

CYCLE INFORMATION BOOKLET – EGG FREEZING

A STEP-BY-STEP GUIDE TO TREATMENT

We recognise that you are likely to have received a considerable amount of information at your consultation and the treatment process may, to begin with, seem a confusing process. Coping with subfertility and IVF treatment itself can also be an emotional process for patients and their partners. This booklet aims to help you through your treatment from start to finish, answer any questions and outline potential complications of treatment.

- STEP 1:** A treatment plan is made at your consultation with your doctor
- STEP 2:** Complete any outstanding investigations including **mandatory HIV, Hepatitis B and C (see pages 4 and 5).**
- STEP 3:** Read through Cycle Pack and complete Consent Forms
- STEP 4:** Collect Medication & follow instructions and treatment plan given by your consultant.
- STEP 5:** Book first scan as instructed according to treatment plan
- STEP 6:** First Scan: Consents and Investigations verified and daily diary of treatment given, payment of treatment cycle.
- STEP 7:** Regular monitoring with scans and blood tests over 10-14 days of stimulation to monitor follicle growth
- STEP 8:** Trigger injection to mature eggs ready for collection once they achieve optimal size
- STEP 9:** Vaginal Egg Collection (VEC) 33-39 hours after trigger injection
- STEP 10:** Laboratory Work: Eggs stripped and mature (metaphase II) eggs are vitrified (frozen)
- STEP 11:** Confirmation by phone of the number of eggs frozen the day after VEC
- STEP 12:** Follow up consultation to discuss whether further treatment is required to store additional eggs.
- N.B.** Patients must contact the clinic to arrange a follow up visit once they decide that they are ready to use their frozen eggs.

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STEP 1: The Consultation

Patient will see a named doctor for their consultation(s) and planning of their treatment. Thereafter, patients will be looked after by the whole team (doctors, nurses, ultrasonographers and embryologists), who all work together to deliver your treatment. Please note at the time of egg collection you may not be seen by the same doctor as seen in consultation. However you can contact your consultant at any point.

At your consultation you will receive a treatment pack containing important documentation:

- This Information Booklet will explain your treatment and may answer any outstanding questions
- Consent forms that need to be completed and given to the nurse at your 1st treatment scan
- Protocol flow chart for your treatment plan
- A list of required tests (ref to Step 2)
- Prescription
- Price List

A counselling service is available to all patients before, during and after treatment. Our counsellors offer a confidential, non-judgmental and free service available to all patients. Appointments to see a counsellor can be made through the secretaries.

STEP 2: Investigations

TO ENSURE YOU CAN START YOUR TREATMENT AS PLANNED, YOU MUST BRING ALL SCREENING TEST RESULTS AND COMPLETED CONSENT FORMS TO YOUR FIRST TREATMENT SCAN.

WE CANNOT START YOUR TREATMENT UNTIL THESE HAVE BEEN GIVEN TO THE NURSES.

YOUR TREATMENT START DATE WILL BE DELAYED IF YOU DO NOT RETURN THE COMPLETED FORMS OR SCREENING TEST RESULTS.

IF THE RESULTS ARE NOT AVAILABLE AT THE TIME OF YOUR FIRST TREATMENT SCAN IT MAY BE POSSIBLE TO HAVE THESE TEST PERFORMED AT THE LISTER FERTILITY CLINIC, HOWEVER TEST FEES WILL APPLY (please see enclosed price list).

