



*My IVF +/- ICSI Treatment guide at the Fertility Centre*

*Chelsea and Westminster Hospital*

*My Patient Information*



Thank you for choosing the Fertility Centre at Chelsea and Westminster Hospital. In this leaflet we explain what to expect in advance of and during your treatment with us.

**What must happen before you start treatment (please note all steps are mandatory):**

Before you start treatment you must have gone through the following steps:

- You have/had your first consultation with one of the doctors here and your clinical history was recorded.
- You have/had some tests organised and the results were reviewed during a follow-up consultation\*. The factors affecting your chances of conception were reviewed and explained to you and you were given a prognosis (chance of success), which is individual to you.
- Your options for treatment were discussed.
- You opted and agreed with the doctor to have IVF (with or without ICSI \*).
- The doctor decided which protocol (including drug and dose) you are going to follow and any special amendments to suit your individual case.
- You must have had an AMH blood test completed before booking a nurse consultation. If you have not had your AMH blood test, please call the nursing team to organise this.

\*please bring results of previous fertility investigations to your initial appointment with the doctor.

If the above steps have not happened, then you are not ready at this stage to proceed to treatment and we would recommend that you make an appointment to see a doctor.

**Please take the time to read through the rest of this leaflet carefully. Now you need to read the rest of this leaflet carefully**

If you are still unclear about your diagnosis, prognosis, treatment options, treatment plan and protocol for treatment, please book a follow-up consultation with the doctor again to go over it once more as fertility treatment is most effective when you fully understand what to expect throughout the process. Please do not proceed any further if you are still not clear about the plan. After reading this leaflet, if you are satisfied and happy that you understand the plan, you need to proceed to the following steps:

**Step One: Register with the Fertility Centre**

If you have had any appointments in the Fertility Centre with a doctor or nurse you will already be registered with us. If you are not already registered with the Fertility Centre as a patient, you need to register before you start treatment. You can get a registration form from reception and any changes during your treatment can be highlighted at reception or directly to our administration team. We do require both partners to be registered within the Fertility Centre so please ensure your partner is also registered. Please note your registration details must match your passport.





## **Step Two: Book a nurse consultation**

Once you have completed all of step one, call the administrative team on 0203 315 8585 and request an appointment to see a nurse for a “nurse consultation”. For private patients, in order to obtain confirmation of booking, the Fertility Centre will require the full cycle payment to confirm your appointment, please refer to our price list for further information. Both you and your partner must attend this meeting. You will receive an email from the administration team with instructions of how to prepare for this appointment, this email will include consent forms that need to be completed in full prior to your appointment. You cannot start treatment before seeing the nurse as there are some very important details and information that must be discussed before you start your medication. Undertaking fertility treatment is a large commitment for any couple, this appointment is crucial in working through the practical elements of your treatment including gaining informed consent for all your consent forms and the nurse will advise on when to start your medication/ how to plan your cycle.

Please note that you will not be able to book in for a nurse consultation until after your doctors consultation. Due to clinic capacity and waiting times there might be up to short delay between your initial consultation and your nurse consultation. You will need to ensure that you have read this literature in advance of this appointment with the nurse.

**The nurse consultation will last approximately 60 minutes and will cover practical issues such as:**

- To provisionally schedule your treatment date and confirm provisional scan dates
- The nurse will show you how to administer your medication and equip you with teaching literature and visual media to take home.
- To go through your consent forms which you and your partner have completed on-line, ensuring that you have fully understood everything you have signed.
- To sight your original photo ID (passport) and confirm a true likeness.
- To check that you and your partner have done all necessary blood tests for infectious screening as required legally by the Human Fertilization and Embryology Authority (HFEA) and/or give you request forms to get the tests done.
- To book an endometrial scratch or other procedure that has been planned for you by the doctor.
- To be given a price list and made aware of what to expect and associated costs.

It is important to understand that the nurse will not discuss with you medical decisions regarding your treatment or fertility test results (including information you have been provided by other healthcare professionals or research). This should have been done when you saw the doctor, if you do require this then you will need to make an appointment to see your doctor.

