

Egg donation and the Victoria Fertility Centre

If you are reading this information you are likely interested in becoming an egg donor. **Thank you** so much for that interest. There are literally hundreds and hundreds of people we see at the Victoria Fertility Centre every year, who have no hope of having a family without the help of an egg donor. There is no greater gift that a human being can give – than providing someone the chance of having a child and a family. We do many egg donor cycles every year – the joy to our intended Mums and Dads – and the joy experienced by our egg donors is **indescribable**. I have tried to explain the process in this information package. I have started with a quote from an egg donor.....

**“This year I did something out of the ordinary,
Something that made a difference in people’s lives...
... I was an egg donor”**

Why is egg donation necessary?

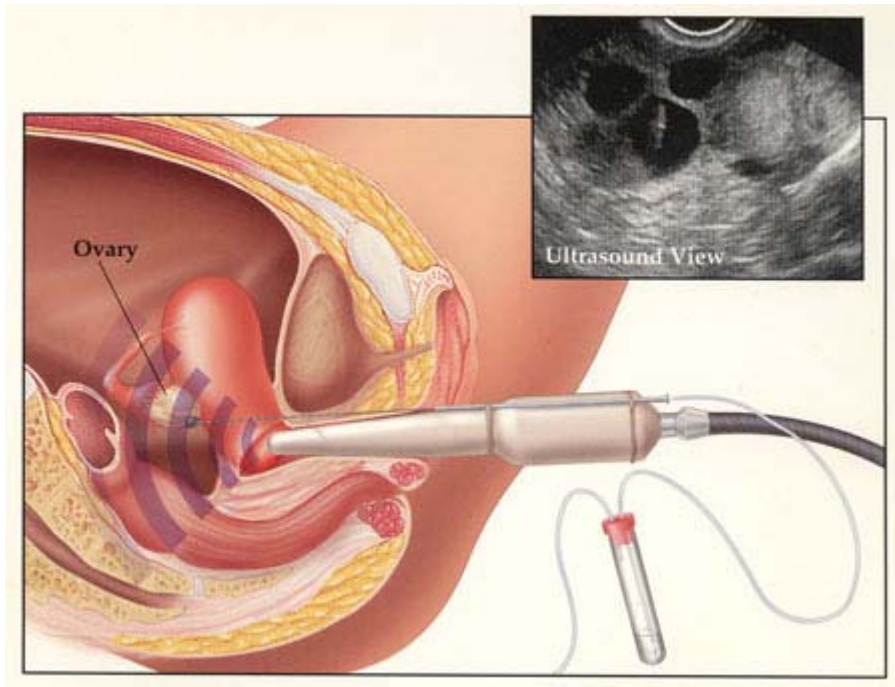
Many women are unable to have children because their ovaries do not produce eggs. This (ovarian failure) may be due to genetic causes, cancer treatment, or premature menopause. Other women may produce eggs that are of poor quality or that contain genetic abnormalities (in other words they may be carriers of inheritable diseases) and will have a poor chance of achieving a healthy pregnancy. In the past, there was no treatment that could be offered to these women. For many years men with sperm related problems have been able with their partners to have children with the help of donor sperm. Until the last decade we did not have the developed technology to offer couples donor eggs, however now we do. So today, treatment can be an egg donation from another woman. Egg donation can help many to realize their dream of having children.

What does the treatment involve / How is egg donation done?

The egg donor would need to go through a cycle of controlled ovarian hyperstimulation. During this process, her ovaries are stimulated with fertility drugs (ovulation induction). The eggs grow in capsules of fluid called follicles. These are monitored by ultrasound. On average, 10-14 days of fertility drugs are required to stimulate eggs to a level of maturity. During this process the ovaries are monitored by ultrasound. When the eggs are ready, they are retrieved from the ovaries by transvaginal ultrasound. At this stage, the role of the egg provider is over. These eggs are then fertilized in the laboratory using the desired sperm.

This diagram below shows how the egg retrieval is done. An ultrasound probe is passed through the vagina and allows us to visualize the ovaries. A fine needle is passed alongside

the probe, travels through the vagina wall and into the ovaries. You can see on the ultrasound view the needle going into the little follicle to aspirate the egg. This procedure is a little uncomfortable so it is done under conscious sedation. This is not a general anesthetic however allows our patients to be comfortable during the procedure. The whole egg retrieval process only usually takes about 10-15 minutes



At the same time that the donor is going through this treatment to retrieve eggs, the prospective recipient (Intended Parent) will receive hormonal medications to prepare her uterus to receive the embryos. So while the egg donor is having her fertility injections, the recipient will be taking hormones to prepare the endometrium. Once the eggs have been fertilized in the laboratory, they are cultured for three to five days and then the best embryo/s are transferred into the uterus of the mother-to-be.