You will need to have the following test results available **at the start of each egg freeze cycle:**

Done within the last 6 months if first cycle of treatment or within 12 months for subsequent cycles:	<ul style="list-style-type: none"> • FSH, LH and Estradiol (Day 2-5 of the menstrual cycle) • AMH (performed on any day of the cycle)
Done within 12 months of egg collection:	<ul style="list-style-type: none"> • Full blood count • Sickle screening (if from African/Afro-Caribbean background)
Done prior to embryo transfer/using frozen eggs:	<ul style="list-style-type: none"> • Up to date Cervical smear (usually done every 3 years unless abnormal)

	<ul style="list-style-type: none"> • Rubella (confirmation of immunity) • Chlamydia - urine test • Thyroid Function Test: TSH, T3, T4 • Thalassaemia (if Mediterranean, Asian, South East Asian and Middle Eastern background).
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Viral Infection Screening:

It is a HFEA license requirement that **Virology** screening tests, such as HIV, Hep B, Hep C as specified below, are done prior to fertility treatment. These tests need to be done within 3 months of first treatment (i.e. egg collection procedure or IUI procedure) and every 2 years thereafter for subsequent treatment cycles for the patient.

<ul style="list-style-type: none"> • HIV 1 & 2: Anti-HIV – 1, 2
<ul style="list-style-type: none"> • Hepatitis B surface antigen: HBsAg
<ul style="list-style-type: none"> • Hepatitis B core antibody: Hep BcAb or Anti-HBc
<ul style="list-style-type: none"> • Hepatitis C: Anti-HCV-Ab

IMPORTANT:

It is a HFEA licensing requirement that these tests must be carried out by a CPA accredited laboratory.

Therefore, HIV, Hepatitis B and C tests must be performed at the Lister prior to starting treatment to ensure this licensing requirement is complied with.

Only in the circumstance where you have already had treatment elsewhere, and virology screening is still in date with written confirmation that the test was carried out in a CPA accredited lab will this not apply.

To confirm, we cannot accept any results that do not include the laboratory’s details and confirmation that this laboratory is CPA accredited. Even if already done prior to initial consultation, these tests will need to be repeated at the Lister Fertility Clinic who use a CPA Accredited Laboratory unless we have this confirmation.

STEP 3: Consent Forms

Prior to starting your cycle you will be required to read and sign forms consenting to your treatment and operation. If you do not understand these forms you should discuss them with a nurse/doctor who will explain them. Similarly, if they bring up any moral or ethical dilemmas please feel free to speak to one of our counsellors or a member of the medical, embryology or nursing team. The original will be held by the centre and we recommend you make a copy for your own records. Signed consent must be obtained before any procedures are performed.

We cannot start your treatment until all consent forms have been completed, signed, dated and returned to the nurse at your first scan. Your treatment start date will be delayed if you do not return the completed forms on time.

Each consent form must be completed by the person giving consent. The accompanying information leaflet (HFEA Consent Form Information) explains what the consents mean and why the HFEA (Human Fertilisation and Embryology Authority) requests they are completed.

In summary they are:

- **Consent to Disclosure (CD)** The patient and the partner need to complete one form each:
 - **Part 1 – General Purposes:** gives us permission (or denies permission) to communicate with non-HFEA licensed persons (such as your GP or other referring doctor) in relation to your treatment and to seek medical information we may require. If you wish us to correspond by letter with your GP or referring doctor please ensure that you tick all relevant boxes.
 - **Part 2 – Research Purposes:** During the course of your treatment, information about yourself and your cycle is collected, some of which is sent to the HFEA and recorded on the HFEA Register. This information could be of use to researchers investigating, for example, how treatment can be improved. This form also allows you to consent for identifiable information to be disclosed to researchers.
- **GS:** You need to give your consent in writing if you want your eggs to be stored. You will also need to decide what will happen to the eggs if you die or lose the ability to decide for yourself (become mentally incapacitated). You can make changes to or withdraw your consent at any time. If you would like to change or withdraw your consent, you should ask your clinic for new forms.
- **Lister Consent Forms:** In-house consent forms for LFC VEC and Store consent.
- **Egg Collection Procedure & Storage Consent:** This will be explained to you and should have been completed in clinic with the doctor. You will be given a copy of the signed consent form. Confirmation that you understand the procedure and are aware of the risks will be reiterated on the morning of the procedure.

You must inform us immediately of any change in your personal circumstances (e.g. name, address, contact numbers or relationship status). This is particularly important if you have eggs frozen as we need to contact you to confirm their continued storage. The storage period is governed by law and we do not require your consent to remove these eggs from storage at the completion of the statutory storage period.