The most important element of fertility treatment is an understanding of the process, your diagnosis and treatment plan. If you are unclear about any of these elements then you need to make an appointment to see your doctor as we need to ensure that you are fully consented prior to commencing treatment. If you need to see the doctor then this will be charged in line with the price list.

### **The forms that you must complete prior to the nurse consultation**

The nurse will go through consent forms (e-consent) with you both ensuring you have fully understood all aspects and ensure these are filled in correctly. These include:

- 1) welfare of the child forms for both partners; WOC
- 2) HFEA forms for egg and sperm use; WT/MT
- 3) consent to disclosure for both partners; CD



- 4) consent to IVF
- 5) consent to ICSI if necessary (please refer to the patient information on ICSI)
- 6) consent for legal parenthood if using donor sperm or eggs for both partners (WP/PP/PBR)



### Your infectious screening

All fertility units are legally obliged to have up-to-date records (**within 3 months** of egg collection for new patients and 2 years for existing patients) of sexual health screening, for both partners, to include: Hepatitis B core antibody, Hep B surface antigen, Hep C and HIV.

If you have already done these tests elsewhere, you will need to bring official laboratory copies of the results to the nurse consultation for filing in your hospital records. It is your responsibility to provide this information and to ensure it is in date. Treatment cannot proceed without the results of this screening. If your infectious screening results are not available at your nurse consultation you will need to pay to have them done that day (if you are self-funded), or be referred back to your GP to have this screening completed before you commence your treatment.

**Please note: You will NOT have an egg collection if all the test results below, are not up-to-date as above; this is a legal requirement by the HFEA. Screening include:**

- Hepatitis B surface antigen for both
- Hepatitis B core antibody for both
- Hepatitis C antibody for both
- HIV 1, 2 antibodies for both
- Rubella immunity test (IgG) for the female partner.

Please note that for Hepatitis B we need both the core antibody (HBcAb) and the surface (or Australian) antigen (HBAsAg). GPs occasionally test only for the Hep B surface antigen, but not the Hep B core antibody. Conversely, sometimes they test for the surface antibody and not the surface antigen. Please check that you have all the test results we need. If you are unsure please liaise with the Fertility Centre nurses; if needed a nurse can perform the required blood tests in the Fertility Centre (in-house blood tests are chargeable).

### Your prescription

You need to ensure that you have the drugs that you require for treatment. This does mean that you need to plan ahead of each scan appointment to ensure you have sufficient drugs.

The nurse will give you a prescription signed by one of our doctors. For private patients full payment upon receipt of the prescription will need to be made via card to our receptionists, the prescription can then be fulfilled at the hospital pharmacy. The pharmacy is open the following hours:

Monday, Tuesday, Thursday, Friday 9am - 6pm  
Wednesday 9am – 7:30pm  
Saturday and Sunday 10am - 4pm



Unfortunately if you require medications outside of the opening hours (i.e. over a bank holiday weekend) then it would be unlikely that we would be able to help you. Therefore it is important that you plan ahead and record how much medication you have remaining.

**Please check your medications before your scan appointments and highlight any requirements at that appointment to avoid running out of medications.**

### **Step Three: The active phase of the treatment**

What happens after meeting the nurse depends on the protocol that you are going to follow. The doctor will have made an individualised plan for you, deciding which treatment protocol is most appropriate. The most commonly used protocols are the antagonist protocol and the long agonist protocol. The doctor will advise you which protocol you need to follow:

