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INTRODUCTION

Welcome to the Assisted Reproductive Technology program of Brigham & Women's Hospital. This booklet has been designed to help you better understand the process of Assisted Reproduction therapy. Please use it as a reference when you have questions regarding your treatment instructions. If you can't find answers to your questions in this booklet, please feel free to contact the Center for Reproductive Medicine office at 617-732-4222.

You have been either given or been sent a folder (the Patient Packet) which contains most of the materials you will need to undergo an Assisted Reproduction cycle with us. Included in this packet are the following: a Therapy Instruction Booklet, prescription information, start-up orders, ultrasound requisitions, blood testing standing order and consent forms (new patients only). Please read the consents, and make sure to bring the PATIENT PACKET with you for all of your Assisted Reproduction appointments. During the course of your Assisted Reproduction therapy, you will be monitored at either the Brigham and Women's Hospital or at an approved satellite facility.

TREATMENT CYCLE

Medication may be given by injection to stimulate a woman's ovaries to produce many follicles (fluid-filled sacs that each contain one egg). Ovulation induction is begun early in the menstrual cycle after a baseline ultrasound. During a typical cycle, stimulating medication is taken for approximately 7 to 11 days. Injections are administered once daily between 6 p.m. and 9 p.m. The times of administration should not vary by more than ½ hour daily. Please note that when given your instructions, you will be told the dose for each injection.

Ovarian response to ovulation is monitored closely by vaginal ultrasound and blood estrogen levels. When a woman's eggs are mature (the follicles measure approximately 16 to 20 mm in diameter), the stimulating medication is stopped and hCG (human chorionic gonadotropin) is administered to induce ovulation. Patients will usually be instructed to administer hCG at 12 Midnight. Intercourse or inseminations (IUIs) should then take place as instructed.



DESCRIPTION OF MEDICATIONS USED

Additional medications may be necessary - please refer to the your individualized treatment plan.

SUPPRESSION THERAPY

BIRTH CONTROL PILLS

Birth control pills prevent pregnancy because of suppression of ovulation. The pill is used in the first part of some cycles to suppress pituitary gland hormones and the ovaries prior to stimulation. The pill is started within the first three days after menses begin and is usually taken for twenty-one days.

LUPRON (LEUPROLIDE ACETATE) (GnRH agonist)

Leuprolide acetate (LUPRON) is a medication used to suppress gonadotropin (FSH and LH) production (i.e. a GnRH agonist). It is chemically similar to gonadotropin releasing hormone (GnRH), a hormone which occurs naturally in the body. Normally, the body releases small amounts GnRH from the brain and this leads to the production of estrogen and progesterone in the female. When leuprolide is injected over time, these events are interrupted and estrogen and progesterone are no longer produced. Chronic administration of Lupron results in the suppression of ovarian hormone production in women (estrone and estradiol). This effect is reversible upon discontinuation of drug therapy. While Lupron has been approved for use in certain medical conditions, it has not yet been approved by the FDA for use in Assisted Reproduction, although it is used by nearly all IVF programs in the U.S.

Patients with an allergy may present with symptoms of local redness and induration (hardening) at the injection site. You need to call us if this happens. Leuprolide is not active when given orally.

ANTAGON/CETROTIDE (GnRH antagonists)

Antagon and Cetrotide are also used to suppress gonadotropin (FSH and LH) production but function as a GnRH antagonists (i.e block the receptors for these proteins). Therefore, medication can be started the morning of cycle day 7 to prevent the LH surge (i.e. premature ovulation). The effect is reversible upon discontinuation of drug therapy. Please note that Antagon can be stored at room temperature; Cetrotide must be refrigerated.

STIMULATION THERAPY

REPRONEX (hMG)

hMG (human menopausal gonadotropin) is a medication which contains two hormones, FSH (follicle stimulating hormone) and LH (luteinizing hormone) which stimulate ovarian follicle growth. Storage is at 37°-77° F. *Please refrigerate during warm/hot weather and keep away from heat.*

BRAVELLE/FOLLISTIM/GONAL-F (FSH)

FSH is a medication containing follicle stimulating hormone which simulates ovarian follicle growth. *Please refrigerate during warm/hot weather and keep away from heat.*



TRIGGER/OVULATION THERAPY

HUMAN CHORIONIC GONADOTROPIN (HCG) (*IM medications: Pregnyl/ Novarel or generic*)

When the follicles have reached sufficient size after stimulation therapy, HCG is administered. This drug causes the final maturation of the egg and ovulation (the rupture of follicle and release of the egg) to occur approximately 36-40 hours. Intercourse or insemination are timed appropriately.

