

Informational Seminar for Potential Egg Donors

Prepared by the Egg Donor Coordinators for
The Reproductive Medicine Group
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Where do we begin?

- You have been invited to review this tutorial prior to your appointment with the egg donor coordinator. This information will introduce you to our egg donation program. Then, at our meeting, we will discuss the entire process of testing, matching, monitoring and retrieval phases of egg donation in great depth. After that meeting, you, the potential donor, will know exactly what to expect from us and what is expected of you. If you decide to continue the process, you will complete an application, and once approved, the “testing” phase will begin.

Physical Exam and start up testing:

- You will have a new patient visit with a physician in our practice. The physician will review your medical history, family history, application, and perform a complete physical exam, including pap if indicated, testing for chlamydia and gonorrhea, and a urinalysis for drugs and nicotine.
 - You will then call the Donor Coordinator on the first day of your next menstrual period to schedule an ultrasound for antral follicle count and FSH and E2 (hormonal studies) on day 2, 3, or 4 of your cycle.



Genetic Counseling

- If all the testing is normal, and meets donor program criteria, you will be given the phone number to schedule an appointment with a genetics counselor.
- The genetic counselor will ask you questions about your family history as it relates to medical illnesses, as far back as you can give details.
- Please try to get the information prior to the visit if you do not already know it.
- The counselor will ask for information about your ethnic background.
- A report is sent to the Donor Coordinator advising which genetic blood tests should be done on you and what information should be shared with the potential recipient.

Psychological Evaluation

- You will also be given a phone number to a psychologist
- The psychologist will administer an MMPI or PAI, a personality test, which takes approximately 1-2 hours to complete. With this test, there are no right or wrong answers, and you will need to be as honest as possible with your answers.
- You will meet with the psychologist to discuss egg donation from a psychological aspect.
- You will be asked about your upbringing, schooling history, family history as it relates to mental illness, drug abuse, alcohol abuse, learning disabilities and behavioral issues.
- The psychologist will send a written report to the donor coordinator.

DONOR ELIGIBILITY

- Once the ultrasound report, initial blood testing, psychological and genetic counseling reports are available, the MD in the practice will review all the results and determine if you are eligible to participate in the egg donor program.

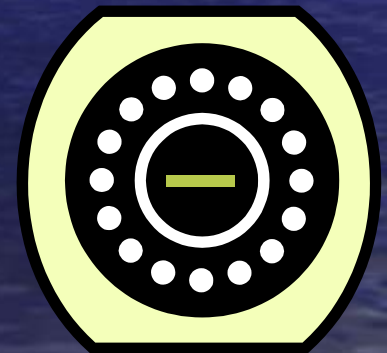


What happens once the Donor is approved to be in the program?

- You will be notified by the Donor Coordinator.
- The Donor Coordinator will then contact a potential recipient couple, and share as much about you as possible; however, the couple will not know your name, where you live or which doctor you see within the practice. They will not see your picture, but we will take one for our use in matching you physically to the recipient.

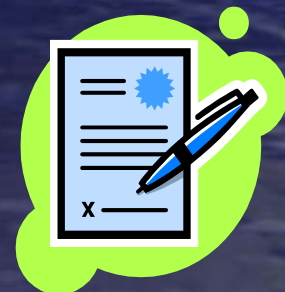
What happens after a couple has selected you as a donor?

- The Donor Coordinator will contact you to schedule genetic and STD blood testing. It takes roughly 10-14 days to get the reports back.
- We will also be starting you on birth control pills with your next period, if you are not already on them.
- The recipient will be starting on the birth control pill with her next period as well. This is done to synchronize you and your recipient's menstrual cycles.



What happens next?

- Your bloodwork results will be reviewed, and if normal, you will have an appointment with your physician to sign consents to donate eggs. A copy of the consent will be mailed to you ahead of time for review prior to appointment. If any test results are abnormal/positive, we will notify you and discuss a follow up plan of care.
- If you have a significant other (sexual partner), that partner must agree to be tested for HIV and Hepatitis B (at our expense).
- If you are married, your husband will also have to sign the consent form.



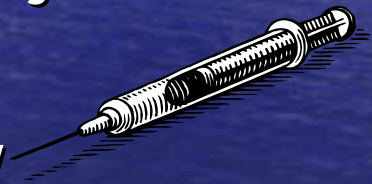
Ovarian Stimulation

- Next, you will meet with one of our ART Coordinators to learn how to mix your medications and how to inject the meds. You will be given a calendar that details daily what meds you will be taking, when each appointment is and approximately (give or take 1-2 days) when the egg retrieval will be. You will be given all your medications at that visit.
- At the designated time, you will begin birth control pills (if you are not already on them) and take 2 weeks of the pill alone. The 3rd week of the pill, you will begin your Lupron injection twice daily for 1 week, then stop the pill and continue on Lupron alone for an additional week.



Ovarian Stimulation

- Stimulation Day 1-You come to the office for a baseline ultrasound and blood work. An ART coordinator will call you later that day to give you instructions about your hormone injections.
- Stimulation Day 6-After 5 days of daily injections, you will return to the office for another ultrasound and estrogen blood test to determine how your ovaries are responding to the medication and if your drug dosage needs to be increased or decreased.