#### **Antagonist (or Short) protocol:**

- You need to call the Unit as soon as your period starts and book a scan for day 2 or 3 of your period. The number to call is 0203 315 8585, it is called a “stimulation-start scan”.
- The purpose of the first scan is to ensure that we have a good baseline from which to start ovarian stimulation. After the scan the nurses will advise whether you can start treatment or you may be called later that afternoon after discussion with the Consultant. If we identify any issues, such as a large ovarian cyst or an endometrial polyp, we may need to postpone the treatment for another cycle or advise that you make an appointment with the doctor.
- Following your first scan we will start ovarian stimulation injections at a dose that will be tailored specifically to you (either Gonad F, Bemfola, Menopur or Meriofert). The purpose of these stimulation injections is to facilitate the growth of eggs. The nurse will have shown you how to administer your medication and equip you with teaching literature and visual media to take home but should you need a refresher please ask your nurse during this appointment.
- You will need to have a second scan, and sometimes a blood test, usually around 5 days after starting ovarian stimulation. At this stage we will assess the ovarian response and may adjust the dose of the medication. **We will also start a second daily injection, which will be Fyremadel.** The purpose of the second injection is to make sure you do not ovulate (release an egg) until we collect your eggs.
- You carry on doing **both** injections daily (at the same time each evening preferably 6pm-8pm) and we arrange for you to have more scans and blood tests to monitor the ovarian response. The nurse will discuss these results with the Consultant in the afternoon. The nurses will call you in the afternoon to give you further instructions if necessary (e.g. dosage change). Usually after 10-12 days of injections you are ready for egg collection.
- There is an injection called Ovitrelle, which triggers the final maturation of the eggs prior to egg collection; an alternative drug to Ovitrelle may be used. The nurse will call you to give you a precise time to administer this injection, which is usually between 8pm-11pm. Typically 36 hours later we perform the vaginal egg collection procedure.
- **You will not have any more injections after taking Ovitrelle.** The day of egg collection you need to come to the Fertility Centre having fasted for 6 hours (no food or drink). Your partner needs to accompany you to provide a sperm sample (unless frozen or donor sperm is used).



Your partner will need to abstain from ejaculation for 2-5 days prior to treatment. The nurse will confirm egg collection times, and when to arrive to the Fertility Centre.

- The egg collection will be conducted under conscious sedation, which will be administered by a nurse. You will feel drowsy and comfortable, but not necessarily fall asleep. You need to bring someone with you for this appointment as it would not be safe to travel home unaccompanied, and you will be unable to drive. We would suggest you wear comfortable clothing to get changed into after your procedure so that you are comfortable on your journey home.
- The egg collection will last for 15 minutes on average, and you will go home a couple of hours later. The nurse will give you instructions of what to do after egg collection. The same night you will start using progesterone supplements, usually Cyclogest pessaries. You will insert one pessary rectally on the same day as the egg collection and two a day rectally from the following day. You will be able to use them vaginally, should you wish, after the embryo transfer.
- You will be contacted by the Embryologist before midday the next day, to find out if any eggs have fertilized and how many embryos you have. The Embryologist will let you know when to come for embryo transfer, typically 2 to 5 days later. This will largely depend on the number and quality of your embryos.
- Depending on the number and quality of your embryos you will attend an appointment for an embryo transfer and you must have a full bladder so that we can do a transabdominal scan at the same time. You will have a brief meeting with the Embryologist and they will advise you of how many embryos you have and their quality. Also we will advise you how many we would recommend that you transfer. You will make your own decision but you can only put up to 2 embryos if you are up to 39 years old and up to 3 embryos when you become 40. The embryo transfer feels like a smear test and is done by one of the doctors.
- You will carry on using progesterone supplements until the pregnancy test. Usually we recommend a urinary pregnancy test 2 weeks after the embryo transfer procedure. Sometimes we also recommend intramuscular or subcutaneous injections of progesterone and other medication in addition to the vaginal pessaries.
- We do not routinely offer BhCG blood test in the unit. The urine pregnancy test is very accurate, therefore we do not find the BhrcG blood test necessary. If you are unsure you may repeat the urine pregnancy test or go to your GP and ask if they are happy to do a BhCG blood test as this is not funded as part of the fertility treatment.
- If the pregnancy test is positive you will need to carry on using vaginal progesterone pessaries and book a pregnancy assessment scan by contacting the Fertility Centre receptionist on 0203 315 8585. This will be around 4 weeks after the positive pregnancy test.
- If the pregnancy test is negative you will need to stop all medication and wait for a period. Sometimes the bleeding starts before the pregnancy test. If it is only slight bleeding, you must carry on with your medication. If it is a heavy period then should stop, as unfortunately this cycle has failed. In which case you will need to book a follow-up consultation with the doctors for a "failed cycle review" no sooner than 2 weeks after the negative pregnancy test. If you do not have a bleed following a negative test and have waited more than 2 weeks, please contact the nursing team for advice.