POST OVULATION THERAPY

PROGESTERONE

Progesterone is a hormone normally secreted by the ovary after ovulation. It may be prescribed for the second half of the cycle to augment the body's own production of progesterone. If this medication was prescribed to you in cycles prior to your ovulation induction cycle, please discuss its use with your doctor.

The FDA requires that information about synthetic progestins be included in the progesterone package. The package insert states that synthetic progestins are contraindicated in pregnancy. You have been prescribed a progesterone which is NOT the same as these SYNTHETIC progestins. The progesterone prescribed for you is being used by most programs in the U.S. Although malformations occur in a small percentage of all pregnancies independent of medication, no studies have been performed on natural progesterone that suggest it increases the rate of congenital malformations. Thus, although we can't guarantee that no malformations will occur, there is no evidence that progesterone specifically increases the risk.



MEDICATION PREPARATION

LUPRON

It is important that you NOT be pregnant while taking Lupron. To avoid this possibility, we ask that barrier contraception (condoms, diaphragms) be used starting with menstrual flow prior to Lupron start up.

Please note: When drawing up Lupron, dosages will be measured differently based on the syringe used. We require the use of **LOW DOSE Insulin syringes**. Directions and instructions are solely for use with these syringes and no others. The vial should be inspected to insure that the solution is clear. Avoid exposing the solution to light by keeping it in its box and avoid freezing.

PREPARING THE INJECTION

(Premixed, multidose vial preparation, refrigerate)

1. Wash hands thoroughly with soap and water.
2. Remove plastic cover from the bottle and clean rubber top with alcohol wipe.
3. Remove sterile insulin syringe from casing.
4. Remove protective cap from needle and pull back plunger to the proper mark on the syringe. The syringe will fill with air. *Do not touch the needle, it must remain sterile.*
5. Push the needle through the rubber stopper and inject the air into the bottle.
6. Keep the needle in the bottle and turn the bottle upside down so that the fluid level is over the needle tip. Pull back on the plunger so that the fluid flows into the syringe to the required amount. (See your flow sheet for your individualized orders).
7. If there is air in the syringe, gently tap the syringe. If this doesn't move the air bubbles, then push the fluid back into the bottle and repeat step #6. **MAKE SURE THAT THE SYRINGE IS FILLED TO THE PROPER LEVEL WITH FLUID AND NOT AIR**. Remove syringe from bottle and cap syringe.
8. Perform the injection **subcutaneously** (refer to the Administration of Medications section).

ANTAGON

(Premixed, single-dose preparation, store at room temperature)

1. This medication comes in a pre-mixed, pre-filled syringe.
2. Wash hands thoroughly with soap and water.
3. Attach enclosed needle to syringe.
4. Remove cover from the needle and perform the injection **subcutaneously** (refer to the Administration of Medications section).

CETROTIDE

(Needs reconstitution, single-dose vial preparation, refrigerate)

1. Wash hands thoroughly with soap and water.
2. Remove plastic cover from the bottle and clean rubber top with alcohol wipe.
3. Remove sterile syringe pre-filled with sterile diluent from casing, place 1½ inch needle on syringe.
4. Remove protective cap from needle, push the needle through the rubber stopper and inject into the bottle.
5. When medication dissolves, turn the bottle upside down so that the fluid level is over the needle tip. Pull back on the plunger so that the fluid flows into the syringe. **MAKE SURE THAT THE SYRINGE IS FILLED TO THE PROPER LEVEL WITH FLUID AND NOT AIR.**
6. If there is air in the syringe, gently tap the syringe. If this doesn't move the air bubbles, then push the fluid back into the bottle and repeat step #5. Remove syringe from bottle and cap syringe.
7. Remove 1½ inch needle from the syringe and replace with the ½ inch sterile needle.
8. Perform the injection **subcutaneously** (refer to the Administration of Medications section).

BRAVELLE/FOLLISTIM/REPRONEX/GONAL-F

Bravelle/Follistim/Repronex/Gonal-F are administered daily by subcutaneous injection for approximately 7-15 days. This time frame may vary with the individual's response. The times of administration should not vary more than one hour daily. **Please note that when given your orders you will be told the number of bottles of powder (amps/vials) to inject.** It only requires 1 cc of sterile water to mix as many as 8 powders.

TWICE DAILY INJECTIONS: Taken every 12 hours between 6-9am and 6-9pm

ONCE DAILY INJECTIONS: Taken every 24 hours between 6-9pm

PREPARING THE INJECTION

(Needs reconstitution, multidose vial preparation)

BRAVELLE/FOLLISTIM/REPRONEX

1. Wash hands thoroughly with soap and water.
2. Open the bottles of medication and diluent:

Repronex/Bravelle:

Remove plastic cover from the bottle and clean rubber top with alcohol wipe

3. Remove a sterile 3cc syringe with 1½ inch needle from its casing. Remove protective cap from needle.
4. Mix the solutions:

Place needle into the diluent bottle and pull back plunger to the 1cc on the syringe.

