

# Post-Retrieval Information

What to do following your egg retrieval at NYULFC

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# Post-Retrieval Overview



## Step 1: Discharge After Retrieval

Following your egg retrieval, plan on spending the day at home getting plenty of rest. Remember, be sure to have someone at home with you for 12-24 hours. You will receive an update from your care team on the number of eggs retrieved. Your eggs will then be transferred to our laboratory where they are assessed and combined with sperm. The day after your egg retrieval you will receive communication from your care team with your fertilization results. Fertilized eggs develop under observation for 5-7 days in the laboratory.



## Step 2: Preimplantation Genetic Testing (if applicable)

If you have elected to have PGT on a number or all of your embryos, the biopsy of the cells will occur at approximately days 5 through 7 of development. These cells are sent to an outside genetics laboratory, and the embryos are frozen for future use in a FET (Frozen Embryo Transfer). You will receive an update via portal message with the final number of embryos biopsied and frozen. Typically this information is sent on Day 7 of embryo development. If Day 7 falls on the weekend or a holiday, results may be sent on the following business day.



## Step 3: Phone Call to Discuss PGT results

If you are having your embryos tested, it will take approximately 14 days to receive your PGT results from the laboratory. If you are testing for a single gene disorder, results can take approximately 3-4 weeks. You may get a period before you receive your results. We advise patients do not begin an FET cycle until their PGT results are reported. Once your results are received, you will schedule an appointment with your care team to discuss the quality of each embryo. This will help to determine which embryo will be selected for transfer. At this time, you should be prepared to discuss if you want to transfer an embryo of a specific gender, or the best quality embryo irrespective of gender.



## Step 4: Frozen Embryo Transfer

A reservation is required for all frozen embryo transfer cycles at NYULFC. When you are ready, contact your patient care coordinator to make a cycle reservation. All consents, authorization, and medical checklist items must be completed before the start of your cycle. Embryo selection must be made and document in your medical record ahead of all FET cycles.



## Medications for Post-Op Pain

We suggest using acetaminophen and ibuprofen to treat your post-op pain.

**Call our office immediately at our 24-hour telephone line 212.263.8990 if you have any of the following:**

- Temperature above 101° F
- **Severe** pain unrelieved by acetaminophen or ibuprofen
- **Heavy** vaginal bleeding
- Loss of consciousness/fainting
- **In the event of a medical emergency, go to the nearest emergency room.**

## Ovarian Hyperstimulation Syndrome

Ovarian Hyperstimulation is a known, although rare, complication that can occur when the ovaries are over affected by the drugs used in IVF or egg freezing. Although your physician monitors your ovaries' response to the drugs through ultrasound and blood assays throughout your cycle, occasionally a person's individual response to the medication may trigger hyperstimulation. The information provided here allows you to be aware of the signs and symptoms of ovarian hyperstimulation, so you may contact the office as soon as you feel the need to do so.

- Following egg retrieval, weigh yourself every day for 5-7 days and keep a daily log of your weight. If you gain more than 2 pounds in 24 hours, call the office at (212) 263-8990 or your physician's telephone number.
- Limit your fluid intake to 1.5 liters (48oz) per day. Gatorade™ (or similar sport-drink brands) and coconut water are electrolyte rich and are suggested following egg retrieval.
- Eat low volume, high protein meals over the next few days.
- Call the office if you experience the below following your retrieval:
  - Severe nausea
  - Vomiting
  - Shortness of breath
  - Pain not controlled with acetaminophen (Tylenol™)
  - Decrease in urine

**Call the office anytime at (212) 263-8990. This number is linked to our after-hours call center.  
The phone-service agent will collect your information and page the covering physician.**

The maximum daily dosage for acetaminophen/Tylenol™ is 3,000 mg. In the rare case that a patient is prescribed Percocet™, remember that each Percocet™ pill contains 325mg of acetaminophen/Tylenol™.