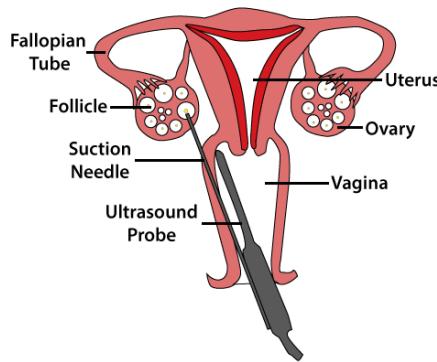
## Long day 21 protocol with Buserelin

- Start your Buserelin injections 0.5ml subcutaneously (once daily and at the same time each evening) from day 21 of your menstrual cycle. The nurse will show you how to do this at the nurse consultation.
- The nurses will confirm dates of the 21<sup>st</sup> day of the cycle and plan for your Buserelin to start, the nurse will schedule your first baseline scan approximately 2 weeks after the start of your Buserelin. If your period has started more than 2 days +/- the date estimated then please call the nursing team on 0203 315 8585 and speak with the nursing team as we may need to adjust the appointment. The scans are performed by the sonographer or a doctor in the Fertility Centre, between the morning hours of 9am-12.45pm or in an afternoon clinic 2pm-4pm depending on availability. Please continue taking your Buserelin injections.
- The purpose of the first scan is to ensure that we have a good baseline from which to start ovarian stimulation. After the scan the nurses will advise whether you can start treatment or you may be called later that afternoon after discussion with the Consultant. If we identify any issues, such as a large ovarian cyst or an endometrial polyp, we may need to postpone the treatment for another cycle or advise that you make an appointment with the doctor.
- Assuming all is optimal, we will start ovarian stimulation after the first scan, at a dose that will be tailored specifically to you. The purpose of these stimulation injections (either Gonal F, Bemfola, Menopur or Meriofert) is to cause the eggs to grow. The nurse will have shown you how to administer your medication and equip you with teaching literature and visual media to take home but should you need a refresher please ask your nurse during this appointment. You must also continue to take your Buserelin injections as Buserelin will stop you from ovulating (your eggs being released).
- You will need to have a second scan, and occasionally a blood test, usually around 7 days after starting ovarian stimulation. At this stage we will assess the ovarian response and may adjust the dose of the medication. We will give you a schedule to keep hold of so you can record your drugs and scans.
- You will carry on doing **both** injections daily (at the same time each evening preferably 6pm-8pm) and we will arrange for you to have more scans and blood tests to monitor the ovarian response. The nurse will discuss these results with the Consultant in the afternoon. The nurses will call you in the afternoon to give you further instructions if necessary (e.g. dosage change). If there is no change you will not be called and should continue all drugs at the same dose. Usually after 10-12 days of injections you will be ready for your egg collection.
- There is an injection that is called Ovitrelle, which triggers the final maturation of the eggs prior to egg collection. The nurse will call you to give you a precise time to administer this injection, which is usually between 8pm-11:30pm. Typically 36 hours later we perform the vaginal egg collection procedure.
- You will not have any more injections after taking Ovitrelle.** The day of egg collection you need to come to the Fertility Centre having fasted for 6 hours (no food or drink). Your partner needs to accompany you to provide a sperm sample (unless you are using frozen or donor



sperm). Your partner will need to abstain from ejaculation for 3-5 days prior to treatment. The nurse will tell you exactly what time to come to the Fertility Centre.