Do not touch the needle, it must remain sterile. Move the needle into the medication bottle and inject the diluent slowly against the bottle wall to mix.

Please note: If doing multiple ampules of medication, mix until dissolved and then withdraw it back into the syringe and place solution into the next vial of medication.

Repronex/Bravelle:

Keep the needle in the bottle and turn the bottle upside down so that the fluid level is over the needle tip. Pull back on the plunger so that the fluid flows into the syringe to the 1cc mark.



OVULATION INDUCTION

Withdraw the solution from the ampule by placing the needle into the solution.

If there is air in the syringe, remove it by holding the syringe straight up with the needle facing upwards and, gently tap on the syringe and gently push the plunger.

- Remove 1½ inch needle from the syringe and replace with the ½ inch sterile needle.
- Perform the injection **subcutaneously** (refer to the Administration of Medications section).

GONAL-F Single Dose:

- This medication is packaged in kit form and needs to be reconstituted. The diluent is contained in a pre-filled syringe with two needles included in the kit. Place the 1½ inch needle on the pre-filled syringe. The medication is dispensed in powder form (there is one bottle of Gonal F per kit). Prepare the number of Gonal F ordered by removing the plastic cap from the bottle(s) and wiping the rubber stopper(s) with an alcohol swab.
- Insert the syringe with needle into the first bottle of Gonal F and inject the diluent into the bottle. The powder will quickly dissolve. Draw this mixture into the syringe and proceed to inject into the total number of Gonal F bottles ordered to be administered.
- Remove 1½ inch needle from syringe and replace with ½ inch needle. Please discard the extra prefilled syringes.
- Perform the injection subcutaneously (refer to the Administration of Medications section).

MULTIDOSE GONAL F contains the same hormone as ‘Gonal F’ however is packaged in a manner where mixing for several days administration is only required once per vial. The syringe, which is supplied with Multidose Gonal F, is calibrated in ‘unit’ measurements.

The patient will be instructed to administer a specific dose of medication. The list below is a comparison between single dose Gonal F and Multidose Gonal F measurement:

<u>Gonal F 75 IU per ampule</u>	<u>Multidose Gonal F</u>
1 ampule	75 units
2 ampules	150 units
3 ampules	225 units
4 ampules	300 units
5 ampules	375 units
6 ampules	450 units

Preparation of Multidose Gonal F:

- Using your thumb, slip off the plastic cap of the Gonal F Multidose vial. Wipe the top of the vial stopper with alcohol wipe.
- Carefully twist the needle cap off the syringe labeled ‘Bacteriostatic Water for injection USP’. Do not touch the needle or allow the needle to touch any surface.
- Position the needle of the syringe of water into the rubber stopper on the vial of Gonal F Multidose powder. Slowly inject the water into the vial by depressing the syringe plunger. The water and white powder will mix to form a clear liquid.

**Note: reconstituted solution must be refrigerated out of direct light*

OVULATION INDUCTION

Preparing your dose:

1. Wipe the stopper of the vial of Gonal F with alcohol wipe.
2. Remove protective cap from needle and pull back plunger to the proper mark on the syringe. The syringe will fill with air. *Do not touch the needle, it must remain sterile.*
3. Push the needle through the rubber stopper and inject the air into the bottle.
4. Keep the needle in the bottle and turn the bottle upside down so that the fluid level is over the needle tip. Pull back on the plunger so that the fluid flows into the syringe to the required amount. (See your flow sheet for your individualized orders).
5. If there is air in the syringe, gently tap the syringe. If this doesn't move the air bubbles, then push the fluid back into the bottle and repeat step #6. **MAKE SURE THAT THE SYRINGE IS FILLED TO THE PROPER LEVEL WITH FLUID AND NOT AIR.** Remove syringe from bottle
6. **Injection:** via **subcutaneous** route. Refer to Gonal F single dose technique.

FOLLISTIM PEN delivery system is a multidose cartridge and an administration "pen". The pen is calibrated in 'unit' measurements. The cartridges are in 300 unit (silver cap) and 600 unit (gold cap) sizes. You will be instructed to administer a specific dose of medicine.