# Next Steps: Communication Timeline

- 1 The day after your egg retrieval is considered **Day 1** of embryo growth. **You will receive a call from a nurse** to ensure you are feeling well post-retrieval and to provide your fertilization results.
- 2 If your care plan includes PGT, the lab will perform a biopsy or extraction of cells from the embryos that have grown to the blastocyst stage. The extracted tissue is then sent to an outside lab and the embryo will remain in our lab and be frozen.
- 3 If your care plan includes PGT, **you will receive a portal message from the embryology team on Day 7 or 8** letting you know how many embryos were biopsied and frozen. It will take approximately **14 days** for PGT results to be released from the genetics lab.
- 4 Once you receive your PGT results, contact your patient care coordinator to make a reservation for an FET cycle. You may get a period before results are reported, we advise you wait until your next period to begin your FET cycle. You will be asked to identify which embryo you would like to transfer as there may be several choices including gender and best quality. This decision, plus completion of all checklist and billing requirements, must be made prior to the start of your cycle.

## Reservation for Cycle Start



### Reservation Requirement

**A Cycle Start Reservation** is required for all patients undergoing care at NYU Langone Fertility Center.



### Reservation Timing

To account for variation in menstrual cycle timing, all Cycle Start Reservations are honored within a 7-day window of the confirmed date

Example: if your reservation for Day 2 Start is confirmed for the 14th of a month, your reservation will be honored between the 7th and the 21st of the month.



### How do I make a Reservation?

Please contact your Patient Care Coordinator to make a Day 2 Cycle Start Reservation.

Your Coordinator will book your Cycle Start Reservation. Your Coordinator will also call you 1-week prior to your anticipated menses to confirm your Reservation.

## Ready to Start?

If all checklist and billing requirements are completed and you have a FET cycle reservation, please call your Patient Coordinator between 8AM-4PM when you get your period.

## Information to Share

When calling, provide your name (spell it out, please!), date of birth, treating physician, and cycle type (Egg Thaw or FET). Notifying us prior to your cycle start will allow our team to prepare your chart before you arrive.

**When contacting your Patient Care Coordinator, please email:**  
**FertilityCoordinators@nyulangone.org**

# Preimplantation Genetic Testing for Aneuploidy (PGT-A)

## Frequently Asked Questions

### What Is PGT-A?

PGT-A is an elective procedure that involves testing a small sample of cells from an embryo to count the number of chromosomes. Chromosomes are the structures found in cells that contain the genetic material or DNA. By knowing the number of chromosomes in an embryo's cells, we can determine whether an embryo is likely to result in a continuing pregnancy.

### What Are The Benefits Of PGT-A?

- Reduces the chance of pregnancy loss (miscarriage);
- Reduces the chance that a pregnancy will be affected by chromosomal conditions (e.g. Down syndrome or trisomy 18);
- Reduces the number of frozen embryo transfer (FET) cycles needed, if multiple embryos are available;
- More confidence in transferring a single embryo, which reduces the chance of a high-risk multiple gestation (e.g. twin or triplet pregnancy).

### What Are The Risks And Limitations Of PGT-A?

As with all tests, PGT-A is not 100% accurate. Factors that can result in an inaccurate result include mosaicism (a mix of normal and abnormal cells), contamination, and human error.

PGT-A does not reduce the approximate 3% chance of having a pregnancy/child with a birth defect or genetic condition which exists in every pregnancy. This is because PGT-A is unable to detect the following:

- Disorders caused by extra or missing pieces of chromosomes, if they are too small to be detected by PGT-A (e.g. cri-du-chat syndrome, 22q11 deletion syndrome);
- Disorders caused by alterations/mutations in single, individual genes (e.g. cystic fibrosis, Tay-Sachs, hereditary cancers);
- Disorders caused by a combination of genes or the interaction of genes and environment (e.g. autism, intellectual disability, diabetes, multiple sclerosis, Alzheimer's disease);
- Birth defects (e.g. heart defects, cleft lip/palate, hydrocephalus), hearing loss, or vision loss;
- Imprinting disorders (e.g. Beckwith-Wiedemann syndrome, Prader-Willi syndrome, Angelman syndrome).