- The egg collection will be conducted under conscious sedation, which will be administered by a nurse. You will feel drowsy and comfortable, but not necessarily fall asleep. You need to bring someone with you for this appointment as it would not be safe to travel home unaccompanied, and you will be unable to drive. We would suggest you wear comfortable clothing to get changed into after your procedure so that you are comfortable on your journey home.
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- You will be contacted by the Embryologist before midday the next day, to find out if any eggs have fertilized and how many embryos you have. The Embryologist will tell you when to come for embryo transfer, typically 2 to 5 days later. This may largely depend on the number and quality of your embryos.
- Depending on the number and quality of your embryos you will attend an appointment for an embryo transfer and you must have a full bladder so that we can do a transabdominal scan at the same time. You will have a brief meeting with the Embryologist and they will advise you of how many embryos you have and the quality of the embryos. Also we will advise you how many we would recommend that you put in your womb. You will make your own decision but you can only put up to 2 embryos if you are up to 39 years old and up to 3 embryos when you become 40. The embryo transfer feels like a smear test and is done by one of the doctors.
- You will carry on using progesterone supplements until the pregnancy test. Usually we recommend a urinary pregnancy test 2 weeks after the embryo transfer. Sometimes we also recommend intramuscular or subcutaneous injections of progesterone and other medication in addition to the vaginal pessaries.
- We do not routinely offer BhCG blood tests. The urine pregnancy test is very accurate, therefore we do not find the BhCG blood test necessary. If you are unsure you may repeat the urine pregnancy test or go to your GP and ask if they are happy to do a BhCG blood test as this is not funded as part of the fertility treatment.
- If the pregnancy test is positive you will need to carry on using vaginal progesterone pessaries and book a pregnancy assessment scan by contacting the Fertility Centre receptionist on 0203 315 8585. This will be around 4 weeks after the positive pregnancy test. If however you have



either bleeding, pain or other problems in early pregnancy, you will need to be referred through your GP to the early pregnancy assessment unit (EPAU). If the problems arise out of hours please go straight to the Accident & Emergency Dept. If you are self-funded and prefer private care in early pregnancy, you will need to contact a Consultant via the private outpatients; please note our IVF or other treatment packages do not include early pregnancy care or management of early pregnancy complications.

- If the pregnancy test is negative you will need to stop all medication and wait for a period. Sometimes the bleeding starts before the pregnancy test. If it is only slight bleeding, you must carry on with your medication. If it is a heavy period then you should stop, as unfortunately this cycle has failed. In which case you will need to book a follow-up consultation with the doctors for a "failed cycle review" no sooner than 2 weeks after the negative pregnancy test. If you do not have a bleed following a negative test and have waited more than 2 weeks, please contact the nursing team for advice.

**Depending on your medical history and individual case there may be extra steps or drugs involved in your treatment. This will have been planned before you start the treatment, by the doctor, and the team will guide you along the way as required.**

### **CLINICAL RISKS**

Unfortunately, as you are aware, IVF is not without risks. The doctor will discuss them with you, but you should be aware of the following:

1. The risk of poor-ovarian response and cycle cancellation. If a cycle is cancelled/abandoned before egg collection, fees will be charged to cover the cost of all work undertaken up to that point. This is usually levied as a partial refund of the IVF fee you paid at the start of the cycle. If you are NHS funded, a cancelled cycle can affect your funding. The clinical team will refer you to the administration team to confirm your funding status.
2. The risk of over-response and ovarian hyperstimulation syndrome. We take steps to minimise this risk, including prevention and management, which is below 3%. However, if you develop clinical ovarian hyperstimulation you will normally be admitted to Chelsea and Westminster Hospital through the Accident and Emergency department or to your local hospital via A&E.
3. Risks during egg collection, including infection and internal bleeding, are very low (less than 1 in 1000).
4. There are practical difficulties collecting eggs and transferring embryos in some cases.
5. Occasionally no eggs are collected or no eggs fertilise. In addition, there is a risk that no embryos survive to embryo transfer.
6. You must consider the risk of multiple pregnancies and discuss this with your doctor.
7. The risk of miscarriage and ectopic pregnancy.