Preparation of Follistim Pen:

1. Remove pen cap and insert a cartridge in the pen. Clean the small rubber stopper at the end of the cartridge with alcohol and attach a new needle.
2. Dial your dose. If you pass the dose number; **DO NOT DIAL BACKWARDS**; dial all the way up, push the plunger down, and start over.
3. Perform a **subcutaneous** injection (refer to Administration of Medication section). Push the injection button until it stops. Count to 5 before pulling the needle out. Check that the pen registers "0". If the cartridge does not contain your total dose of medicine, when the injection is finished the number in the pen window is the amount of medication you still need to take. Remove the empty cartridge, put in a new cartridge, put on a new needle, and inject the remaining number of units.
4. When the injection is complete, twist off the needle and discard in a sharps container, put the pen cap on, and store the pen in the refrigerator or at room temperature if the temperature is below 77 degrees. Protect from light/do not freeze.

HCG MEDICATIONS

(Pregnyl, Novarel, HCG)

The day of HCG administration depends on your estrogen level and the follicle sizes. Most patients will be instructed to administer HCG at midnight.

PREPARING THE INJECTION

(Needs reconstitution)

You will be given 2 vials. The first contains 10,000 International Units of HCG (white powder), and the second contains 10cc of diluent.



OVULATION INDUCTION

1. Wash hands thoroughly with soap and water.
2. Check the 1st vial. It should contain medication powder. Remove the uppermost cap and clean rubber top with alcohol wipe.
3. Remove the uppermost cap of the diluent vial and clean rubber top with alcohol wipe. Remove sterile 3cc syringe from casing, insert needle into the diluent, and draw back 1cc of diluent.
4. Inject 1cc of diluent into the HCG and swirl vial gently, noting the clear, watery, transparent fluid.
5. Insert needle into the dissolved HCG bottle. Hold HCG vial upside down and draw out the entire amount of solution.
6. Place a new 1½ inch needle on the syringe and administer by intramuscular injection (see Administration of Medications section).

PROGESTERONE SUPPOSITORIES

Begin progesterone the day after the last IUI or as instructed by your nurse. Please insert suppository approximately 1½ inches vaginally every 12 hours. You should recline for 15-20 minutes after insertion. Mini pads are suggested during treatment due to leakage. Suppositories are discontinued if patient is not pregnant. Patients with a positive pregnancy test will continue through the first 12 weeks of pregnancy or as otherwise instructed by their physician.



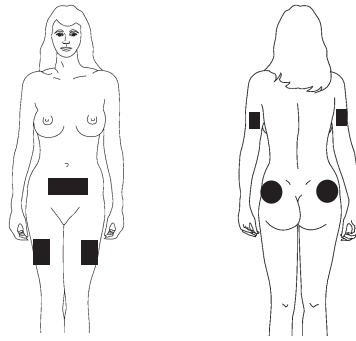
MEDICATION ADMINISTRATION

INJECTION SITES

S.C.:

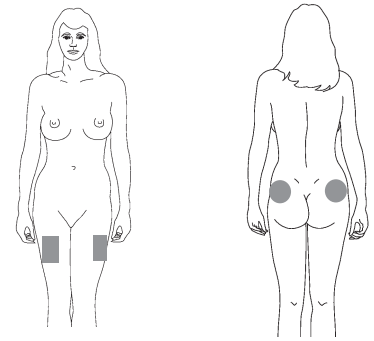
Lupron Cetrotide
Antagon

Bravelle Follistim
Repronex Gonal-F



I.M.:

Repronex
HCG
Progesterone



TECHNIQUES

1. Injection sites should be rotated daily.
2. Wash hands thoroughly with soap and water prior to preparing and administering the medication.
3. Never touch the needles, they must remain sterile prior to the injection.
4. Make sure that the syringe is filled with fluid and not air (a tiny bubble of air is acceptable and will not cause problems).
5. Use syringes only one time, then discard in a "sharps" container.
6. It is safe to administer as much as 2cc per I.M. injection site and 1cc per S.C. site.

GIVING SUBCUTANEOUS INJECTIONS (SC)

1. Prepare injection site with an alcohol pad by rubbing in a circular motion. Remove needle cap.
2. Possible injection sites are the thighs, upper outer portion of buttocks, lower abdomen, or the back of the upper arms (see diagram). Pinch the injection site with one hand and using the other hand, quickly insert the needle as far as it will go. Let go of the skin and inject the medication by pushing the plunger down to empty the syringe.
3. Remove the needle. Rub the area in a circular motion to massage the medication. Dispose of the syringe in a sharps container. If you see blood or a small amount of fluid at the injection site, simply wipe the site with a pad and apply pressure. If using Follistim pen refer to instructions specific to it on page 7.

