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**At your initial appointment your fertility specialist will review your medical history and all previous investigations and treatment.**

Blood tests may be updated (including HIV, Hepatitis B and C) and semen analysis and ultrasound may be undertaken. Some preliminary advice regarding your treatment options will also be discussed with you. We recommend both you and your partner attend this appointment. You will need to bring a referral from your GP or specialist Obstetrician and Gynaecologist to your first appointment with the fertility specialist (which needs to have both you and your partner's name on it to be eligible for the Medicare rebate), together with any results from tests or treatment previously undertaken.



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## PRE-TREATMENT CONSULTATION

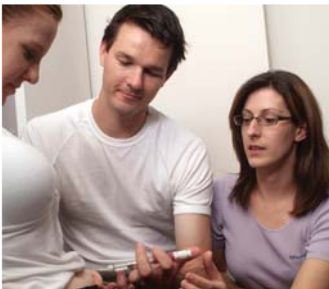
A final 'pre-treatment' consultation with your fertility specialist is arranged where the relevant consent forms will be signed, your treatment plan confirmed and your questions answered. It is very important you tell your fertility specialist at this appointment about any complementary medicines you are taking, as these may interfere with your treatment.



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## YOUR TREATMENT BEGINS

An orientation visit is organised with a nurse at the clinic to recap on your treatment plan. We recommend both you and your partner attend this appointment. You will be provided with medication, explained the treatment cycle timeline, and taught how to self-administer the Follicle Stimulating Hormone (FSH) injections.



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## HORMONE STIMULATION

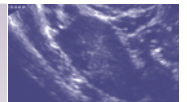
Using Follicle Stimulating Hormone medication (administered via a diabetic style pen) your ovaries will be stimulated to encourage greater egg production than what occurs naturally. This allows us to maximise the number of rescued eggs available to collect so we have a higher chance of achieving fertilisation and subsequent pregnancy.



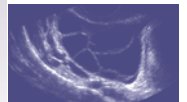
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## TREATMENT MONITORING

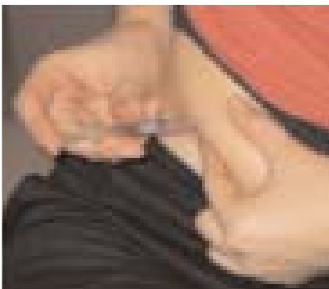
Throughout your treatment cycle, we monitor you closely with regular blood tests (to measure your hormone levels) and ultrasounds (to measure the size and number of your ovarian follicles – imagine a small sac to hold the egg). This also helps us determine the appropriate time for egg collection. At IVFAustralia, all of your blood and ultrasound tests are conducted by our nurses within our clinics, and are included as part of your treatment costs. You can choose to have your blood and ultrasound test conducted at any one of our clinics and monitoring sites across Sydney.



Unstimulated ovary on ultrasound



Stimulated ovary on ultrasound



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## TRIGGER INJECTION

Once you have an optimum number and size of follicles we will plan your egg collection. You will have a trigger injection of hCG (human chorionic gonatrophin) in the evening and the operation for egg collection will occur 36 to 38 hours later. The hCG injection replaces the natural Luteinising Hormone in the body and 'triggers' or instigates ovulation.



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### EGG COLLECTION IN DAY SURGERY

Egg collection is undertaken in day surgery/hospital and is usually done under ultrasound guidance. Most women prefer a light general anaesthetic, however you can undertake the procedure under local anesthesia with sedation if you prefer. You will be at the hospital for about 4 hours and need someone to drive you home afterwards (don't plan to work that day). On the morning of your egg collection your partner will need to provide a fresh semen (sperm) sample so we can immediately fertilise your eggs after collection.



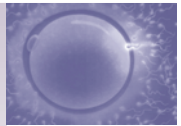
Egg collection



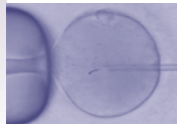
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### EGG FERTILISATION

Collected eggs are taken to the laboratory and placed in culture medium in preparation of fertilisation later that day. In IVF, prepared sperm and eggs are placed together in a dish where fertilisation occurs. In ICSI, an individual sperm is selected by a highly experienced embryologist, and, under very delicate microscopic control, the egg is injected with this single sperm.



IVF



ICSI



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### EMBRYO DEVELOPMENT

The egg and sperm are then placed in individual incubators at 37 degrees to mimic the temperature of the human body. The following day, the scientists will examine the eggs to determine if fertilisation has occurred and will call you to advise you of the embryos' development.



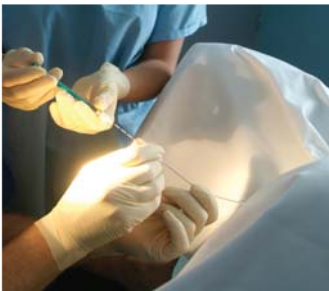
1 Fertilisation

2a Good day 2 embryo

2b Bad day 2 embryo

3 Good day 3 embryo

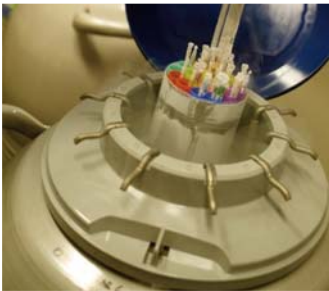
4 Blastocyst



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### EMBRYO TRANSFER

Embryo transfer is a simple procedure performed in a day surgery/hospital that usually takes place five days after the egg collection procedure. The embryos are transferred into the uterus through a very fine catheter passed through the cervix, a procedure similar to a pap smear. Earlier embryo transfers may take place depending on individual cases.



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### EMBRYO FREEZING

Any extra embryos that are not used during a treatment cycle, and are suitable for freezing, can be stored for up to five years.



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### PREGNANCY TEST

The nurses will organise an appointment for you to have a blood pregnancy test two weeks after the embryo transfer, whether your period has commenced or not, as occasionally women can have a period but still be pregnant. We do not recommend the use of urinary pregnancy test kits, especially as the hormone medication given throughout treatment will provide an incorrect reading. The only reliable pregnancy test is a blood test. The pregnancy blood test results are usually available by mid afternoon. If the pregnancy test is positive, we will arrange an ultrasound scan approximately three weeks later.