### **IMPORTANT:**

It is important to remember ovaries don't always respond to stimulation with drugs and we don't always manage to collect eggs. Eggs occasionally fail to fertilise and not all embryos are viable and not all of them survive in culture. There can be no guarantee that you will have extra embryos for freezing.

If you do ICSI there is a slightly increased risk of congenital abnormalities of the embryo (up by 0.5%; please refer to the patient information on ICSI). If the sperm is extremely poor you will be advised to organize genetic tests for your partner.



## **Step Four: Freezing embryos**

After a treatment cycle of IVF, surplus embryos may be frozen for your future use. Only very good quality embryos will be proposed for freezing. Sometimes we need to freeze all the embryos which meet the suitability requirements for freezing and transfer them back another month. The doctor will explain all this if necessary.

There are further charges for freezing, storing and the use of spare embryos. If you are NHS funded most Clinical Commissioning Groups (CCGs) will pay for the freezing of embryos and storage for the first year. If you have embryos frozen with us it is imperative that you keep the Fertility Centre up to date with any change of address. Should we be unable to contact you at the time of storage period expiry, we are required by law to dispose of the embryos.

If you are considering transferring frozen-thawed embryos, you will need to see one of the clinicians to discuss your options and you will be provided with further written information. Please make a follow-up consultation with the doctor to organise this.

### **TRANSFER OF PATIENT CARE**

In the unlikely event of failure of the Centre (such as staffing issues, or equipment failure), we may require to transfer patients to another local IVF centre for on-going care; a Third Party Agreement is in place with Hammersmith IVF Unit so as to cover such eventualities.

### **GENERAL CONSIDERATIONS**

Due to the nature of what we do, it can sometimes be difficult to be exact with timings of appointments but we will endeavour to work in partnership with you to meet your needs; on the basis of this understanding please be aware sometimes circumstances are beyond our control and can lead to appointment delays.

### **COUNSELLING**

We appreciate that this is an emotional time for you and your partner and it sometimes helps to alleviate stress to talk to someone. Our counsellor is very experienced in the field of infertility. Anything you discuss with her will be in strict confidence. If you would like to arrange an appointment, please contact the Fertility Centre administration team 0203 315 8585. You have a maximum of three counselling sessions included in your cycle. Please see the counselling leaflet for further information.

*In addition, the Unit has monthly patient support group virtual meetings; please check for dates on the website and contact admin team to book a session.*

### **FUNDING YOUR TREATMENT**

The NHS does not provide universal access to fertility services, and the funding criteria is decided through your local Clinical Commissioning Group (CCG). If you meet the eligibility criteria set by your local CCG the doctor will complete the funding application for you before you come to the Fertility Centre. You will be notified by post if your funding application has been successful, and an appointment can be made to be seen in clinic to start planning your treatment. If you have not heard from the clinic regarding your funding contact the administration team in The Fertility Centre.

Please be aware that there are some parts of an IVF cycle that the CCGs will not fund, for example long-term (more than a year) storage of frozen embryos, or for a frozen embryo transfer cycle if it exceeds 12 months from the time the embryos were created.



If you are not eligible for CCG funded treatment, you can have treatment at Chelsea and Westminster as a privately paying patient, please make an appointment to see your doctor by contacting the Fertility Centre on 0203 315 8585.

## ADDITIONAL MEASURES

There is some evidence that in some circumstances additional measures can be taken to improve your chances of success. In the Fertility Centre we endeavor to limit any such treatment to those which have an evidence base i.e. they are proven to work. However we understand that proof is not always available, and will recommend additional treatments in selected cases on an empirical basis. Additional measures may include:

For further information on these treatment & evidence including independent reviews please visit the governing body HFEA website on <http://www.hfea.gov.uk/treatments/explore-all-treatments/treatment-add-ons/>:

- **Practice embryo transfer:** To ensure we can have a smooth entry into the womb.
- **Saline scan:** To check for abnormalities inside the womb.
- **Endometrial scratch:** Please see information leaflet.
- **Assisted hatching:** If you have had repeated failed treatment cycles, despite having good quality embryos, there is some evidence to suggest that making an artificial hole in the outer shell of the embryos may help with the implantation process.
- **IMSI:** If your partner's sperm sample is very poor (i.e. low count and poor morphology or shape), IMSI (which is a variation of ICSI) will help in selecting sperm that is more normal; though there is still not enough evidence that this procedure will improve your chances of a pregnancy.
- **Embryo glue:** If you have had repeated failed treatment cycles, despite having good quality embryos, there is some evidence to suggest that exposing the embryos to an "adhesive" solution prior to embryo transfer increases the chance of implantation of the embryo in the womb.
- **Hysteroscopy:** A small operation to have a direct look inside the womb.
- **Natural killer cell assessment:** In common with clinics all over the world, with the exception of some Central London units, **we do not measure NK Cells**. Whilst we agree that there may well be some immunological reason that some women do not conceive, there is no evidence that the measurement of NK Cells allows us to identify these women.

If you are NHS funded, many of these additional measures are not included in the funding provided by your CCG, but you can opt to self pay for these elements of your treatment to improve your chances of conception; please discuss these options with your doctor.



### **Side-effects of drugs**

Prostap and Buserelin can cause menopausal symptoms, such as: tiredness, headaches, night sweats, hot flushes, nausea and mood changes.

Gonal-F, Bemfola, Menopur and Meriofert can cause: headaches, breast tenderness, nausea and tiredness. When you are nearing the time of egg collection you may feel heaviness or pulling inside your abdomen as your ovaries will be enlarged.

The Cyclogest pessaries can cause bloating and constipation. This will be explained in more detail post egg collection.

Fyremadel can cause localised skin irritation, which normally subsides after a few days.

### **CONTACT INFORMATION**

The Fertility Centre  
4th Floor, Lift bank D  
Chelsea and Westminster Hospital  
Fulham Road  
London SW10 9NH  
Tel: 0203 315 8585

### **Frequently Asked Questions**

#### **Hours of service**

The treatment scans for IVF, ICSI, IUI and follicle tracking take place Monday to Friday between 9am and 12.45pm.

The fertility treatments (egg collections, embryo transfers, IUIs etc.) take place Monday to Friday between 9am and 4pm. Embryo transfers also take place on Saturday between 10am and 1pm.

Pharmacy is open Monday-Friday 9am-6pm (Wednesdays are open until 7.30pm and Saturdays/Sundays and Bank Holidays from 10am-4.00pm).

#### **Prices**

You can find the current price list on the website of the Fertility Centre or you can enquire at reception.

For treatments and pharmacy drugs you will pay your fees to the Unit. All invoices must be settled in full in advance of your embryo transfer and full payment of your planned treatment will be required prior to your nurse consultation.



Storage fees must be paid in advance and notification to destroy samples must be made in writing prior to a new storage year commencing. Storage fees are annual so will incur the full cost regardless of when we receive your consent to discard.

### **Changes to treatment plans**

Your Consultant will have made an individualised plan for your treatment cycle, however it is possible we may recommend changes to the plan depending on how the cycle progresses. In some circumstances this may incur additional costs. For example:

- 1) Additional medication may need to be purchased depending on how you respond to the treatment
- 2) We may recommend changing from IVF to ICSI on the day of egg collection depending on the semen analysis, please ensure you are aware of the additional cost of ICSI if this was to be required.
- 3) We may recommend freezing the embryos rather than fresh embryo transfer for safety or if there are factors which may affect the chances of success (for example due to OHSS risk, thin endometrium, endometrial polyps, or raised progesterone levels). This is then followed by Frozen Embryo Transfer.

Any proposed changes to the agreed treatment plan will be discussed with you along with the cost implications, details of changes and any risks, if you have any questions surrounding the cost of treatment, please contact the administration team on 0203 315 8585 or via email on chelwest.acu@nhs.net

The consultant will make a treatment plan for you and you will be treated by the Fertility Centre team. There is no arrangement for each consultant to personally treat his own patients. However, all scans and blood test results are reviewed by one of the consultants each day and all management decisions are made by the consultants.

