If you accidentally forget to take the injection with the ovulation syringe, no eggs can be retrieved and this cycle must be cancelled.

Step 6: Egg retrieval

The day on which your eggs are to be retrieved, you must arrive at the fertility clinic at the agreed time.

Preparation and pain relief

One hour before your scheduled egg retrieval, you will take 1 g paracetamol. If you wish, you may also be given a sedative tablet at the fertility clinic.

You will have a venflon (a small plastic cannula) inserted in a vein.

When the practical things have been taken care of, you can lie down, relax and listen to music.

Right before the egg retrieval, you will be asked to empty your bladder as this makes it easier to retrieve eggs.

The egg retrieval procedure

The doctor and laboratory staff will check

your identity when you enter the room where the egg retrieval will be done. A doctor and a nurse will be present during the egg retrieval. The laboratory staff are in the room next door and are ready to receive the fluid from the follicles.

Before commencement, you have been given pain relief through a combination of paracetamol, a local anaesthesia which is placed at the top of the vagina and a morphine preparation.

We attach a small instrument to your finger which measures your pulse and your ability to oxygenate your blood.

During the egg retrieval, we will continuously tell you what is happening and supplement your analgesics if you need it.

The egg retrieval is done through the vagina with ultrasound guidance. The fertility doctor gently inserts a thin needle through the top of the vagina and into the follicles. These are clustered like a bunch of grapes, and it is therefore most often only necessary to prick once or twice on each side. You are awake and can follow the procedure on the ultrasound screen, but you will probably feel a little drowsy/dizzy from the analgesics you have been given.

During the egg retrieval, the laboratory staff continuously receive fluid from the

emptied follicles for examination for eggs. This work is done under microscope.

Not all follicles contain eggs. You will be informed about the number of eggs retrieved when all follicular fluid has been examined.

The actual egg retrieval takes about 10-15 minutes depending on the number of eggs and how easily they are retrieved.

Freezing the eggs

We use the latest freezing technique with vitrification, which, with rapid and effective freezing, provides optimal conditions for your unfertilised eggs. The eggs are frozen quickly and are stored securely in a tank with liquid nitrogen until you are ready to use them.

The unfertilized eggs (oocytes) are frozen on the same day. Later in the day or the day after, you will be notified via Fertility Online how many eggs are suitable for freezing.

Rest and precautions after egg retrieval

After the egg retrieval, you must rest in the fertility clinic for at least half an hour. When you feel ready and the dulling effect of the medicine has worn off, you can go home.

You will probably feel tired and need to rest for the remainder of the day. You

must not drive a car for the rest of the day.

You can expect menstrual-like pain for 24 hours after the intervention, and you may be sore in the following days. You can take paracetamol or a NSAID (Ipren, Brufen, Voltaren etc.) against your pain.

You may also experience some subsequent bleeding. The bleeding comes from the pricks at the top of the vagina. The bleeding should be less than in a regular menstruation. You must contact us if you experience increased bleeding, severe pain or a fever.

Possible side effects and complications

OHSS (Ovarian Hyperstimulation Syndrome)

There is a risk of OHSS when more than 20 follicles are formed in a treatment. The risk is lower in connection with fewer follicles. We try to avoid this complication by stimulating individually and carefully. Some women nevertheless react unexpectedly and strongly to hormone stimulation.

OHSS symptoms may be extended abdomen, abdominal pain, nausea/vomiting, increased tendency to feel breathless or urination difficulties. This occurs due

to fluid accumulation in the abdominal cavity. In most cases,

OHSS only manifests itself once you have become pregnant. If you suspect that you are becoming overstimulated, please contact us or call the emergency medical service. You should state that you are undergoing fertility treatment.

Bleeding after egg retrieval

There is almost always a little bleeding from the vagina after egg retrieval. The bleeding must be maximum equal to a severe menstrual bleeding. The blood comes from the pricks at the top of the vagina.

Pelvic inflammatory disease

Even if the egg retrieval is done in as sterile a manner as possible, pelvic inflammatory disease may occur around the ovaries. The inflammation results in pain and fever. This complication is very rare and is treated with antibiotics. You can contact the fertility clinic, your own doctor or the medical emergency service at any time if you have any doubts.

Abdominal pain after egg retrieval

You can expect menstrual-like pain for 24 hours after the egg retrieval, and you may be more sore in the following days. You can take paracetamol or an analgesic in the form of NSAIDs (Ibuprofen, Brufen, Voltaren etc.) against your pain.

Medicine: Effect and possible side effects

Stimulation treatment

Hormone preparations stimulate the ovaries to mature more than one egg. It may cause short-term burning and tenderness at the injection site. You may feel tired, and as the follicles grow, you can feel a sense of bloating and oppression in the abdomen.

The antagonist hormone

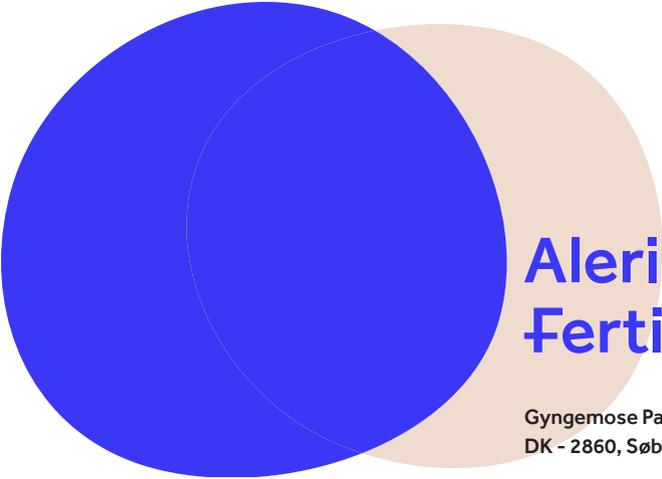
The hormone inhibits the excretion of the woman's own FSH and LH from the pituitary gland. It may cause short-term burning and tenderness at the injection site.

The ovulation hormone

The ovulation hormone helps complete the maturation of the eggs. It is taken once approx. 34 - 35 hours before egg retrieval. This may cause local irritation at the injection site.

General side effects of medicine

All medicine may cause allergic reactions. However, this is extremely rare for the hormone preparations used. Other symptoms may include redness, swelling, itching, fever and, in extremely rare cases, respiratory difficulties.



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