While PGT-A may increase the chance of implantation, it should be noted that about 30% of normal embryos still do not implant, and about 10% of normal embryos that implant still miscarry (the reasons for which are largely unknown).

While studies have shown that removing a few cells from an embryo at the blastocyst (day 5-7 stage) is generally safe, there is a small risk that an embryo biopsy may result in damage to the embryo, which could cause it to arrest or affect implantation.

# Preimplantation Genetic Testing for Aneuploidy (PGT-A)

## Frequently Asked Questions

### I Already Had Genetic Testing. Is PGT-A Still Necessary?

There are many different types of genetic testing, which look for different risk factors. Carrier screening is a type of genetic testing done on people (not embryos) and checks whether there is a risk of certain inherited disorders that are caused by abnormalities in the sequence of individual genes. In contrast, PGT-A is done on embryos (not people) and does not look at individual genes; instead, it looks at large chunks of DNA (chromosomes) which contain several hundreds or thousands of genes, to assess the amount of genetic material and determine the viability of an embryo. Unlike with carrier screening, the abnormalities detected via PGT-A typically occur randomly in eggs, sperm, and embryos, and are not inherited. Carrier screening and PGT-A do not overlap; they are assessing completely different risks.

### Who Performs PGT-A?

The embryo biopsy (removal of a few cells) is performed by skilled embryologists at NYULFC. While your embryos always remain at NYULFC, the cells are sent to a CooperGenomics, a specialized laboratory, to perform the PGT-A analysis.

### How Long Does PGT-A Take?

All PGT-A cycles require a two-part cycle:

- **IVF cycle:** retrieval and fertilization of eggs, then biopsy and cryopreservation of any resulting embryos
- **FET (frozen embryo transfer) cycle:** preparation of the uterine lining, then transfer of an embryo into the uterine cavity

The embryo biopsy occurs between 5-7 days after the egg retrieval. The cells will typically arrive at CooperGenomics (the testing laboratory) approximately 8 days after the egg retrieval, and results are usually ready 1-2 weeks after the cells arrive. Please note that any outstanding payments or consent forms may delay results.

We strongly recommend against starting your frozen embryo transfer (FET) cycle until results are available, as some IVF cycles may not produce usable embryos, and may require cancelation of the FET (which can incur additional fees). If you have insurance coverage, please be aware that most insurance companies will not authorize an FET cycle until PGT-A results are available.

### How Much Does PGT-A Cost?

PGT-A is billed in two separate parts:

- NYULFC bills for the embryo biopsy (removal of cells) and shipping of the cells to CooperGenomics (the testing laboratory). These fees should be discussed with an NYULFC billing representative.
- CooperGenomics bills for the PGT-A analysis. These fees should be discussed directly with CooperGenomics.

With the exception of Progyny and some rare insurance plans, please be aware that insurance does not cover PGT-A.

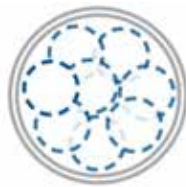
# PGT-A Possible Results



## Euploid ("Normal")

A euploid or "normal" result means that 23 pairs of chromosomes were detected in the embryo biopsy.

These embryos have the highest chance of resulting in a live birth and the lowest chance of miscarriage.



## Aneuploid ("Abnormal")

A whole chromosome aneuploid or "abnormal" result means that at least one extra or missing chromosome was detected in the embryo biopsy, and is believed to be present in all tested cells.

NYULFC does not recommend transferring whole chromosome aneuploid embryos, as they very rarely result in healthy pregnancies.



## Mosaic/Segmental Aneuploid

A "mosaic" result means there may be extra or missing chromosomes in some cells in the embryo biopsy. A "segmental aneuploid" result means there may be extra or missing pieces of chromosomes in the embryo biopsy. Embryos with these results sometimes result in healthy live births, but do so at a lower rate than euploid embryos, and may have additional risks.

If you are considering transfer of a mosaic or segmental aneuploid embryo, NYULFC requires a consultation with our genetic counselor prior to initiating your FET cycle.