GIVING INTRAMUSCULAR INJECTIONS (IM)

1. Prepare injection site with an alcohol pad by rubbing in a circular motion. Possible injection sites are the top of the thighs or upper outer portion of buttocks (preferable).
2. Stretch the injection site with one hand, remove needle cap and place needle straight into the skin and muscle, release the skin.
3. Draw back very gently on plunger, and if no blood is immediately visible, inject the medication by steady pressure. If blood is noted when drawing the plunger up, the needle is probably in a vein - you must completely withdraw needle and apply direct pressure to the needle site for 5 minutes. Injection can then be attempted at another site after replacing the needle.



OVULATION INDUCTION

4. Remove the needle. Rub the area in a circular motion to massage the medication. Dispose of the syringe in a proper receptacle. If you see blood or a small amount of fluid at the injection site, simply wipe the site with a pad and apply pressure.

HINTS TO MINIMIZE DISCOMFORT

1. The needle should pass through the skin quickly
2. Use room temperature diluent (saline)
3. Use a warm, wet washcloth at the site for 10 minutes after the injection.



MONITORING INSTRUCTIONS

Women will be required to have both vaginal ultrasound scans and blood tests. Please be on time. We require the labs to supply us with same day results. For test results to be available for the afternoon chart review (during which medication orders are determined) it is important to have bloods sent to the lab by 9am.

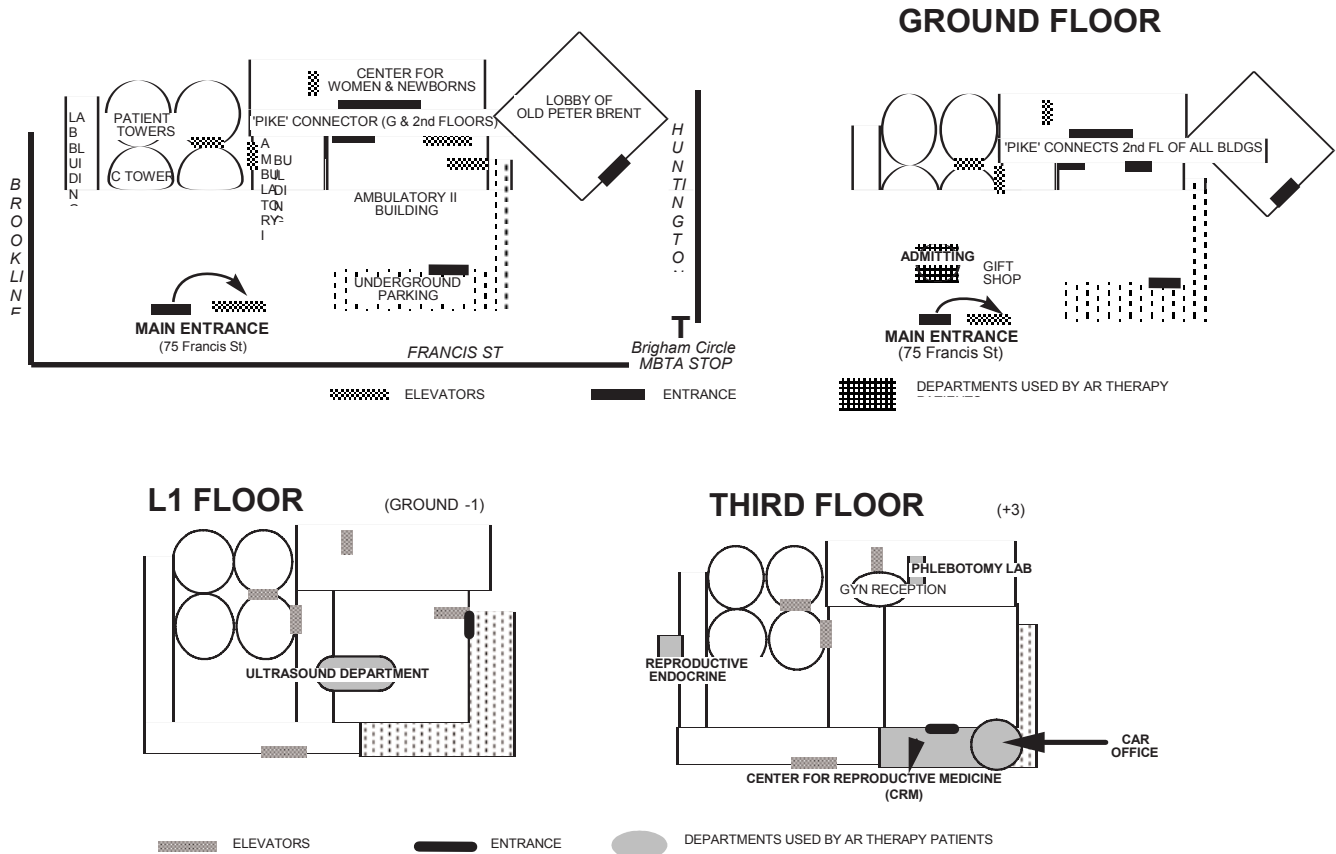
Please follow these instructions during your monitoring phase:

1. Refer to the 'MONITORING AT' section of this booklet for maps and instructions for the different testing facilities and the location of the Center for Assisted Reproduction, Center for Reproductive Medicine Office, Phlebotomy Lab (blood drawing), Admitting, Reproductive Endocrine Lab, and Ultrasound. Please note that you can have your testing performed at the hospital, at our Chestnut Hill facility at 850 Boylston St. (Monday through Fridays only, no holidays), or certain pre-approved satellite facilities (ask your nurse for more information). If you are having your testing performed at the hospital, we suggest that you park your car in the ASBII Parking Garage at 45 Francis Street or valet park at the main entrance.
2. Ultrasound exams will be performed with the vaginal transducer, which necessitates the need for an empty bladder during the ultrasound. If you prefer a female ultrasound technologist, you may request such, and if possible a female technologist will perform the test (please note that you may experience a longer waiting period).
3. After you have been on Stimulation Therapy for a number of days, periodic blood estrogen levels and ultrasound exams are done to determine the amount of stimulation your ovaries have received. Because same day results are imperative, these tests must be performed early in the morning.
 - No appointments are needed at BWH and 850 Boylston St. However, other satellites require appointments.
 - Patients are taken on a first come, first serve, basis.
 - Waiting times vary.
4. Between 12 noon and 5:00 pm on the day of testing, you will receive a call from a nurse, regarding the results of the testing and your physician's orders for the following days.

MONITORING AT BWH

Please note that the ground floor and the 2nd floors are the only floors from which access to all the buildings can be made.

Level L-1 in the parking garage doesn't connect with level L-1 in the hospital lab building



MONDAY - FRIDAY INSTRUCTIONS (BWH only)

1. Ultrasound Hours:

Weekdays

- Ultrasounds begin at 7:30am. Patients are seen in the order in which they sign in. You must arrive by 8:00am.

Weekends/Holidays

- Ultrasounds begin at 8:00am. Patients are seen in the order in which they sign in. You must arrive by 8:30am.
- Location: Radiology/Ultrasound Department, Level L-1, Ambulatory I .

From MAIN LOBBY at 75 Francis Street: Take the elevators next to the main entrance down to L1. Take a right off the elevator and follow the overhead signs to the Ultrasound Department

From AMBULATORY II PARKING GARAGE: Take Parking or Ambulatory II elevators to the 2nd floor. Follow the “Pike” to the Ambulatory I elevators. Take the elevators to down to L1, take a right off the elevators, then another right and follow the signs to the Ultrasound Department.

- There will be ultrasound slips in your packet which you must bring with you at the time of the scan. All ultrasound exam results will be interpreted by a physician and forwarded to your physician or nurse.



OVULATION INDUCTION

2. Blood Drawing

Patients who do not need an ultrasound need to go directly to the Phlebotomy Lab for their testing (they must sign in at the Center for Reproductive Medicine).

- Drawing Hours: Monday-Friday: 7:00- 9:00am (in Ultrasound - only if ultrasound is ordered);
Monday-Friday: 7:00-9:00am (Phlebotomy Lab, CWN 3rd Floor)
Weekends: 7:00-9:00am (in Ultrasound only)

- Location: Ultrasound (see # 1 above)

Phlebotomy Lab, 3rd floor CWN Building.(next to the Ob/Gyn Information Desk)

From MAIN LOBBY at 75 Francis Street: Take the elevators next to the main entrance up to the 3rd floor. Take a right off the elevators and follow the signs to the Ob/Gyn Clinic (now located in the CWN Building). The blood lab (Phlebotomy Lab) is located to the left of the Ob/Gyn Reception Desk (under the “Gynecology Practice” sign - the doorway to the right).

From AMBULATORY II PARKING GARAGE: Take Parking or Ambulatory II elevators to the 2nd floor. Follow the “Pike” to the Ambulatory I elevators. Take the elevators up to the third floor and follow the signs to the Ob/Gyn Clinic (now located in the CWN Building). The blood lab (Phlebotomy Lab) is located to the left of the Ob/Gyn Reception Desk (under the “Gynecology Practice” sign - the doorway to the right).

- You will be provided with a Standing order blood test requisition in your packet. You will need to give it the phlebotomist on the first day you test. The requisition will then be maintained for you in the lab and you will not be required to bring a lab slip each time you test. This standing order is good for one calendar year.

3. Sign - In

Patients are responsible for signing in either in the Center for Reproductive Medicine or Ultrasound **EACH** day of testing. It is very important to complete all the information requested: your name, hospital #, phone number(s), physician’s name, and whether or not we have permission to leave a message (**for your confidentiality we will not leave a message without your permission**).