STEP 4: Medication

At your consultation, the doctor will have decided on the appropriate protocol for you and provide you with a protocol flow chart outlining the treatment schedule. Before you start treatment, your doctor will give you a private prescription for the medications that you may require.

We advise you to collect all your prescribed medication from the pharmacy once you start your treatment. Please be aware that **some medications require refrigeration within 1 hour** therefore you will need to advise the Pharmacist if your journey is longer than 1 hour. If you decide to pick up medications as you go along, you **must ensure** that you have enough medication for at least 10 days and for any unexpected dose increase.

Advantages of Collecting all medication at the beginning of treatment:

- Saves queuing up at every visit to the pharmacy waiting for the prescription to be processed.
- Saves time with accounts as payment is required for the medication at each visit.
- Saves time yet again as following payment the medication will need to be collected from the pharmacy.
- Last but not the least a dispensing fee is charged per item at every visit.

Disadvantages of Collecting all medication at the beginning of treatment:

- Once the medications are bought from the pharmacy, you are unable to return them or receive a refund.

Lister Hospital Pharmacy Opening Hours:

Monday – Friday	8:30 am – 7:00 pm
Saturday	9:00 am – 12:30 pm
Bank Holidays	9:00 am – 12:00 midday

London Bridge Hospital Pharmacy Opening Hours:

Monday and Friday	9:00 am – 5:30 pm
Tuesday - Thursday	9:00 am – 6:30 pm
Saturday	9:30 am – 12:30 pm
Bank Holidays	N/A

You can buy these medications from an outside pharmacy but you will need to make enquires about this. Occasionally, it may be possible to obtain these medications via the NHS and you will need to make enquiries through your GP.

The brand and dose of the medication prescribed for each patient will vary. The accompanying information leaflet details the individual medication, their use and side effects. In summary, the medication you will be prescribed will fall into one of six groups:

- 1) **Oral Contraceptive Pill (OCP):** Many patients are prescribed "the pill" (OCP) from the month before they start their fertility drugs. This enables the ovaries to rest and can be used to bring on a bleed in women with irregular cycles. By manipulating the number of pills taken, the dates of the treatment can be scheduled which may help many patients and their partners plan treatment.
- 2) **GnRH agonist/GnRH antagonist medication:** **GnRH agonist** medication works to switch off your natural hormone production so that do you not ovulate and release eggs we are aiming to collect. They work by suppressing the production of the luteinising hormone (LH) and follicle stimulating hormone (FSH) produced by the pituitary gland in the brain and therefore prevents the natural LH surge that causes ovulation. The agonists (injectable in the evening or nasal spray taken two/three times per day as instructed) are commenced before FSH injections are given. **GnRH antagonist** (injectable in the evening) is commenced after FSH injections to control the cycle and prevent premature ovulation.
- 3) **Stimulation drugs:** The "superovulation" techniques used in assisted reproduction are designed to stimulate the ovaries to grow several eggs (oocytes) rather than the usual single

egg produced in a natural cycle. If multiple eggs can be collected in one cycle this increases the potential availability of multiple embryos (fertilized eggs) from which we can select the most appropriate for transfer. These are given as injectable versions of the FSH usually produced by your pituitary gland.

- 4) **Trigger drugs:** Once the follicles have reached the optimal size and you are ready for egg collection, this trigger injection of hCG (Pregnyl, Ovitrelle) or Agonist (Suprecur) is taken approximately 33-39 hours before your vaginal egg collection (VEC). The purpose of this injection is to help mature the eggs within the follicles and it mimics the natural surge of hormone that occurs just before ovulation.
- 5) **Miscellaneous drugs:** Other drugs may be prescribed depending on past medical and previous cycle history as discussed by your consultant.