## Inconclusive ("No Result")

An "inconclusive" result means the genetic testing laboratory was unable to obtain a clear result from the embryo biopsy.

This occurs in approximately 2% of embryos, and does not necessarily indicate a problem with the embryo –it is simply a known limitation of testing a small amount of genetic material.

An embryo with inconclusive results may be able to undergo re-biopsy, in an effort to obtain a result.

PGT Result	Maintained in Cryostorage until Disposition Consent Received	Option to Transfer for attempted pregnancy? (FET Cycle)	Option to re-biopsy embryo for re-testing? <i>Additional fees apply.</i>
Euploid (Normal)	✓	✓	✗
Whole Aneuploidy (Abnormal)	✓	✗	✗
Mosaic or Segmental Aneuploid	✓	Genetic Counseling Required	✗
Undiagnosed (Inconclusive)	✓	✓	✓

# Prelude Cryopreservation

**NYU Langone Fertility Center has partnered with Prelude Cryopreservation to provide our patients with a secure online portal to manage annual payments for the storage of your cryopreserved specimens (embryos, eggs, and/or sperm).**

- For **new cryostorage**, you will receive a Welcome email from Prelude Cryopreservation as soon as cryopreserved tissue is associated with your account.

If you undergo multiple cycles with us, or have multiple specimen types cryopreserved and stored with NYULFC, you will need only one Prelude Cryopreservation account. You will only receive the Welcome email after your first cycle resulting in cryostorage.

- You will visit your Prelude Cryopreservation portal to manage your cryostorage inventory. In the event you no longer wish to keep specimens in storage, you can log in to Prelude Cryopreservation to select a disposition type. You may choose to donate your storage to research, or thaw and discard.

This transition has no impact on the physical location or well-being of cryopreserved tissue. All cryostorage remains onsite at NYULFC's main office at 159 E 53rd Street.

## Questions?

✉ [cryoservices@preludefertility.com](mailto:cryoservices@preludefertility.com)

📞 888.216.6538





# NYU Langone Fertility Center

## The Frozen Embryo Transfer Process

### PRECYCLE PREPARATION

#### MD Appointment — 1

📍 Clinic or WebEx ⌚ 30 minutes 📅 Flexible timeline

When you are ready to start a frozen embryo transfer (“FET”) cycle, you will contact your physician’s office to discuss your cycle. Depending on your care plan, your physician may order imaging and bloodwork before you begin the process. Contact your physician’s office when you are ready to get started.

#### Coordinator Appointments — 2

📍 Clinic or Phone ⌚ 30 minutes 📅 Flexible timeline

Your Patient Care Coordinator will review the process, including the prescribed medication protocol, consent agreements, and share the Frozen Embryo Transfer presentation.

#### Embryo Selection — 3

⌚ Commitment Varies 📅 Flexible timeline

If your embryos were genetically tested, you will review the PGT results with your care team to confirm embryo selection.

#### Medications — 4

⌚ Commitment Varies 📅 Flexible timeline

Once you choose a pharmacy, prescriptions will be sent electronically so they are available as needed. Your care team can provide a list of pharmacy options. Compare pharmacies, as pricing may vary.

### DURING YOUR CYCLE CALL 212-263-8990 ON THE FIRST DAY OF YOUR PERIOD

#### Baseline: “Day 2 Start” — 5

📍 Clinic ⌚ 30 minutes 📅 On the second day of your menstrual cycle

You will visit NYULFC for an ultrasound and blood test to verify you are ready to begin preparing for an embryo transfer. If everything looks as expected, you will start at-home medications.

#### Monitoring & Medications — 6

📍 Clinic ⌚ Commitment Varies 📅 Usually 10-12 Days

You will visit the clinic 1-4 times for ultrasounds and bloodwork to monitor uterine lining development and hormone levels. You will also be taking medication around the same time each day, as prescribed.

