

RISKS OF IVF PROCEDURES

1. Any drugs that will be prescribed

Several drugs commonly used in IVF cycles are given by injection. You may develop soreness, redness or mild bruising around the injection site. Very rarely, a woman has an allergic reaction to the medication.

Medications used to halt your ovaries' normal functioning (such as [INSERT NAME]) can cause a variety of symptoms, including hot flashes, vaginal dryness, fatigue, sleep problems, body aches, mood swings, breast tenderness, headache, and visual disturbances.

While using injectable medications (such as [INSERT NAME(S)]) to stimulate your ovaries (controlled ovarian hyperstimulation), you may experience one or more of these symptoms: mood swings, enlarged ovaries, breast tenderness, and mild fluid retention. Occasionally these medications overstimulate the ovaries more than was planned, resulting in a variety of symptoms known as ovarian hyperstimulation syndrome (OHSS). This occurs in less than one percent of women who use the drugs and undergo egg retrieval as part of an IVF cycle. OHSS leads to swelling and enlargement of the ovaries with the release of fluid into the abdominal cavity. If the condition is mild, you may experience abdominal pain, pressure and swelling, which should resolve after your next menstrual period (if you do not become pregnant). If you develop moderate OHSS, the symptoms may be more significant and you may require careful monitoring, bed rest, and pain medication. Severe hyperstimulation is rare but may cause serious medical complications, including blood clots, kidney failure, fluid accumulation in the lungs, and shock. In these cases (about one in 500-1000 cases), hospitalization is necessary and the condition can be life-threatening.

Less than one percent of the time, an enlarged ovary will twist on its stalk, cutting off the blood supply to the ovary. This painful condition requires immediate surgery and the ovary may have to be removed.

The long-term risks of treatment with fertility medications are unknown. Several studies have suggested that fertility medications might increase a woman's risk for developing ovarian cancer. Other studies do not show this link, although some researchers have reported an increase in borderline ovarian cancer in women who have used certain injectable fertility drugs. Further research is ongoing to clarify this issue, but at this time the risk cannot be confirmed or eliminated.

2. The process of removing eggs from your body

Sedation and painkilling medications will be used to make you more comfortable during egg retrieval. At this program, [INSERT TYPE] anesthesia is used, which may result in [INSERT COMPLICATIONS]. After the procedure, you may experience moderate discomfort or pain for several hours, and you may be instructed to restrict your physical activities for several days.

After the needle is inserted into the ovary, there may be bleeding. Although it happens rarely, it is possible to damage or puncture the bowel, bladder, or nearby blood vessels during egg retrieval. In the unlikely possibility of severe internal bleeding or serious damage to pelvic organs, major abdominal surgery may be needed.

It is also possible to develop an infection after the procedure. To prevent this from occurring, you will be given [INSERT ANTIBIOTIC], which may result in [INSERT RISKS]. Infection or other complications, or the surgery needed to correct them, may affect your future fertility.

[IF APPROPRIATE, INSERT RISKS INVOLVED WITH FERTILIZATION AND CULTURE OF EMBRYOS, SUCH AS CO-CULTURE AND MICROMANIPULATION.]

3. The process of putting eggs or embryos back into my body

There is usually minimal discomfort or risk when embryos are transferred into the uterus. You may experience some cramping, vaginal bleeding, or mild irritation of the cervix. More serious complications, which occur rarely, include infection or puncture of the uterus.

4. Any problems that might happen during my pregnancy and the risks of those problems for both me and my baby(ies)

With any pregnancy, there is the possibility that complications will cause medical problems for you or your baby(ies). The risk of complications depends on your age, your medical condition, and whether you have a multiple pregnancy (see below). Your physician(s) should explain the pregnancy risks involved with any drugs that will be prescribed, procedures that will be recommended, or medical conditions that are currently known.

Your physician(s) should explain the risk of a multiple pregnancy. Miscarriage and pregnancy complications are more common in multiple pregnancies. The choice of how many embryos to transfer will greatly affect the chance that you may become pregnant with two or more fetuses.

Your physician(s) should explain the risk that your pregnancy will end prematurely, particularly if a multiple pregnancy occurs. Children from multiple births have a much higher chance of prematurity and low birth-weight. Premature babies may

suffer from several long-term medical problems that require extraordinary care or may even result in early death. Low birth-weight and premature babies are more likely than normal weight infants to need prolonged hospitalizations after birth and to develop cerebral palsy, mental retardation, blindness, and deafness.

Even if there is only a single birth, there may still be a risk of low birth weight for infants born by in vitro fertilization.

There is also the possibility that one or more embryos will implant outside the uterus (an ectopic pregnancy). This usually requires surgery and results in the loss of the pregnancy.

Overall, about **[INSERT PERCENTAGE]** percent of pregnancies established through IVF will end in a miscarriage. If this occurs, you may require a D&C (a minor surgical procedure to scrape the lining of the uterus) to stop bleeding.

Although birth defects are rare, infants from multiple and single births by in vitro fertilization do have an increased risk for birth defects.