

REPLACEMENT OF FROZEN-THAWED EMBRYOS

Patient Information

After a treatment cycle of IVF, surplus embryos may be frozen for the couple's future use. In accordance with the HFEA guidelines, we are allowed to store the embryos for up to ten years in normal circumstances. This storage period may be extended in certain circumstances once the appropriate consent forms have been completed. Only good quality embryos will be suitable for freezing. Of these, approximately 80% will survive the freezing and thawing process.

Frozen-Thawed Embryo Transfer (FET)

Embryos may be replaced during a natural cycle (without drugs) or a cycle where hormone supplements have been given.

FET in a Natural Cycle

If your menstrual cycles are regular (26 - 35 days in length), and your progesterone level is normal, you can have your frozen embryo transfer in a natural cycle. To enable us to determine the correct time to replace the embryos you will be asked to contact the ACU on day one of your cycle (or Monday if your period starts over the weekend), this is the first full day of your menstrual bleed. A trans vaginal ultrasound scan will be arranged for you around day 12 of your cycle. This is to check for a leading follicle, and a thickened womb lining (endometrium). If these are observed then we will give you an injection of hCG (Pregnyl or Ovitrelle) to trigger ovulation.

The laboratory where your embryos are stored will then contact you to let you know the day that you should attend for the embryo(s) to be transferred.

In general if your embryos were frozen at the pronuclear stage, transfer will be performed 4 days after the trigger injection. The day after the trigger counts as day 1. If the embryos were frozen at the blastocyst stage, transfer will be performed 5 – 7 days after the trigger injection. Drugs for luteal support (after ovulation) are not required in a natural cycle

If a mature follicle is not seen, or the lining of the womb does not thicken sufficiently, the treatment may be abandoned and the embryos will not be thawed. If this happens then usually we will suggest using hormone replacement for subsequent cycles.

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FET using Hormone Replacement.

If your menstrual cycles are irregular (<26 days or >35 days), you will be offered hormonally aided FET. You should contact us on day 1 of your menstrual cycle (or Monday if your period starts over the weekend). You should start sniffing a nasal spray (or alternatively a daily injection) from day 2 of your cycle to “switch off” the brain’s normal production of FSH and LH hormones to prevent interference with the cycle. You will also need to start oestrogen supplementation (Progynova tablets) to aid the thickening of the womb lining. Response will be monitored with a trans-vaginal scan around day 12 of your cycle.

Once the required thickness for the womb lining (endometrium) is achieved, the nasal spray is stopped and you will need to start progesterone supplementation (Cyclogest pessaries) to prepare the endometrium for implantation of the embryo(s). You will continue taking the oestrogen tablets. The embryologists will be informed and they will contact you to let you know which day to attend for embryo transfer. The embryo transfer will happen at the centre where the embryos are stored. You should carry on with oestrogen and progesterone hormone supplementation for the next two weeks and then perform a pregnancy test.

After the pregnancy test

Please contact the ACU with the result of this test. If you are pregnant we will arrange for you to have a trans-vaginal scan 5 weeks after the embryo transfer. This is to check that the pregnancy is viable. In certain circumstances, if you are thought to be at increased risk of an ectopic pregnancy we will scan you a week earlier.

If you are pregnant and have been taking hormone replacement therapy you will need to carry on taking oestrogen and progesterone supplementation until you are 8 weeks pregnant. This is not necessary if you have had a natural cycle.

If you are not pregnant you will be offered a consultation to discuss the next steps. In this case you can stop the drugs and expect a period.

Safety

There is no evidence of an increased risk of adverse consequences in children born following frozen embryo transfer.

Other Questions

Please telephone the Assisted Conception on 020 8934 3155 if you have any other questions

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