#### Progesterone Injections and or Suppositories — 7

📍 At Home ⌚ Commitment Varies 📅 Up to 2 months post-transfer

You will likely be prescribed Progesterone during your FET cycle; your care team will provide your unique medication protocol. **Most patients will begin Progesterone approximately 6 days prior to their FET and will continue taking Progesterone for several days after the FET.** Patients must continue to take all medications as instructed, even after the FET has been performed. It is imperative that patients continue to take all medications as directed for the duration of their care.

#### Transfer — 8

📍 Clinic ⌚ 45 minutes 📅 Usually Days 17, 18, or 19 of Stim

On the day of your scheduled transfer, you will arrive at 159 E 53rd St. The procedure is relatively simple and rarely requires anesthesia. Following transfer, patients are instructed to limit rigorous physical activity for several days.

### POST-TRANSFER

#### Post-Transfer Pregnancy Test — 10

📍 Clinic ⌚ 15 min 📅 9 Days post-transfer

You will return to the clinic for pregnancy testing via bloodwork. If positive, you will return for an ultrasound before being discharged to your OB. You may be instructed to continue Progesterone for up to 10 weeks.



**NYU Langone**  
**Fertility Center**

# Frozen Embryo Transfer Medications

Cycle Type	Brand Names	Medication Type / Purpose	Training Video
FET	<b>Estrace</b>	Estrace is used to build the uterine lining in preparation for embryo transfer. You will start Estrace tablets on Day 2 when instructed to do so by a nurse. You will continue this medication through the 10th week of pregnancy.	Partner receiving FET will be prescribed Estrace tablets on Day 2; continue taking Estrace through 10th week of pregnancy; Estrace is taken orally.
FET	<b>Crinone</b> or <b>Endometrin</b> suppository  <b>Progesterone</b> in <b>Sesame Oil</b> or in <b>Olive Oil</b>	Progesterone is used to help support pregnancy. Progesterone is given in the form of a vaginal suppository and/or intramuscular injection to be started upon instruction when your embryo transfer has been scheduled by the embryology lab. You will continue this medication through the 10th week of pregnancy.	<b>Crinone Suppository:</b> <a href="https://www.mdrusa.com/wp-content/uploads/Crinone-Instructions-1.pdf">https://www.mdrusa.com/wp-content/uploads/Crinone-Instructions-1.pdf</a>  <b>Endometrin Suppository:</b> <a href="https://www.ferringfertility.com/wp-content/uploads/2021/04/endometrin_US-END-1900009-ENDOMETRIN-Administration-Guide-Tear-Pad-No-Vault-Page.pdf">https://www.ferringfertility.com/wp-content/uploads/2021/04/endometrin_US-END-1900009-ENDOMETRIN-Administration-Guide-Tear-Pad-No-Vault-Page.pdf</a>  <b>Progesterone in Oil:</b> <a href="https://www.youtube.com/watch?v=jr1Y5o7C6a4">https://www.youtube.com/watch?v=jr1Y5o7C6a4</a>

**\*If pregnancy is achieved, all medications will continue through week 8, at which time you will be provided with a taper schedule to decrease medications and stop all medications by week 10.**

## Estrace

### Purpose:

Estrace is used to stimulate growth of the endometrial lining in the uterus and helps support embryo implantation and pregnancy. Estrace is required to perform a frozen embryo transfer cycle.

### Administration:

Oral tablet.

**Do not stop taking Estrace unless instructed to do so by a staff member at NYULFC.**

### Possible Side Effects:

Cramping, headache, nausea, breast tenderness, mood swings, or vaginal irritation.

## Progesterone

### Purpose:

Progesterone is used to enhance the uterine lining's ability to sustain embryo implantation and pregnancy. Progesterone is required to perform either a fresh or a frozen embryo transfer cycle.

### Administration:

Intramuscular injections or vaginal suppositories.

**Do not stop taking progesterone unless instructed to do so by a staff member at NYULFC.**

### Possible Side Effects:

Cramping, headache, nausea, breast tenderness, mood swings, or vaginal irritation.

### Please Note:

Please notify your physician and nurse if you have any nut allergies.

## Notes