STEP 5: Commence Medication / Book first scan as instructed

The timings for your first treatment scan and timings for commencing appropriate drugs will depend on the treatment protocol. This would have been recommended by your doctor/consultant who would have given you a flow chart outlining the entire process. You are not expected to remember the whole process as you will be guided through it by the team after your first scan. It is therefore essential to start your medication "the pill" (if advised) and book your first scan as instructed on the flow chart.

Please telephone the **IVF nurses** to arrange your first scan and nurse consultation appointment. Appointments for first treatment scans are Monday - Friday 9.00am – 3:30pm and will be booked according to availability and taking into account the protocol assigned to you.

Day 1 of the cycle is the first day of full menstrual flow. If your period starts after midday, the following day is Day 1. If your period starts over a weekend please telephone us on Monday.

If you still have any queries or are unsure please contact the nurses.

PLEASE REMEMBER TO BRING ALL YOUR REQUESTED BLOOD TESTS & CONSENT FORMS TO THE FIRST SCAN/STARTER APPOINTMENT.

STEP 6: First Scan

The scan performed prior to commencing the fertility injections is a baseline scan. It is carried out in order to check that there are no abnormalities in the ovaries, fallopian tubes or uterus that might affect the outcome of your treatment. All the scans are performed vaginally.

Following this scan you will be seen by one of the IVF nurses who will:

- Confirm that the scan is normal.
- Complete a checklist/booking form.
- Confirm your contact details.
- Check the appropriate consent forms are completed correctly.
- Check that the required blood test results are valid.
- Plan a daily treatment diary and give written instructions.
- Book your next scan and blood test.

- Explain the injection technique and give you the appropriate equipment.
- Give you an invoice for you to make immediate payment of your treatment cycle.

Most fertility injections are given subcutaneously (fatty layer under the skin) and, after instruction, can be simply administered by either you or a friend/family member. Used needles and syringes must be disposed of in a sharps box (available from an IVF nurse) and the sealed box must be returned to the nurses once it is full. Please do not throw needles and syringes in the waste bin.

If you would like to have the injections administered by your GP, practice nurse or at your local hospital, you will need to approach them to arrange this.

We recommend you take both the FSH injections and the down-regulation injections in the evening (7pm or later) unless otherwise instructed.

Payment of Treatment

Payment for your treatment cycle must be made when you attend for your first scan. You will need to pay for bloods tests each time they are done. The nurse will give you an invoice to take to the accounts department for payment. Payment is to be made on the day of the blood test.

Please settle your account by visiting one of the two Accounts Offices in our unit or on the ground floor adjacent to the Lister Hospital main reception. Unfortunately you will not be able to proceed to egg collection if payment has not been made.

If the egg collection has to be cancelled for any reason, an appropriate refund will be made. If, in the rare event, we are unable to collect eggs during your procedure we regret that there can be no alteration in the stated fees.

STEP 7: Stimulation Scans

Once stimulation of the ovaries begins, you will have regular monitoring of your response with scans to measure the number and size of the developing follicles in the ovaries and blood tests to measure your hormone levels (principally oestrogen) levels in the blood.

The ultrasound does not show the eggs themselves, but the fluid-filled sacs (follicles) containing the eggs. In the majority of treatment cycles women will have approximately 4 scans. The scans are performed at intervals during the treatment cycle.

Once the stimulation with FSH injections are started, you will be required to remain available for regular scans until the follicles reach the optimal size, which for most is after 10 to 16 days. Vaginal scans carry no appreciable risk but may cause slight discomfort, particularly as you near the point of egg collection.

Following each scan you will be seen by one of the IVF nurses who may do a blood test and instruct you about further steps. Your blood test and scan results are reviewed by a doctor in the evening and occasionally you may be contacted and advised to alter the dose of your medication and/or your subsequent scan appointment. Please ensure that you have sufficient medication.

STEP 8: Trigger injection to mature eggs ready for collection

When the leading follicle(s) reaches the optimum size of 17-22mm, preparations will be made for your egg collection. It is important to remember that the number of follicles shown on the scan does not indicate the number of eggs collected as some of the follicles may be empty.

