

# THE FERTILITY CENTER OF OREGON

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## STEP BY STEP PROCESS

1. BEGIN BIRTH CONTROL PILLS ON DAY 3 OF YOUR PERIOD AND CONTINUE FOR 14-21 DAYS.

2. DOWN REGULATION:

SCHEDULE AN ULTRASOUND VISIT, RECEIVE MEDICATION INSTRUCTION FOR SUBCUTANEOUS INJECTIONS. BEGIN LUPRON INJECTIONS WHICH ARE TAKEN DAILY.

LUPRON DECREASES THE ACTIVITY OF THE PITUITARY GLAND AND POSSIBLE SIDE EFFECTS INCLUDE: *HOT FLASHES, HEADACHES, MILD SKIN IRRITATION AND BRUISING.*

3. CONTROLLED OVARIAN HYPERSTIMULATION:

AFTER BIRTH CONTROL PILLS ARE STOPPED; A MENSTRUAL CYCLE WILL BEGIN. SCHEDULE AN ULTRASOUND VISIT, LABS FOR ESTRADIOL, AND MEDICATION TEACHING FOR SUBCUTANEOUS INJECTIONS OF GONADOTROPINS (**FOLLISTIM OR GONAL F AND PERGONAL OR REPRONEX**). THESE MEDICATIONS STIMULATE FOLLICLES (EGGS) TO GROW AND ARE TAKEN DAILY. DURING THIS STAGE YOU WILL NEED TO RETURN TO THE CLINIC FREQUENTLY, SOMETIMES EACH DAY FOR MONITORING, WHICH INCLUDES BLOODWORK AND AN INTRA VAGINAL ULTRASOUND. ALL OF THESE APPOINTMENTS ARE MORNING APPTS. BETWEEN 7 A.M. AND 8:30 A.M.

GONADOTROPIN USE MAY RESULT IN SIDE EFFECTS SUCH AS: *ALLERGIC REACTIONS ( RASH, SWELLING OR PAIN AT THE INJECTION SITE). IF A REACTION DOES OCCUR, THE SITE OF INJECTION CAN BE CHANGED. IF THE REACTION IS SEVERE, CONTACT OUR OFFICE IMMEDIATELY. FEVER AND JOINT PAIN ARE POSSIBLE SIDE EFFECTS BUT ARE UNCOMMON.*

ALTHOUGH MAJOR SIDE EFFECTS ARE **VERY RARE**, OVARIAN HYPERSTIMULATION SYNDROME (OHSS) CAN OCCUR WHEN THE OVARIES OVER-RESPOND TO MEDICATION. THE SIDE EFFECTS OF OHSS MAY INCLUDE: ***ABDOMINAL PAIN, VOMITING, ABDOMINAL DISTENTION AND SHORTNESS OF BREATH.*** IF OHSS DOES DEVELOP, HOSPITALIZATION COULD BE REQUIRED. DURING MONITORING, IF WE SUSPECT THERE IS SIGNIFICANT RISK OF **OHSS**, WE MAY CANCEL THE CYCLE.

ONCE YOU START STIMULATING MEDICATIONS, PLEASE ABSTAIN FROM INTERCOURSE. YOU MAY RESUME INTERCOURSE ONCE MENSTRUATION OCCURS FOLLOWING EGG RETRIEVAL, (USUALLY ABOUT 2 ½ WEEKS).

4. MATURATION OF FOLLICLES:

HUMAN CHORIONIC GONADOTROPIN (HCG) IS THE "TRIGGER" MEDICATION GIVEN BY SUBCUTANEOUS INJECTION TO FINALIZE THE PROCESS OF EGG MATURATION. THIS IS A **TIMED INJECTION** AND YOUR COORDINATOR WILL TELL YOU THE EXACT TIME TO TAKE THE INJECTION.

POSSIBLE SIDE EFFECTS INCLUDE: *HEADACHE OR LOCAL REACTION.*

IF OTHER MEDICATIONS ARE NEEDED FOR YOUR CYCLE, THEY WILL BE EXPLAINED TO YOU IN DETAIL BY YOUR COORDINATOR.

5. **OOCYTE (EGG) RETRIEVAL:**

ON THE DAY OF YOUR RETRIEVAL, YOU ARE REQUESTED TO ARRIVE 30 MINUTES BEFORE THE TIME OF YOUR PROCEDURE AND WILL TALK WITH THE NURSE ANESTHETIST PRIOR TO YOUR SEDATION.

YOU MAY NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT OF THE NIGHT BEFORE YOUR RETRIEVAL.

THE RETRIEVAL TAKES APPROXIMATELY 30 MINUTES, BUT YOU WILL BE AT THE CLINIC FOR APPROXIMATELY 2 HOURS.

AFTER THE PROCEDURE YOU MAY EXPERIENCE SOME ABDOMINAL DISCOMFORT, SIMILAR TO MENSTRUAL PAIN, (BLOATING, VAGINAL BLEEDING, AND NAUSEA WITH POSSIBLE VOMITING). NARCOTICS WILL BE PROVIDED TO EASE YOUR DISCOMFORT.

SOMEONE WILL HAVE TO DRIVE YOU HOME AND IT IS ADVISED THAT YOU REST THE REMAINDER OF THE DAY.

6. **FOLLOW - UP VISIT:**

A FINAL PHYSICAL EXAM AND EXIT INTERVIEW WILL BE SCHEDULED 2 WEEKS AFTER THE EGG RETRIEVAL.

YOU WILL RECEIVE YOUR COMPENSATION ON THE DAY OF THE RETRIEVAL.

**WE WANT YOU TO KNOW THAT WE TRULY APPRECIATE THIS SPECIAL GIFT YOU HAVE GIVEN!**