4. Daily instructions

- At approximately 2:00PM each day the nurses and doctors hold rounds where each individual patient’s response to therapy is reviewed and decisions are made about medication dosage and further instructions.
- Patients are called after Rounds with the results of that day’s testing and their orders. Therefore, please leave phone numbers where you can be reached in the afternoon. These phone calls are generally completed by 5:30 PM. If for any reason you have not received a phone call by **5:30 PM**, please call (617) 732-6660 and ask for the IVF fellow on call.

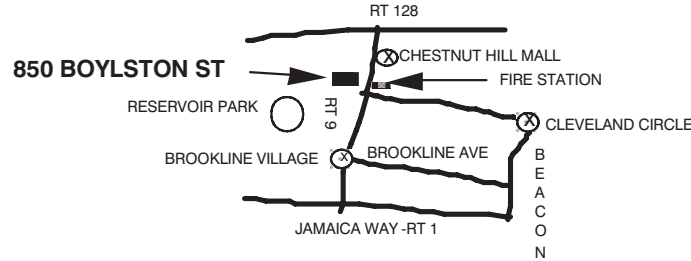


OVULATION INDUCTION

MONITORING AT 850 BOYLSTON ST - Monday through Friday only

NOTE: It is necessary to have testing on Pre-Op day done at Brigham & Women's.

850 BOYLSTON STREET, ROUTE 9, CHESTNUT HILL



INSTRUCTIONS

1. Sign -In

- There will be a sign in sheet in the Ultrasound Department at 850 Boylston Street. All **Boylston Street** patients will be required to sign in for an afternoon callback.

2. Testing Requisitions:

- **You must bring ultrasound and standing order lab slips with you to the 850 Boylston Street Testing Facilities. They do not have them available.**

3. Ultrasound Hours: 7:30 - 8:00 am

- Location: 5TH FLOOR

4. Blood Drawing Hours: 7:30- 8:30am

- Location: 5TH FLOOR

MONITORING AT SATELLITE FACILITIES

There are some patients who choose to be tested at physician pre-approved sites outside of Brigham & Women's Hospital. If you prefer to satellite-test, please be aware that all testing must be done at the site and no other.

Newton-Wellesley Hospital

2000 Washington St., Newton, MA 02462 617-243-5200

North Shore Medical Center

One Hutchinson Dr., Danvers, MA 01923 978-739-6900

Exeter Hospital, Center for Reproductive Care

18 Portsmouth Ave., Stratham, NH 03885 603-773-6973

RETROGRADE EJACULATION PATIENTS

Please note: we require that you abstain for at least 48 hours prior to ejaculation.

1. One hour before sample collection, adjust the pH of your urine by taking 4 Alka-Seltzer tablets.
2. One-half hour before sample collection, drink a full glass of water and empty your bladder.
3. Perform sample collection.
4. After ejaculation, collect urine into a separate container and submit both samples to the staff.

PREGNANCY TEST MONITORING

Waiting for test results is a difficult time for many couples. Please don't use a home pregnancy test kit within 18 days of HCG administration. It may either give false positive or negative results due to the HCG injection you took during your cycle. If you think you need additional support, please call the office and ask to speak to one of our social workers.

If you have not had a period (or the period is at all unusual), you may come in for pregnancy test weekdays, 16 or more days after the last IUI was performed. Please come in prior to 9 a.m.

Reminder: Progesterone can delay menses-please test for pregnancy prior to stopping this medication.



ADDITIONAL INFORMATION

ADDITIONAL MEDICATIONS

Please check with your physician prior to taking any additional medication or herbal preparations during the cycle.

EMERGENCIES

If an emergency arises, please call the office at 617-732-4222 and press #1 for emergency and ask for "F and E fellow on call". Stay on the line or leave a call back number and the physician will return your call.

WHY THE OVULATION INDUCTION CYCLE MAY NEED TO BE STOPPED

- A. Poor response to the medication, i.e., there are too few follicles.
- B. The estrogen level and the follicle development are not appropriate.
- C. You have missed your testing or instructions regarding your medication dose.
- D. Ovulation occurs prior to the hCG administration.
- E. Response to the medication is too exuberant (high risk of ovarian hyperstimulation).



POSSIBLE COMPLICATIONS OF OVULATIM INDUCTION

A. MULTIPLE PREGNANCY

Because several follicles containing eggs can mature simultaneously, and ovulate simultaneously, ovulation induction can result in multiple gestations. Usually, the number of fetuses can be determined by ultrasound at 6 to 7 weeks gestation. Fetal reduction may be possible in high order multiple gestation pregnancies.