You will be given an instruction sheet with the appropriate timings of:

- The last dose of FSH injections
- The last dose of agonist (GnRH analogue) or antagonist
- **The timing of the "trigger" hCG (Ovitrelle, Pregnyl) or Agonist (Suprecur) injection** maturing the eggs in preparation for collection. This will be from 9pm onwards and your egg collection will be timed accordingly 33-39 hours later.

Please note that you will therefore have no fertility medication on the day before your egg collection.

Before the Egg Collection:

- **DO NOT** have food or drink from midnight on the night before your egg collection.
- If you are already taking **Metformin, Prednisolone or Thyroxine** **do not take your** morning dose until after your egg collection once you are eating and drinking
- If you are taking **Cabergoline** please continue in the evening.
- Leave all valuables at home.
- Please do not bring children with you on the day of egg collection.
- Remove make-up, jewellery and nail polish.
- Report to the Lister Hospital Main Reception on the Ground Floor for admission.
- You will be taken to the Day Unit.
- All patients will be accommodated in single rooms.
- The doctor performing your egg collection will confirm your consent.

STEP 9: Vaginal Egg Collection

Occasionally, some patients may have a pre-operative scan if they have a low number of follicles (3 or less). This may be done in the clinic or in theatres.

The Egg Collection procedure

The egg collection is usually performed under trans-vaginal ultrasound guidance under general anaesthetic. Rarely, in difficult cases where the ovaries are in an inaccessible position, a trans-abdominal or laparoscopic approach is necessary.

The ultrasound probe is introduced into the vagina, the ovaries are visualised and then an aspiration needle (attached to the probe) is passed through the top of the vagina into the follicles within the ovaries. The follicular fluid is drawn up into a test tube and then the fluid is examined under the microscope to identify the eggs. It is difficult to accurately predict the number of eggs available from the ultrasound scan picture. We may collect either more or fewer eggs than we had anticipated preoperatively. In rare circumstances we fail to collect any eggs despite the appearance

of follicles on the scan picture. If this occurs, the treatment cycle cannot proceed to egg freezing and you will be given a free follow up appointment to see the doctor to discuss your further options.

Although most patients have a general anaesthetic (GA) for this procedure, some may prefer to have it performed under intravenous (IV) sedation, if you would prefer IV sedation please advise the IVF nurse and discuss it with the anaesthetist on the morning of your egg collection.

After the Egg Collection

Generally, the egg collection takes 15-20 minutes and following the procedure patients are given antibiotic and painkilling suppositories in theatre. After the operation patients are transferred from theatre to the recovery area for approximately 15-30 minutes, not all patients are fully awake at this time. Patients are then transferred from the recovery area to the Day Unit. Patients may feel drowsy and nauseous with symptoms of abdominal pain and backache but these quickly settle.

A nurse will inform you about the procedure, provide a post egg collection instruction sheet and discharge you if all is well approximately 2 hours after the procedure unless the doctor advises otherwise. The egg collection procedure is performed as a day case procedure. However, in the unlikely event that you need to stay in the hospital overnight, there will be an additional cost.

Patients wanting to talk to a doctor may need to wait until the operating list is finished.

You must not drive for 24 hours following the operation due to the possible effects of the anaesthetic and you should have somebody to accompany you home.

STEP 10: Confirmation of number of eggs collected and suitability for freezing.

The embryologist will contact you the day after egg collection to confirm how many of the collected eggs were suitable (mature) to vitrify (freeze).

Cryopreservation (Freezing) of Eggs

Any suitable eggs can be stored for an initial period of ten years from the date of cryopreservation. After this period of ten years, there is a possibility of extending the storage period in further increments (maximum ten year increments), if it is shown that the criteria for extended storage continue to be met. You will need to complete an **HFEA LGS form** each to apply for storage extension. There is a maximum storage period of 55 years.

Please be aware that there are charges for freezing and annual storage as listed on the current price list.