### **Success rates**

The published success rates, which you can find on the Fertility Centre website and HFEA, include the private patients.

### **Emails, queries and out-of-hours care**

Fertility treatment works best when couples fully understand the process. We understand that often you have questions about your treatment so we would encourage you to book a follow up appointment with your consultant to discuss this if you have started treatment as it is not appropriate for consultants to provide medical advice via email or telephone, unless by prior appointment.

During your treatment you will discuss your queries with our doctors or nurses, who will get advice from the consultant on duty for that day. If you need assistance during your treatment, you can call the nurses in the Fertility Centre on 0203 315 8585, option 2 and leave a message. You will be called back by the nurse the same afternoon or the next morning, depending on the urgency of the matter. If there is a need for out-of-hours urgent care, you can call the Nurses emergency on call number 07854666461.

In an emergency you will go to Accident & Emergency at Chelsea and Westminster (or your nearest



hospital) and you will be admitted to the Gynaecology ward under the care of the consultant on call for Gynaecology. Please ensure you let the Fertility Centre know that you have been admitted to hospital.

As it is very common for patients to have non-specific aches and pains following IVF, the nurses will often advise the patient to go to their GP, the Early Pregnancy Unit or A&E if there are concerns out-of-hours and/or in the early stages of pregnancy.

**Early pregnancy assessment:** if there are no problems, we routinely carry out pregnancy assessment scans at 8 weeks of pregnancy and you will then be discharged from the Fertility Centre to the antenatal care team. Please ask about how you can be referred to Chelsea and Westminster Hospital for your antenatal care either on the NHS or privately on the Kensington Wing.

If a patient wishes to have private care in early pregnancy, on a one-to-one basis, and your consultant is not available personally, they may refer to another consultant.

### **How should I dispose of used needles or sharps?**

You should use a sharps bin to dispose of used needles or sharps. A sharps bin is a specially designed rigid box with a lid that's available on prescription (FP10 prescription form) from your GP or pharmacist, you will receive one from the Fertility Centre before you start your injections. When full, the box can be collected for disposal by your local authority or you can return the bin sealed to the Fertility Centre.

#### **Used needles**

Used needles must not be bent or broken before disposal, and you must never try to recap a needle.

#### **Using your sharps bin**

You can use your sharps bin to dispose of medical supplies such as:

- needles
- syringes
- lancets used with finger-pricking devices

Put needles or similar medical supplies into the sharps bin immediately after using them and don't try to take them out again. Only fill the bin up to where it says "Do not fill above this line". While your sharps bin is in use or waiting to be collected, keep it in a safe place so it's not a risk to other people and is out of the reach of children.

#### **Disposing of your full sharps bin**

Arrangements for disposing of full sharps bins vary from area to area. You can find out more from your local council's website. Local councils can charge for this service, but most don't. If they do you can return the sharps bin to the unit. Please lock the bin by pressing firmly before handing your sharps bin back.

#### **Do not use other bins**

You should not put used needles or other sharps:

- in your household waste bin or any other general refuse bin
- in a container that's no longer needed, such as a drinks can or bottle

Needles can cause injuries. Used needles can carry blood-borne viruses that may be passed on to other people. Viruses that can be passed on through contact with needles include: HIV, Hepatitis B and C.



### **Needles for medication**

If you use needles to inject medication, it's your responsibility to dispose of them safely. For example, if you have:

- diabetes and use a syringe, injection pen or insulin pen for regular insulin injections
- a severe allergy for which you may need to inject adrenaline (epinephrine) from a preloaded syringe or injection pen
- are undergoing treatment involving self-administering drugs

### **Packaging**

Please dispose of all your packaging, we advise you cover your name for your confidentiality. The cardboard box and plastic can be recycled.

If there are any unused needles, these will also need to be disposed as they cannot be used by others due to infection control measures. Please place them in your sharps bin. Menopur administration needles only can be returned back to the company, so you can bring these to the Unit.

**For the full list of our Frequently Asked Questions (FAQs) please visit the Fertility Centre website**