B. HYPERSTIMULATION SYNDROME

Treatment may include observation and/or hospitalization for IV hydration or removal of excess fluid from the abdomen, rarely using surgery and removal of the ovary/ovaries. Symptoms include persistent abdominal pain, moderate to severe abdominal bloating, weight gain (3 lbs or more, daily), nausea, vomiting, concentrated urine, and/or difficulty breathing. If you have any of these symptoms, please call your nurse, on weekends, or please page the F&E Doctor On-Call.

C. INFECTION AT THE INJECTION SITE

Symptoms of injection or operative site infection can include redness and/or extreme tenderness at the site and fever (rare). You may be instructed to apply warm soaks to the site and/or be given antibiotic treatment. Patients with fever or severe pain should notify their Center for Reproductive Medicine nurse or the F and E fellow on call.

D. ECTOPIC PREGNANCY

The Center for Reproductive Medicine will have you undergo an early ultrasound to rule out ectopic pregnancy. Approximately 5% of Assisted Reproduction pregnancies become ectopic and resolve on their own or are treated with medication or surgery.

E. OVARIAN TORSION

Twisting of the blood vessels and ligament of the ovary can cause severe pain, and must be treated surgically.

F. MEDICATION SIDE EFFECTS

Read the package inserts of your medications and discuss any possible side effects with your physician.

NOTE: Please call the Center for Reproductive Medicine Office (or F and E fellow on call if the office is closed) at 617-732-6660 with the appearance of any unusual symptoms. All of our patients are followed closely.



PHARMACY INFORMATION

We will be happy to assist you in obtaining your medications and will fax orders to the pharmacy of your choice.

Please be aware that some insurances have contracted for you to use a particular pharmaceutical vendor. Please contact your insurance company for your required needs.

Furthermore some insurance company require prior authorization for certain medications.

MAIL ORDER:

If you chose to purchase your medications through mail order, please notify the Center for Reproductive Medicine office (617-732-4222) and your order will be faxed in by us.

Freedom Drug,	800-660-4283
IVP Pharmaceuticals	866-426-3877
Schrafts	800-876-4545
Village Pharmacy	866-890-8930



EMOTIONAL SUPPORT

Because we know that fertility treatment can be stressful, we have on our staff two licensed social workers that specialize in helping couples and individuals get through the infertility maze.

We would like to offer you an opportunity to meet with one of our social workers. Although it is not required, we acknowledge that there is as much of an emotional piece to this process as there is a physical one.

Annie Geoghegan, LICSW has been practicing for over 25 years. For the past 15 years, she has been working at the Center for Reproductive Medicine helping people deal with the emotional aspects of reproductive medicine and endocrinology. She is a professional member of RESOLVE, Inc. and The Boston Fertility Society.

Laura Lubetsky, LICSW has been practicing for over 20 years. She has joined the Center for Reproductive Medicine after working for Harvard Vanguard and Dana Group Associates where she did extensive work with couples and families.

In addition to meeting with individuals and couples, our social workers also lead support groups, and relaxation/stress management classes.

Infertility Support Group: every Thursday 8am to 9am in the Tomasso Conference Room. Follow the PIKE to pre-admitting test center, take the elevator on the left to the 3rd floor, turn right and follow the signs.

To make an appointment for Annie Geoghegan, Laura Lubetsky or the support group, please call 617-732-6462.

REPRODUCTIVE PSYCHIATRY CARE

Clinical research has shown that emotional problems may interfere with fertility in men and women and may decrease pregnancy success rates. If you or your partner feel sad or irritable, or you are experiencing diminished interest or pleasure in daily activities, changes in appetite, weight or sleep, loss of energy, diminished ability to concentrate, or if you feel excessive anxiety or worry, you could benefit from the psychiatric consult and treatment services provided by Florina Haimovici, M.D. in the Center for Reproductive Medicine at Brigham and Women's Hospital.

Dr. Haimovici has been trained in Psychiatry at the Harvard South-Shore Residency Program and Brigham and Women's Hospital and in Reproductive Biology at Brigham and Women's Hospital. She has more than 15 years of research experience in the field of reproduction. For consultation and information you can contact her at (617) 983-7494.



OTHER

RESEARCH

Brigham and Women's Hospital is always seeking to better understand and improve the therapies we offer. Therefore, we invite patients to enroll in our research studies. We hope these studies will help us increase the chance of success. Whether or not you choose to consent to be a participant, will not affect the quality of the care that you are given in any way.

AFTER THE CYCLE

Following the completion of your therapy, your physician will review the cycle and make recommendations for any additional cycles. You are encouraged to meet with your physician if you are not pregnant after three treatment cycles.

