

Saint Mary's Hospital
Division of Reproductive Medicine

Information for Patients

Frozen Embryo Transfer (FET) Cycle

The transfer of frozen thawed embryos from your previous IVF cycle gives you another opportunity to achieve a pregnancy without undergoing another full IVF cycle.

How is it done?

Frozen embryos are thawed and transferred into the womb after suitable preparation of the lining of the womb. As the embryos already exist, this cycle does not involve stimulation of your ovaries or egg collection. A frozen embryo transfer cycle can be conducted any time after your initial treatment, provided you are emotionally and physically ready for it. If you haven't had this treatment previously you will require an appointment with an embryologist or a doctor prior to treatment.

Natural or hormone-regulated cycle (Short HRT or long down regulation)

Frozen embryos can be thawed and transferred in a natural cycle, or in a hormone-regulated cycle known either as a short HRT cycle or long down regulation cycle using Buserelin Injections. Both treatments are effective, but there are pros and cons to each.

The majority of frozen embryo transfer treatments in our clinic are done in hormone-regulated cycles. If you have regular menstrual cycles and are known to ovulate on your own, you may be suitable for frozen embryo transfer in a natural cycle. This avoids you having to take any hormones. However, the timing of ovulation in a natural cycle is outside anyone's control, and it may occur in such a way that your embryo transfer falls on a day when we are not able to provide treatment. This means that your embryo transfer may not go ahead in that cycle. Whilst this is disappointing, it does not affect the embryos in any way, as they would not have been thawed out. If you wish to have a natural cycle transfer, it is important that you are aware of this possibility. Having a hormone-regulated cycle avoids this risk.

What do you need to do?

Ring (0161) 276 6000, press option 1, between 8.00 am –11.00 am on the first day of your period to request treatment. At treatment request please clearly state if you have your medication with you and/or have had a teach appointment. Having checked through your medical notes and ensuring all relevant

information is up to date, the nurses will call you back accordingly. If you have not had a teach appointment in the cycle you are requesting it may take up to 2 weeks to return your call during busy periods to book you into one. However, if you have your medication and have also had your teach; the nurse will call you back within 48 hours to inform you of the outcome of your request. Please note it is not always possible to accept all requests and you may be told to ring again the following month. Please ensure that you do not have unprotected intercourse from the first day of your period until after the embryo transfer.

Treatment cycle procedures – Short HRT (2-4 weeks)

Provided you have had your teach appointment and once we have confirmed you can have treatment that month, you need to avoid unprotected intercourse. You will be asked to take Oestrogen tablets 3 times a day, commencing day 1 or 2 of your cycle. Common side effects of this medication include: nausea, vomiting, diarrhoea, stomach cramps, mood changes and headaches. A full list of side effects can be found on the patient leaflet inside your medication box.

You will then be asked to attend the unit between approximately day 12-14 of your cycle to undergo a transvaginal scan. This will check to see if the lining has thickened sufficiently and that there is no dominant follicle present. If the lining has not thickened sufficiently and/or a dominant follicle is present a doctor will review your notes and make a plan accordingly and you will be notified on the day. If the thickness of the womb lining is adequate, we will ask you to start progesterone pessaries while continuing on the oestrogen tablets, and give you a date for embryo transfer.

This start date will vary depending on the availability of embryo transfer days.

Progesterone is provided in the form of pessaries, which help to support the lining of the womb. You will be given specific instructions on how to use these by the nurses. The pessaries can be inserted into the vagina or the rectum. Pessaries should be used approximately 12 hours apart – one in the morning and one in the evening. On the morning of the day of your embryo transfer, please insert the pessary in your rectum rather than the vagina. Side effects of Cyclogest pessaries include vaginal irritation, headaches, chest pains, weakness, fatigue and dizziness. If you experience side effects, please contact the unit for advice.

Treatment cycle procedure with Long down-regulation (4-6 weeks)

Once it has been confirmed you can have treatment that month, you need to avoid unprotected intercourse. You will be asked to attend the unit prior to commencement of your cycle so that the nurse can explain the thaw policy and the treatment you will undertake. The nurses will also teach you how to self-administer injections with a very fine needle-injection just under the skin to suppress your natural hormones. This is maintained until you are ready to receive your oestrogen tablets. You will receive an out-patient prescription on the day of your teach appointment and will be required to collect the drugs from the main hospital pharmacy.

At this appointment, you and your partner (where applicable), will also be required to sign a patient/partner agreement prior to any embryos being thawed.

We may use either Buserelin daily injections or alternatively Prostag injections which is a once only injection and works for 4 weeks. Common side effects of the medicines used include: nausea, headaches, tiredness, stomach cramps, mild diarrhoea, breakthrough bleeding, breast tenderness, mood swings, hot sweats and vaginal dryness.

