

Egg Freezing

OOCYTE CRYOPRESERVATION

Process

Procedures are completed in conjunction with the Center for Advanced Reproductive Services

- Requires stimulation of the ovaries with multiple hormonal injections to produce increased oocyte (egg) production
- Serial ultrasounds
- Ultrasound-guided egg retrieval under sedation

Time Frame

Timeframe may vary based on several factors, including time available prior to treatment, ease of ovarian stimulation and quality and number of samples collected.

- 2-6 weeks

Fertility Success Rate

- 4-12% live birth rate per oocyte (egg)
- 35-50% live birth rate per embryo transfer

Procedural Risk

- Ovarian hemorrhage
- Pelvic infection
- Medicine could overstimulate the ovary
- Side effects of the medicine used to stimulate the ovary, such as nausea

Financial Cost

Costs are variable based on medical coverage and are subject to change.

Anticipated costs:

- Fertility consult fee (generally covered by insurance)
- Medicines (often free for patients with cancer)
- Procedure to collect eggs
- Freezing and shipping fee
- Storage Fee
- Labs (generally covered by insurance)
- Uncertain future costs for use

Long-Term Considerations

Given ever-changing scientific development, we are unable to fully describe the long-term implications or considerations for each patient. However, given where we are today, patients should consider and understand the possible future fertility interventions.

- In Vitro Fertilization (IVF)
- Intracytoplasmic Sperm Injection (ICSI)

Fertility preservation is not the decision to use the preserved tissue, but to maintain a range of fertility options for the future.

Embryo Freezing

EMBRYO CRYOPRESERVATION

Process

Procedures are completed in conjunction with the Center for Advanced Reproductive Services

- Requires stimulation of the ovaries with multiple hormonal injections to produce increased oocyte (egg) production
- Serial ultrasounds
- Ultrasound-guided egg retrieval under sedation
- Sperm collection from partner

Time Frame

Timeframe may vary based on several factors, including time available prior to treatment, ease of ovarian stimulation and quality and number of samples collected.

- 2-6 weeks

Fertility Success Rate

- 35-50% live birth rate per embryo transfer

Procedural Risk

- Ovarian hemorrhage
- Pelvic infection
- Medicine could overstimulate the ovary
- Side effects of the medicine used to stimulate the ovary, such as nausea

Financial Cost

Costs are variable based on medical coverage and are subject to change.

Anticipated costs:

- Fertility consult fee (generally covered by insurance)
- Medicines (often free for patients with cancer)
- Procedure to collect eggs
- Freezing and shipping fee
- Storage Fee
- Labs (generally covered by insurance)
- Uncertain future costs for use

Long-Term Considerations

Given ever-changing scientific development, we are unable to fully describe the long-term implications or considerations for each patient. However, given where we are today, patients should consider and understand the possible future fertility interventions.

- In Vitro Fertilization (IVF)
- Intracytoplasmic Sperm Injection (ICSI)

Fertility preservation is not the decision to use the preserved tissue, but to maintain a range of fertility options for the future.

Ovary Freezing

OVARIAN TISSUE CRYOPRESERVATION

Process

This is the only available preservation option for pre-pubertal girls and is also available to post-pubertal women who cannot or choose not to pursue other preservation options.

- Laparoscopic procedure with three small incisions on the abdomen
- Removal of one ovary
- Tissue specimen is sent to Pathology
 - 100% of tissue is frozen for patient's own future use

Time Frame

We prefer to perform this procedure in conjunction with another previously scheduled surgery. However, it can be completed independently in necessary cases.

- 2-3 days

Fertility Success Rate

Due to the novel and nature of this procedure, success rates are currently not available. Science is improving rapidly and success has been found in a number of women.

- Unknown
- Over 150 successful pregnancies to date

Procedural Risk

- Procedural related bleeding
- Post-operative infection
- Surgical trauma/injury to adjacent organs

Financial Cost

Costs are variable based on medical coverage and are subject to change.

Anticipated costs:

- Fertility consult fee (generally covered by insurance)
- Procedural cost (may be covered under anesthesia/insurance but patient may be responsible)
- Tissue processing and freezing
- First year of tissue storage
- Subsequent tissue storage
- Labs (generally covered by insurance)
- Uncertain future costs for use

Long-Term Considerations

Given ever-changing scientific development, we are unable to fully describe the long-term implications or considerations for each patient. However, given where we are today, patients should consider and understand the possible future fertility interventions.

- Possible ovarian tissue re-implantation
- Possible In Vitro Fertilization (IVF)
- Possible In Vitro Maturation (IVM)

Fertility preservation is not the decision to use the preserved tissue, but to maintain a range of fertility options for the future.

Ovarian Transposition

Process

This procedure may be considered if your treatment requires radiation therapy in or near the pelvis

- Laparoscopic surgery in most cases
- Surgery is performed to transfer ovaries out of the field of radiation

Time Frame

- Can be completed anytime the patient is medically stable prior to radiation treatment

Fertility Success Rate

- 50-90% reduction in radiation to the ovary
- 30-50% maintenance of ovarian function
- Unknown fertility preservation success

Procedural Risk

- Procedural related bleeding
- Post-operative infection
- Surgical trauma/injury to adjacent organs
- Post-operative pelvic discomfort
- Some risk of toxic damage or metastasis to the ovaries remains (as the ovaries are not removed)

Financial Cost

Costs are variable based on medical coverage and are subject to change.

Anticipated costs:

- Hospital fee (generally covered by insurance)
- Anesthesia fee (generally covered by insurance)
- Surgeon fee (generally covered by insurance)

Long-Term Considerations

Given ever-changing scientific development, we are unable to fully describe the long-term implications or considerations for each patient. However, given where we are today, patients should consider and understand the possible future fertility interventions.

- May require repeat surgery to reposition ovaries back after treatment
- Possible In Vitro Fertilization (IVF)

Fertility preservation is not the decision to use the preserved tissue, but to maintain a range of fertility options for the future.