Is more than one egg donated?

It is possible to donate just the one egg that naturally develops each month - but IVF treatment works best when a number of eggs can be fertilized and transferred (because not every egg is perfect and therefore will not give a pregnancy). Also, it is always hoped there will be enough remaining embryos to attempt a second “try”. For these reasons, donors

will usually donate a number of eggs. -These eggs would have been lost during that month anyway. It is important to remember that 100s of eggs are wasted every menstrual cycle. Remember also that it is quality rather than quantity that is so important. We are not aiming to get masses of eggs – and ideally we like to retrieve between 5 and 15 eggs from an egg donor

I have heard that I may have to take medications – Is this true?

Egg donors do need to take medications; to first of all prepare the ovaries by putting them in to a “resting phase” (usually with the birth control pill) and then to stimulate the ovaries so that we are able to retrieve multiple eggs. This is called controlled ovarian hyperstimulation and involves the use of fertility drugs called gonadotropins which are given by daily injections.

This table below gives you some idea or of what is involved. It may sound overwhelming at first glance but it is in fact very straightforward.

Birth control pill	You will be asked to take the birth control pill (the “Pill”). This suppresses the ovaries (puts them to sleep). It also suppresses other hormones which in certain circumstances has a positive effect on outcome.
FSH/LH (Gonal F, Puregon and Repronex are commonly used)	This is the preparation phase and also allows us to synchronize your menstrual cycle with the intended Mum These are called gonadotrophins . Gonadotrophins are taken by subcutaneous (under the skin) daily injection for about 10 - 16 days. These medications stimulate the ovaries to produce multiple eggs. You will be taught how to do this simple injection and will inject your self every evening in the skin around your bellybutton
Doxycycline (antibiotic)	An antibiotic to be taken orally twice per day once the follicles are ready for “triggering”. The doxycycline is usually started about the time of egg retrieval and is continued for a few days after the egg retrieval. This helps prevent any chance of an infection during the surgical stage of the process.

Will the medication give me side effects?

For some women the birth control pill can cause some mood changes, breast tenderness and vaginal spotting (light bleeding). These are all transient

The fertility drugs which are given by injection every evening, stimulate the ovaries. You may have a slight reaction where the drugs are injected, however this is usually mild. As the ovaries respond to the fertility drugs they become bigger as the follicles containing the eggs develop. The follicles release a hormone called estrogen. As the estrogen levels rise they may affect mood, cause some abdominal bloating and pelvic pressure.

Side effects should not be severe and will disappear once medications are stopped at the end of treatment. Of course, any side effects should be reported.

Will the medications increase cancer risks?

There have been concerns raised over the years that there might be long-term cancer risks associated with the use of fertility drugs. One study in Washington State in the early 1990s revealed that an unusual number of women with cancer had used a fertility drug called Clomiphene. However, subsequent studies that have been done have not been able to confirm this, and are more reassuring. There are many other factors that might be associated with an increased risk of ovarian cancer, one of which is infertility itself. Recently, some studies have suggested a possible increase in the risk of breast cancer associated with the use of gonadotropins (e.g. Gonal F, Puregon, Repronex), although once again the findings across all relevant studies are inconclusive. At this present time the Cochrane review **does not** support an association between IVF, fertility drugs and breast or ovarian cancer. i.e. there is no current evidence that there is an increased risk of cancer associated with the use of fertility drugs.

In summary – at this stage there is NO evidence that being an egg donor increases cancer risks.

Is egg donation treatment safe?

In general, IVF treatment is considered to be very safe however no treatment is entirely without risk. There are some rare risks that we would like you to know about. It may be possible for example, to have some excessive bleeding at the time of egg retrieval or to develop an infection a day or two afterward. We give all our patients prophylactic antibiotics to prevent this happening. In all my multiple years of being involved with in vitro fertilization I have never seen anybody develop a serious infection related to an egg retrieval.

There is a potential risk of Ovarian Hyperstimulation Syndrome (OHSS). This is a medically caused illness It occurs in women who over respond to the treatment medications and can produce symptoms like abdominal distension (bloating) and pain, vomiting and diarrhea. Donors are unlikely to develop severe OHSS but are carefully monitored so that individuals who will be at risk for OHSS can be identified.

