

Infertility Treatments

Last Updated Friday, 07 January 2011

Here you will find the answers to the most frequently asked questions regarding infertility treatment. For detailed instructions & consultation, please contact us .

How long do I have to wait to be seen for a consultation?

A clinician or a qualified scientist will be able to meet with you normally within one week from the time of your request.

How soon after my consultation can I enroll for treatment?

If you are pursuing conventional treatment or pre-implantation genetic diagnosis there will be no waiting time. In egg and embryo donation treatments there might be a waiting time of approximately 1-2 months although most of the egg donation treatment cycles can be synchronized immediately. This depends on the recipient couple's request for a particular donor.

How long will my treatment last?

Normally a treatment cycle will be completed within 30 days from commencement although this depends on the protocol of ovarian stimulation. Patients of advanced age would normally be prescribed a short protocol of hormonal stimulation which lasts approximately 15 days to completion.

How many embryos should I have replaced into my uterus?

Genesis would normally advise the replacement of 3 embryos if these have developed to the 8 cell stage and 2 embryos if at the blastocyst stage.

What are my chances for achieving a pregnancy?

The possibility of a positive outcome depends on a number of factors most important of which are; Age, Number of embryos replaced, Quality of embryos replaced, Fertility Manifestation, Semen quality. Fertility decreases with age and this is because the ovaries of a woman during her reproductive life are being depleted from their egg cohort and due to an increase in chromosomal derangements. Normally a rapid depletion is observed after the age of 37 whereas chances become much lower after the age of 40. A female at the age of 46 has 1 chance in 10000 to carry a term pregnancy. The number and quality of embryos available at replacement is directly dependent on the age factor. The older the patient the smaller the egg number anticipated at retrieval and the poorer will be the quality of the resulting embryos in terms of their appearance and chromosomal constitution. Furthermore a positive initial outcome of a treatment is not predictive of a term pregnancy. Early miscarriage is common in all pregnancies and this is much more profound in women of advanced age. The most common fertility manifestations are blocked tubes, polycystic ovarian syndrome, endometriosis and poor semen quality. Age however does not interfere with outcomes in relation to egg donation treatment. This is because the eggs used to create embryos have been harvested from young, healthy and proven fertility potential candidates.

Could my partner produce his sperm sample at home and bring it to the clinic for assessment and processing?

Semen specimens are normally collected in a sterile container at the clinic. If the distance between the patient's accommodation and the clinic is short and the sample can be provided safely within approximately 30 minutes from production then this can be a possible alternative.

How many times do I have to be seen at the clinic?

Normally a patient will receive a consultation which will include a clinical evaluation, a semen assessment, a detailed description of the treatment assigned and prescription of medicines. Following commencement of the treatment cycle you will be required to undertake at least 3 ultra sound scans for monitoring ovarian response, a visit for the egg collection procedure and a final meeting for the embryo transfer.

How long would I have to wait to become aware of my treatment's outcome?

The outcome of your treatment is demonstrated by a quantitative blood test of a hormone (β -hCG) secreted by the embryo following implantation. Traces of this hormone can be detected in the blood approximately 12 days post embryo replacement.

Do I have to take leave from work during my treatment?

Taking time from work during your treatment is not advised by the clinic. Genesis does not believe that this will increase the chances of your treatment's outcome

Is there something I should do or should not be doing to enhance my chances?

It is advised that normal life is resumed following completion of your treatment. Genesis does not recommend that you stay in bed waiting unduly for the result of your treatment. This will certainly not assist embryo implantation and ongoing development. It is imperative however that the medicines prescribed by the clinic are continued until a finite result has been obtained.

If my treatment is successful are there any guidelines which I should follow thereafter?

Following a successful outcome you will be advised to sustain the medication prescribed by the clinic and make arrangements for an ultra sound scan to confirm the presence of a clinical pregnancy approximately 2-3 weeks later. Your obstetrician will advise you regarding the monitoring of your pregnancy, particular lifestyles you should pursue blood tests and additional medication.

If my treatment fails how long do I have to wait before I try again using my frozen embryos or for embarking into a fresh cycle?

There is no time limitation with regards to implementing your frozen embryo replacement or a fresh treatment cycle if your initial attempt has failed. Albeit, Genesis advises a minimum of 2 months time gap between treatments so the ovaries are allowed to settle back to their normal size.

Are the medicines prescribed safe compounds? Do I put weight on with their administration?

It is not expected that you will gain weight following the administration of the hormonal analogs. These medicines are safe compounds and do not have any side effects unless are wrongly administered. There has been no publication in literature thus far suggesting that these medicines can cause cancer of the breast or the ovaries.