

Frozen-thawed embryo transfer (FET) cycle

Frozen-Thawed Embryo Transfer requires the preparation of your endometrium (the lining of the uterus or womb) using pituitary downregulation followed by hormone replacement therapy, and the transfer of frozen-thawed embryo(s) into your uterus.

Planning your treatment cycle and making an embryo thaw plan.

When your period starts you need to contact the Fertility Centre on 01722 417224. If you leave a message on the answer phone, we will get back to you as soon as possible.

The Nurse co-ordinator will answer any questions that you have and ensure that you have all the necessary drugs required for the cycle. You will be contacted by the embryologist to discuss a thaw plan. We can plan to thaw one, some or all of your frozen embryos. We can thaw the embryos and replace them on the same day, or we can observe the embryos for a longer time with the aim of transferring embryos that have shown additional development. The plan will depend on the number and developmental stage of the embryos you have in storage, your medical history, your age, the number of embryos which you could have transferred and your own wishes.

The treatment cycle

The treatment cycle consists of five stages:

1. Suppression of the natural activity of the ovaries
2. Preparation of the endometrium with oestrogen tablets.
3. When your endometrium has shown a suitable response to the hormones, progesterone pessaries or gel will be added to mature your endometrium.
4. We will confirm the plan for the thawing of the embryo(s) and then the embryologists will thaw your embryos according to this plan.
5. The transfer of the frozen-thawed embryo(s) into your uterus.

Pituitary downregulation

For pituitary down regulation, which suppresses the natural activity of your ovaries, we use Buserelin injections. The down regulation is usually started on Day 21 of your menstrual cycle before the treatment cycle. These drugs will continue throughout the treatment, and should not be discontinued until a Nurse co-ordinator instructs you do to so.

Some women experience hot flushes, headaches, or tiredness while on the drugs. Taking paracetamol tablets can relieve these symptoms.

The injections are into the thigh or abdomen. Whilst major reactions from the injections are rare, you can expect to experience some minor inflammation, swelling and bruising at the site of the injection. These symptoms are not usually regarded as a reason to discontinue treatment and can be relieved by paracetamol.

If you are concerned about any reaction please do not take any further doses of the drug and contact the nurse coordinators.

You should expect your period to start around its usual day.

What if my period does not come when it is expected?

If your period has not started within 3-7 days of its expected date you might be pregnant.

If your period has not started by the time of your planned baseline assessment, contact the Nurse co-ordinator.

Baseline assessment

The baseline assessment consists of a transvaginal ultrasound scan, to check that the ovaries are not active and that the lining of the uterus is thin.

We schedule these assessments for early morning and you will need an empty bladder for this scan.

If the scan is satisfactory you will be advised when to start the Progynova (oestrogen) tablets, which are on an increasing dosage schedule laid out in your patient medication instruction leaflet.

Don't forget, it is essential that you continue your Buserelin injections or throughout your treatment until instructed to stop by the Nurse co-ordinator.

Progress assessments

We schedule another assessment for Day 12 - 15 of your oestrogen tablets.

If the lining of the uterus is satisfactory you will meet with the Embryologist. The Embryologist will discuss with you the number of embryos to be thawed. This will depend on the number in storage, their developmental stage and appearance before storage and the number you wish to have transferred. These decisions are best made following a discussion with the Embryologist so that together you may consider your options and make a plan for thawing. The Embryologist will need your contact details on the day of thawing to let you know how the embryo(s) have thawed. This is an important link in the laboratory safety checks as well as an opportunity to confirm the thawing plans.

If the lining of the uterus is not satisfactory you will be asked to continue taking the oestrogen tablets and to attend for a further ultrasound scan on a given date.

Starting your Progesterone support.

When your progress scan shows that the lining of your uterus is satisfactory, then the Nurse co-ordinator will instruct you when to start Progesterone pessaries or vaginal gel, when to stop the down regulation drug and confirm the day to attend for your embryo transfer.

Don't forget, it is essential that you continue your oestrogen tablets.

If you are using Cyclogest: Commence the first Cyclogest pessary on the evening of Day 15 and then use one pessary three times a day. Use the pessaries either rectally or vaginally. Continue with the pessaries and oestrogen until you have a pregnancy test.

If you are using Crinone: Commence the vaginal gel on the evening of Day 15 and then use twice daily (in the morning and in the evening). Continue with gel and oestrogen tablets until you have a pregnancy test.

You may experience some side effects from these drugs such as, fluid retention, bloating, breast tenderness, headaches and constipation.

If your pregnancy test is positive the pessaries or vaginal gel and the oestrogen tablets should be continued until you have completed 12 weeks of the pregnancy.

STOP your Buserelin injections only when you start your Cyclogest/Crinone, unless otherwise instructed.

The embryo transfer

The embryo transfer usually takes place in the embryo transfer room in the Salisbury Fertility Centre.

The actual embryo transfer is usually a very quick, painless procedure similar to a cervical smear test. You will need to have a fairly full bladder for this procedure.

The transfer technique is accomplished by placing the embryo(s) inside a narrow plastic tube (a catheter), which is then inserted into the uterus through the cervix. The embryo transfer procedure is performed with the aid of an abdominal ultrasound guide enabling the embryo(s) to be replaced in the uterus optimising the chances of a pregnancy. The embryos can also be viewed on a T.V. screen via a link to the laboratory. If you wish you can take photos of the screen.

There is no risk of embryos "falling out" as the lining of the uterus is convoluted and embryos are placed in the uterus; therefore you can go home immediately afterwards.

The total length of time you will be in clinic is up to an hour.

Following embryo transfer

Following embryo transfer there are no strict guidelines. It is advisable not to do anything too strenuous and to avoid saunas and hot baths, which would raise your body temperature, or to be exposed to ionising radiation (X-rays) or volatile chemicals (petrol) which may harm your embryos.

Paracetamol may be taken to ease any discomfort.

You should continue taking the oestrogen tablets and the progesterone pessaries or gel until the results of the pregnancy test are known. Then follow the advice of the nurse co-ordinator. Do not stop medications unless instructed to do so.

If you have questions, please do not hesitate to ask the clinical staff before or after the embryo transfer.

Pregnancy testing

A pregnancy test is performed up to 14 days after the day of the embryo transfer, depending on the stage of the embryo when it was transferred. Please attend the pathology laboratory in the morning to have blood taken. The results are usually rung through to the Fertility Centre early afternoon and a Nurse co-ordinator will ring you with the result.

Please contact the Nurse co-ordinator on 01722 417224 (24 hr answerphone) if you have any queries.