In summary ovarian hyperstimulation syndrome is a condition associated with very high numbers of eggs being released and very high estrogen levels. It is a condition specific to IVF. It appears that the high numbers of eggs and high estrogen levels affect the membranes which divide all bodies into various compartments. Most people are aware that a large percentage of our body weight is made up of fluid. There is fluid (blood) in our blood vessels (intra vascular) and there is fluid outside the blood vessels (extra vascular) in this particular condition the permeability of membranes dividing the fluid compartments is affected - so that fluid can shift from inside the blood vessels into other body spaces. This can cause the blood in the blood vessels to become more concentrated and resulting in a high-risk of blood clots (for example - deep vein thrombosis) it can also result in collection of fluid in the abdomen called ascites.

It usually only become serious if a woman becomes pregnant. It is the pregnancy hormones themselves that aggravate this condition.

Egg donors are not intending to become pregnant so OHSS, if it develops, is usually self-limiting. There are ways to prevent it, so that if we think this may develop we can advise you appropriately.

In summary – with the medications used today, the chance of an egg donor developing OHSS is very unlikely.

Will egg donation affect my fertility?

Egg donation should **not** decrease your natural fertility. In fact the opposite may be true – you will be more fertile during and just after treatment! You should bear in mind however that your natural fertility will decline with time (Advancing age) . For this reason you are encouraged not to delay your own childbearing.

The only time that you will fertility could be effected would be if you develop a complication (such as a pelvic infection) after the procedure. Personally in all my years of practicing in vitro fertilization I have never seen this happen.

I am using the BCP for contraception. Will I have to stop my birth control pill during treatment?

At some point during (or just before) treatment, you will need to stop the birth control pill and you will be at risk for pregnancy.

I have a Mirena IUCD. Will this need to be removed for my egg donor cycle ?

No it does not need to be removed. It can just stay where it is while you are doing the egg donor cycle.

Can I remain sexually active during egg donation treatment?

You **may (cautiously)** remain sexually active during the early phases of the stimulation and until the egg retrieval however should use barrier methods of contraception (condoms) during this time. After the egg retrieval you will be superfertile - and should be very cautious to avoid getting pregnant. Recommendations are that our egg donors abstain from sexual activity until their next period. However - if you are sexually active after the egg retrieval please make sure that you use condoms and a spermicidal foam.

Also, all donors must observe precautions to prevent sexually transmitted diseases.

Summary of a donor's role in an IVF cycle:

Note: every treatment is individualized and this is therefore just an example

- Step 1 Completing the medical and family history forms
 Telephone or personal consultation with Dr. Hudson or another VFC doctor.
 Blood and other tests – as required
 Consultation with one of our reproductive counselors.
 Deciding on what sort of relationship to have with the intended parents. In this regard you will be counseled by our counselors.
VFC requires that all egg donors know/ or get to know in some way, the intended parents. (we do not do completely anonymous ED cycles)
 Setting up an individually-designed treatment plan
 Clinical orientation – to explain your treatment plan and ensure that you understand how to give injections and take medications
- Step 2 Birth control pill (oral) for approximately 3 – 4 weeks
- Step 3 Discontinue the pill
 Ultrasound & blood test are done a few days after stopping the pill - and if everything looks good, you will be ready to start the stimulation phase of your cycle
- Step 4 Stimulation phase (ovulation induction)
 Gonadotrophins (Gonal F, Puregon, and/or Repronex) injections: subcutaneously (under the skin) daily injection.
 After 5 - 7 days of injections, repeat ultrasound and blood test
 addition of an extra medication also given by injection - called a GnRH antagonist – to prevent the eggs from releasing prematurely
- Step 5 The follicles are ready!
 Trigger shot to mature the eggs. (this is given exactly 36 hours before the egg retrieval)
 The trigger shot is taken just once by subcutaneous injection
NO MORE injections !!
 You will also be asked to start taking an antibiotic called Doxycyline. You will take this twice a day until the day of the egg retrieval taking the last dose of Doxycyline that evening. Doxycyline can be hard on your tummy so it is very important that you take it with a small amount of food
 Your egg retrieval will be scheduled for exactly 36 hours after the trigger shot
- Step 6 Egg retrieval
 You would expect a period within 2 weeks after the egg retrieval –and then your cycles will go back to normal

What happens at the egg retrieval?

