

# Specialists In Reproductive Medicine & Surgery, P.A.

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*Excellence, Experience & Ethics*



## Frozen Embryo Transfer (FET) Replacement Protocol Patient Instructions

Patient(s) Name(s): \_\_\_\_\_

### In The Months Prior:

Be sure that all physical exams, laboratory tests and necessary procedures are completed. Your IVF Coordinator will review the checklist with you. We also require that all financial arrangements be completed and deposits be made before the replacement cycle is initiated.

Please purchase all of your medications the month prior to the FET. Remember that these medications may not be easily obtained near-to-home or on the weekends/holidays, so always make sure that you have enough. We have a local pharmacy that has great prices and we encourage you to use them.

Your **Case Management** will take place before the stimulation cycle starts. Please call to schedule this private instruction. Both partners are encouraged to attend. Please have both of you review the Egg Recipient packet prior to the class. Call to schedule for one of these dates listed below (first-come, first-serve basis):

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

During your case management, please be prepared to do the following:

1. Learn the basics of the Replacement Cycle FET. (Please review your packet!)
2. Learn how to give/receive the subcutaneous Lupron injections.
3. Have all consents signed.
4. Consider purchasing all medications if not already done at this point in time.
5. Have all financial arrangements and insurance concerns fully addressed.

### The Month Prior To Hormone Replacement:

Patients who require Replacement Cycle FET cycles come in all different “physiology forms”. Here are some examples:

Hormone State	Pre-Cycle Medications	Protocol
<input type="checkbox"/> Ovulatory Dysfunction	Oral Contraceptive Pills & Prenatal Vitamins	<p>The IVF Coordinator will let you know when to discontinue your oral contraceptive pills. Remember that the normal pill pack has 21 pills of active medicine and 7 days of “sugar” pills. We may ask you to break open a new pack to extend the 21 active pills to a greater length of time. This is a very safe process and actually provides a tremendous amount of control with regards to the initiation of your cycle. If you have some spotting or bleeding while taking the oral contraceptive pills, please do not be concerned because it will not affect the quality of your stimulation pattern.</p> <p>Once we decide what day will be your last active pill day, you will start your <b>Lupron</b> on that same last active pill day. You will take 20 units (0.2 cc)</p>

Egg Recipient Protocol Patient Instructions (cont.)

		<p>subcutaneously each morning until otherwise instructed. Your menses should start 3-10 days after the <b>Lupron</b> is started. If you have not menstruated after 10 days, please call the office.</p>
<p><input type="checkbox"/> Menopausal</p>	<p>Estrogen, Progestin and Prenatal Vitamins</p>	<p>Some women will be on continuous hormone therapy while others are on cyclic therapy. To simplify the process, all patients will be moved to the cyclic therapy during the month prior to the replacement cycle.</p> <p>30 days prior: Estrogen Only: (Estrogen alone starts: ___/___/___)          12 days prior: Estrogen &amp; Progest: (Progesterone start ___/___/___)</p> <p>The above “30 day” timeframe may need to be extended in order to better match the donor’s cycle.</p> <p>Once the above medications are completed, you will discontinue all of your estrogen and progesterone medications wherein you should menstruate. If you have not menstruated within 7 days of stopping the hormones, please call the office. Do not restart any of your hormones. The injections will replace your hormones very soon.</p> <p>Since you are in menopause, we will not be using any <b>Lupron</b> during your replacement cycle.</p>

**Cycle Starts!**

Please call at the beginning of your menses. **Cycle Day 1** is considered the first day of full flow. If this falls on a weekend, call on Monday after 8:30 am. You will then be scheduled between **Cycle Days 3-7** for a **Baseline Ultrasound** and a **Baseline Estradiol** blood test. At your baseline scan, you will also be instructed on how to give the intramuscular estrogen and progesterone injections. Your partner is strongly encouraged to attend.

The first day of estrogen injection will be arbitrarily called “Replacement Day (RD) 2” and your cycle will now be reset to this new cycle day. Blood estrogen levels will generally be obtained on Monday and Thursday. The estrogen level results may influence the injection dosages, which will be given on Tuesday and Friday. On your RD 12, or so, we will perform an ultrasound in addition to the estrogen blood test.

You will be instructed as to when to take your antibiotics.

Intercourse will not be restricted until two days prior to the actual frozen embryo transfer. You may want to lighten your workload to minimize stress. Please **do not** plan any out-of-town trips during the replacement cycle. Extra strength Tylenol is OK, but the ART team must clear all other medications. Always take your prenatal vitamins.

\_\_\_\_\_  
 IVF Coordinator

\_\_\_/\_\_\_/\_\_\_  
 Date

***SEE YOU SOON!***

Updated: 1/22/2009

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