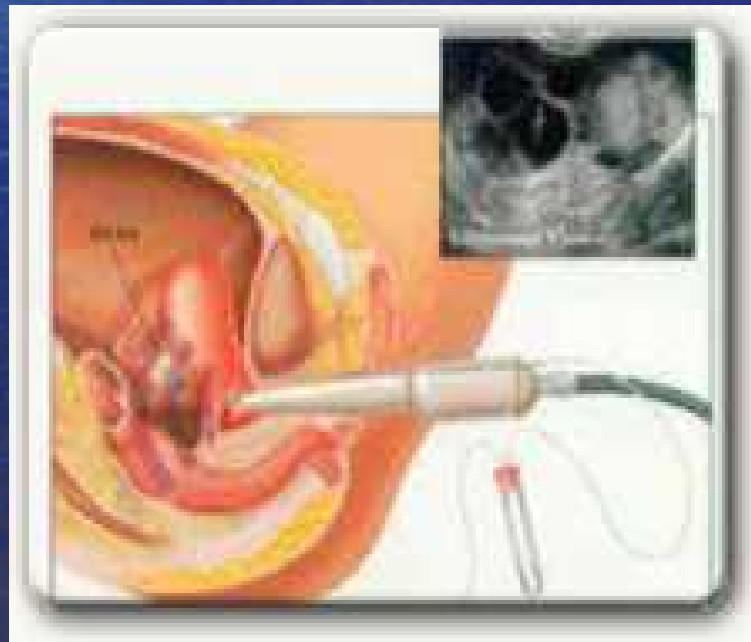


Ovarian Stimulation

- You will be on the injections for approximately 2 more days and return to the office for an ultrasound and bloodwork. Ovarian stimulation averages 10-11 days, and during this time, you will have 4-5 ultrasounds and blood tests, usually about 7:30 am at the office of your choice (except weekends- appointments are always in North Tampa).
- Once the results of the ultrasound and estrogen blood tests indicate that there are mature eggs in your ovaries, you will stop the Lupron and hormone injections and take one last injection, HCG (Ovidrel) The ART Coordinator will instruct you to take this last injection at a specific time that evening. The HCG injection is very important because it gives the eggs the final maturation so they will fertilize when we retrieve them. Without exposure to this last medication, the eggs will not fertilize.

Egg Aspiration

- You will report to the Ambulatory Surgery Center, located at our Fletcher Avenue office, approximately 36 hours after your HCG injection for the egg aspiration.
- An IV will be started in your arm, you will be sedated with IV medication by an anesthesiologist, and the egg retrieval will be performed. It usually takes 15-20 minutes to retrieve all of the eggs.





Egg Aspiration

- At the end of the procedure, you will begin to awaken and will be taken to the recovery room for about an hour. Once you are alert and able to drink fluids and urinate, you will be given postoperative instructions and discharged home. Someone must drive you and preferably stay with you at home this day. You will be groggy, sore and will need to eat lightly so that you can take pain medication if needed.

Completion of Program

- Your donation/contribution is now complete. You will call the Donor Coordinator to schedule your post-operative appointment for one week after your procedure. The purpose of this visit is to confirm/assess your level of well-being and to address any concerns you might have. At this visit, you will receive your compensation check of \$3000.00 for your time and effort.
- You will have to report this income to the IRS, and will receive a W-9 form to do so.
- If you stimulated well and wish to do so, you may donate again. We allow up to 4-6 donations in your lifetime.



Side Effects

- Lupron usually does not cause any side effects, but you might feel more tired and possibly have a headache, right after you have discontinued the birth control pill and right before you start the stimulation medication.
- Stimulation hormones are naturally occurring hormones that our brain produces to help stimulate the ovaries. The ovaries will be producing many eggs instead of just one, so estrogen levels will go up accordingly.
- You may experience breast sensitivity, increased clear, vaginal discharge from the cervix, or may feel more “emotional” than usual, but not grouchy or irritable.
- As your ovaries enlarge, you may feel bloated, “heavy” in the pelvis, crampy, etc. You may experience mild weight shifts from fluid.

Post Aspiration Effects

- After the egg retrieval, you may continue to feel bloated and sore, but usually for only a few days.
- You will be advised to monitor weight, abdominal girth and discomfort symptoms and notify us if you do not feel well.
- 50% of donors usually return to work the day after surgery (those that don't have to be on their feet all day seem to fare better). 85% are back to work by the 2nd day.
- You will probably feel "normal" within one week of surgery.
- Your next period will be 2 weeks after retrieval and at that time you can resume contraception of choice. This period is likely to be heavier than normal.

Complications

- Complications include:
- “Ovarian Hyperstimulation Syndrome”, which rarely happens (1-1.5% of cycles). After egg retrieval, the ovaries remain enlarged, the follicle (egg sac) fills back up with fluid (now called a cyst), continues to produce hormones, leaks fluid into the pelvis, and draws fluid from cells into the pelvis. You might feel as if you are 6 months pregnant. You might have diarrhea or nausea, weight gain, difficulty breathing. It can cause electrolyte imbalance and may ultimately require hospitalization.
- Surgical risks, which are extremely rare, include injury to the bladder, bowel, or blood vessels.
- Infection occurs even more rarely. You will be on antibiotics before the egg retrieval to prevent infection, but if you did get an infection in your pelvis after surgery, it could affect your ability to get pregnant in the future by adversely affecting the function of your fallopian tubes.
- Ovarian torsion occurs when the ovary becomes heavy and twists on its own stalk, cutting off blood supply. You will be asked to avoid strenuous activities and heavy lifting during your stimulation phase, in order to prevent that from happening.

Hyperstimulation of the Ovaries



Ovarian Hyperstimulation Syndrome

- Since 2002, the Reproductive Medicine Group has completed close to 400 donor egg cycles.
- Hyperstimulation, to the point where a Donor was hospitalized, has occurred in only 3 of those cycles, or less than 1%. All 3 donors were discharged home after 2 days and were fine thereafter.
- Your recipient purchases an insurance policy for you to cover medical expenses in the unlikely event you have a complication as a result of the egg donation process.
- This insurance policy does not cover lost wages or child care, etc.



We would like to thank each of you for taking the time to go through this educational program and consider our egg donation program.

As a donor, you can help make someone's dream of having a baby come true!

Thank you!