

Patient Information: receiving eggs in the egg donation programme at GCRM.

Background

There are many reasons why patients need donated eggs in order to have a family. There are three main sources of donated eggs: altruistic donors (someone unknown to you who is willing to donate her eggs), "known" donors (when friends or relatives donate their eggs), and egg sharing, (when someone undergoing treatment for themselves decides to donate some of her eggs for the use of others).

In general, as there is a shortage of donated eggs, GCRM encourages women to pursue as many options as possible whilst waiting for donors to come forward.

One such option could be for you to recruit an altruistic egg donor from your circle of friends. This donor may decide to either give her eggs to you or to another unknown recipient. If they decide to donate their eggs to someone else you would move to the top of the waiting list.

Whatever route you take there are many emotional and ethical issues that you need to think about, and we strongly advise you to seek counselling help as early as possible. We have an experienced independent counsellor attached to GCRM who can help in these matters.

The donors.

We assess the donor's *ovarian reserve* - to predict their response to treatment, and whether they are suitable to donate or share eggs.

All donors undergo screening assessments for some genetic conditions and also some infectious diseases which can be transmitted in the donation process. Whilst every attempt is made to match the main physical characteristics of donors and recipients, in reality there is little scope to do this when the supply is limited.

The "altruistic" donor undergoes a treatment cycle which is identical to that of a normal IVF cycle, but does not undergo embryo transfer as all eggs are donated to the recipient. The "egg-sharing" donor also undergoes a normal treatment cycle but continues through to complete her IVF or ICSI treatment having donated around half of their eggs.

The waiting list

After your initial consultation, or following your ovarian assessment, you will be advised about the options available to you. We strongly advise that a semen analysis is carried out at this stage to allow us to assess your future treatment options.

Patients requiring egg donation are placed on a waiting list which is managed in three phases –

Phase 1

An initial period where you are logged on our database and simply wait for those ahead to be treated.

Phase 2

When you are nearing the top of the list and we would ask you to attend to complete the appropriate consent forms. At this point you will be asked to pay a non-refundable deposit, which will be deducted from the overall treatment costs.

Phase 3

When a suitable donor is available we will contact you to check on your menstrual cycle to allow us to co-ordinate your "cycle" to fit in with that of the donor. You will be required to pay the balance of your treatment costs at this time.

Prior to the Treatment Cycle

When you are nearing the top of the waiting list we will invite you to attend the clinic to discuss the treatment more fully and to complete the appropriate consent forms. At this point we will also ensure that you have had all the necessary tests carried out and the results are all satisfactory, and up to date.

If you have not spoken to the Counsellor already we would encourage you to make an appointment to speak to her prior to starting treatment.

Most recipients will need to have their menstrual cycle coordinated with that of the donor. This is usually achieved by using a GnRH agonist (down –regulation) injection. This injection allows us to take clinical control of your menstrual cycle and therefore co-ordinate your hormone treatment to coincide with your donor starting her injections. Occasionally we need to induce a menstrual period to synchronise the cycles, and this can be done by taking Provera tablets.

Please note:- If coordination of the recipient and donor cycles is not possible or the lining of the recipients womb is unsatisfactory (see below), all embryos will be frozen and stored for the recipient. The embryos will be thawed and replaced in a subsequent cycle.

The treatment cycle when donation takes place

There are critical stages in this process with which the recipient must be coordinated, and it is important to ensure that the drugs are being taken at the right time.

We use the HRT hormones to prepare the lining of your womb and it follows your down-regulation cycle. The first phase (estrogen treatment alone) is flexible, but needs to be longer than 1 week, and may be up to 4 weeks in length. We would scan you at the end of this stage and if the lining of the womb is adequate you commence the progesterone (Cyclogest pessary) treatment. – The timing of this medication is critical to when the embryos are put in to your womb. The Cyclogest Pessary must be started the day before your donor has her eggs collected.

Your partner will be asked to attend the GCRM at an appointed time to produce a fresh sample of semen to fertilise the donated eggs. The embryologist will be in touch with you regarding fertilisation and to arrange for your embryo transfer. This can be on day 2 or 3 or 5 depending on the number and quality of your embryos. *We ask you to delay the use of the Cyclogest pessary the morning of your embryo transfer until after your embryos are replaced.* You should continue with the combination of Progynova and cyclogest pessary until we know the outcome of the treatment.

Following your embryo transfer arrangements will be made for blood sample for a pregnancy test.

In the event of a positive result the hormone combination must be maintained for a further 7 or 8 weeks. If the pregnancy test is negative, then the hormone treatment should be stopped.

Further information about the treatment process can be found in "The Patient Journey" leaflet.