These are due to a fall in your oestrogen levels and will disappear once you start taking Oestrogen. There are other less common side effects listed on the information leaflet in the box of tablets. Please contact either the unit or your GP if you experience any of these.

Approximately two weeks later, you will be given an appointment to attend for a blood test. This blood test is to check your hormone levels. If you have not had a period during this time, please inform the unit on the day before your blood test appointment on (0161) 276 6000 (press option 2) as we will have to rearrange your appointment.

If your hormone levels are satisfactory, the nurses will give you specific instructions on when to start your Oestrogen tablets/patches to build up the endometrium (the lining of the womb). You will then come back to the unit 15 days later for a trans-vaginal scan to check if the tablets have thickened the lining sufficiently. There is some variation in how well the lining of the womb develops with some people being more responsive than others. If the lining is not thick enough a doctor will review your notes and make a plan accordingly. If the thickness of the womb lining is adequate, we will ask you to start progesterone pessaries while continuing on the oestrogen tablets, and give you a date for embryo transfer.

This start date will vary depending on the availability of embryo transfer days.

Progesterone is provided in the form of pessaries, which help to support the lining of the womb. You will be given specific instructions on how to use these by the nurses. The pessaries can be inserted into the vagina or the rectum. Pessaries should be taken approximately 12 hours apart – one in the morning and one in the evening. On the morning of the day of your embryo transfer, please insert the pessary in your rectum rather than the vagina. Side effects of Cyclogest pessaries include vaginal irritation, headaches, chest pains, weakness, fatigue and dizziness. If you experience side effects, please contact the unit for advice.

Before embryo transfer

On the morning of embryo transfer an embryologist will telephone you to let you know whether the embryos survived the thaw process and to give you a time to attend the unit for the replacement. This could be on the same day or after 1-3 days of embryo culture. You will be asked to attend with a full bladder, as an abdominal scan will be carried out to help the doctor with positioning the transfer catheter. The replacement procedure is relatively painless (similar to a smear test) and takes around 15 minutes. No anaesthetic is necessary. The embryologist will advise you on the number of embryos to be transferred. We aim to provide a good chance of success whilst keeping the risk of multiple pregnancy low, as this is associated with a higher risk of complications for both the mother and babies.

Following your replacement

- You will be able to go straight home after your replacement if you feel well. If required, you may use paracetamol to relieve any mild pain or discomfort.
- You may experience mild pain, slight vaginal discharge/water loss from the cervix and/or vaginal bleeding. These are common symptoms and do not indicate if your treatment has or has not been successful. Please continue your tablets and pessaries until your contact date. A delayed period does not necessarily indicate a pregnancy as the progesterone may stop you from having a bleed. Please carry out your pregnancy test on the date you have been given. You should use the first urine sample in the morning and a good quality pregnancy test kit available from a chemist.

Outcome

If your pregnancy test is negative on your contact date you may stop the tablets and pessaries. If you wish to start a new frozen embryo cycle, you will need to wait until your next period starts. If you do not have any embryos left in storage, your notes will be passed onto our unit meeting. This is where your treatment will be reviewed by a consultant, embryologist, nurse and counsellor, and a plan made for your next steps. You will receive a letter within three to four weeks of the contact date advising you of the plan.

If your test is positive, you will be asked to come in for a scan three weeks later to check the position of the pregnancy as well as the number and heartbeat(s) of the implanted embryo(s). The tablets and pessaries should then be continued until week 12 of the pregnancy. Once the pregnancy is confirmed by scan, the nurse will give you further instructions regarding this medication. Folic acid and Vitamin D should also be continued until 12 weeks of pregnancy.

Important points relating to stored embryos

- HFEA regulations permit the embryo storage for a maximum of ten years, for longer only in exceptional cases.
- It is important for you to keep in touch with us about your wishes for stored embryos. You may choose to maintain them in storage, discard them, have them replaced to yourself or donate them to other couples after submitting written consent and agreement of both partners.
- You will also be asked to state your wishes for your stored embryos in the event of death or mental incapacitation. This will be discussed with you in clinic, but it is extremely important that you inform us of any changes in your situation or wishes. **If we are unable to contact you and the storage period for your stored embryos has come to an end, we will have no option but to allow your embryos to perish.**

Contact numbers

- To request treatment: Ring (0161) 276 6000, press option1 only (8.00 am – 11.00 am, 7 days a week).
- To make an appointment with doctors/counsellors: Ring (0161) 276 6000, press option7 (8.30 am – 4.00 pm, Monday – Friday).
- All other enquires to the nurses should be made via (0161) 276 6000 press option 2, (7.30 am – 4.15 pm, Monday – Friday or 8.00 am – 3.45 pm, Saturday and Sunday).

For **out of hours EMERGENCY ONLY**:

EGU (Emergency Gynaecology Unit) on (0161) 276 6204

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