The egg retrieval (or egg collection) procedure takes about 20 minutes. During egg retrieval a vaginal ultrasound is done to identify the position of the ovaries. Once the ovaries (and the follicles in the ovaries) are examined, a fine needle is passed through the vaginal wall and is used to pierce each follicle. (see picture in earlier part of this information package) The fluid inside each follicle is drained and hopefully will yield an egg (note that, because the eggs are collected this way, it does not matter if you have had your tubes “tied”). It is very important to us that you are perfectly comfortable during your egg retrieval so that your donation remains a positive experience. Egg donors are asked to take the day off of work on the day of egg retrieval because of the need for sedatives during the procedure. You will need to be escorted home by your partner or a friend, and **MUST** not be alone until the next day (because of the risk of internal bleeding) You must not drive for 24 hours after egg retrieval. Most donors return to work within a day or so after the retrieval—unless there is ongoing discomfort.

Please remember there is Increased Fertility for the next 2 weeks.

Do I have to change my lifestyle during treatment?

It is not usually necessary to make major changes to your lifestyle in treatment however it will be best to act “as if” pregnant; In other words, medications (including herbal therapies) that are unsafe in pregnancy, alcohol and other recreational drugs, as well as high impact exercise, should be avoided during treatment.

Can anybody donate?

Any woman who is between the ages of 19 – 40 years can be considered for egg donation. Ideally however, to improve chances of success it is preferred that egg donors are under the age of 35 years. Before treatment can start, it is important to confirm that each donor is fertile and in good health. (And obviously not a carrier of any infectious or inheritable diseases) For this reason you will be asked to complete a health history and have some tests (see last page) before you can be accepted for treatment. Also, because we want to be absolutely certain that you have thought about this carefully, we require all prospective donors to meet with our reproductive psychologist (before treatment begins) to discuss the implications of egg donation.

What is the role of the mental health professional (reproductive psychologist) in this process?

It is essential that all parties involved have a consultation with our reproductive psychologist/counselor. He/she will evaluate the donor and intended parents regarding the suitability for donor egg in vitro fertilization

Will I have to pay for treatment? Will I receive compensation for my egg donation?

There are no fees for being an egg donor – all the costs are shouldered by the intended parents (IPs)

In Canada it is illegal to pay an egg donor for her eggs – however it is perfectly legal to compensate for all your expenses. It is NOT legal to be paid for your eggs. To comply with Canadian Legislation it is important to be clear that you may only be compensated for your expenses. An egg donor should incur NO expense to herself – and will be compensated for her expenses. VFC however plays no role in this, and financial reimbursement is done between the participating parties.

If there is any financial motivation for egg donation, VFC will not proceed.

Do I have any legal responsibility to any child that is born through my donation?

NO ! The recipient (who will be the birth mother) is recognized as the legal mother and assumes the rights and responsibilities of any child born of egg donation. While there is no law governing this, it is generally held that the donor has no rights and no responsibilities. Donors do have an obligation to inform the clinic of any new medical information regarding themselves that may come to light and be important for the child.

Can I donate more than once?

You may donate more than once - however each donation will be considered separately and must be separated by a minimum of a one to two month interval.

Where may I find more information?

There are some informative files on our website that are recommended for you to read. We also encourage you to ask any questions you may have – and to be satisfied with the answers.

The donor sibling registry

A useful website to visit for all prospective donors, parents and donor conceived people is www.donorsiblingregistry.org

What's in it for me ?

Being an egg donor is truly one of the MOST incredible things a human being can do for someone else. It's a big commitment – especially time wise. It is also imperative that our egg donors have considered how they feel about egg donation – so the psychological counseling is essential. It is also important to remember that “today's decision” may have implications for the future. In other words, an egg donor may feel differently about things in 5 – 20 years time – and this must be considered.

The pain of infertility is extraordinary and cannot be written. In the same way – the joy of having a child and family – is also extraordinary. When “Happiness” is studied – over and over again, family/children/love – appear to be common themes that men and women find most important when evaluating their own happiness.

Final words

“Overall this is a safe process but may involve some abdominal discomfort for a couple of weeks (like PMS). Most egg donors find the process incredibly rewarding and at VFC I don’t think that we have had any egg donor not have a wonderful experience. I don’t think there is a greater gift in life than giving someone the chance to have a child. If you would like to have more information and speak to me. – please contact my assistant Penny at penny@victoriafertility.com to arrange a phone consultation. When this is arranged, please fill in the medical history forms and fax them to VFC so I can have a chance to review them before we speak.”

If one considers “charity”, “giving”, “making a difference” – egg donation may be one of the biggest gifts of all.

“You can make the difference”

Thank you for reading this information

Dr. Stephen Hudson
Medical director
Victoria Fertility Centre.