Please remember that not all eggs that were suitable to freeze will survive the thawing process and not all of the thawed eggs will survive and be suitable to fertilise with ICSI. It is possible that some women will end up with no suitable embryos to transfer. If embryos are available for transfer they may not produce a successful pregnancy.

You must inform us immediately of any change in your personal circumstances (eg address or contact numbers) as it is particularly important that we are able to contact you to confirm continued storage. The storage period is governed by law and we do not require your consent to remove your gametes from storage at the completion of the statutory storage period.

STEP 11:

Treatment Cycle Complications

Although significant complications are uncommon, the following list outlines the potential pitfalls of a cycle and should have been discussed with you at your consultation. If you have any queries you should discuss them with one of the nurses or your doctor.

Pre-Egg Collection

- Medication side-effects
 - o Hormonal
 - o Allergic reactions
 - o Bruising at site of injections
- Cycle Cancellation
 - o Poor Response
 - o **Ovarian Hyperstimulation Syndrome (OHSS)**: OHSS is the over-response to the stimulating fertility drugs with the production of numerous follicles leading to high levels of oestrogen. You are regularly monitored by scan and oestrogen levels to allow dose changes to minimise this risk or even cycle cancellation. You may be asked to stop the FSH injections and continue Synarel/Suprecur/Cetrotide/Orgalutran (**coasted**) until the oestrogen levels fall to safer levels before the hCG or agonist 'trigger' is given. The cycle is sometimes cancelled as it is the trigger **hCG injection** given prior to egg collection that can cause the potentially serious symptoms to occur. This minimises but does not eliminate the risk.

Some patients may be given a course of Cabergoline tablets for 8 days from hCG trigger or egg collection to minimise the risk of OHSS.

A few patients however may still have a risk to develop OHSS anytime in the two weeks following egg collection. The majority will develop a mild or moderate form of the condition. In exceptional cases, severe OHSS may occur.

- **Mild OHSS** is essentially an effect of the stimulation regime because the ovaries become enlarged following stimulation and may cause abdominal discomfort and in essence is the presence of larger ovaries than normal.
- **Moderate / Severe OHSS** may result from dehydration due to the passage of fluid into other compartments of your body (chest and abdomen). The symptoms are:
 - Nausea / Vomiting
 - Weakness
 - Shortness of Breath
 - Abdominal Pain / Swelling
 - Weight Gain (5kg or more)
 - Thirst
 - Decrease Urine Output

If you have a combination of the above symptoms and are at risk of OHSS after egg collection please contact the nurses who will discuss your problems with a doctor and advise you accordingly. If you need to contact somebody out of hours, the emergency phone number is 07860 464 100. Sometime patients with severe OHSS are advised to be hospitalised for further management.

The management of **severe OHSS** may include aspiration of the ascitic fluid from the abdomen and may also include maintaining the circulating blood volume by administering intravenous fluids. The majority of patients however, are pregnant and those who are not should recover by the time their next period is due. These symptoms do not persist after the first three months of pregnancy.

Risks of egg collection include but are not limited to:

- Potential reactions from the drugs and procedures used in the administration of anaesthesia
- Failure to collect eggs because:
 - o The follicles are empty
 - o The eggs inside the follicles are all immature
 - o The eggs inside the follicles are all abnormal
 - o Pre-existing pelvic scarring and/or technical difficulties prevent safe egg recovery
 - o Ovulation has occurred before the time of egg recovery
- Risks associated with the passage of the needle through the vagina into the ovaries
 - o Infection
 - o Bleeding
 - o Inadvertent damage to adjacent structures such as:
 - Bowel
 - Uterus
 - Bladder / Ureter
 - Blood vessels
 - o Adhesion formation

Although complications are uncommon, if significant bleeding or damage to the bladder or bowel is suspected, further surgery may be required to repair such damage.

STEP 12:

A follow up consultation should be arranged to discuss whether or not further treatment to store more eggs is advisable. In the future, patients with frozen eggs who wish to use these, either with their partners sperm or with donor sperm, must contact the medical secretaries to arrange a follow up visit to plan what medications they need to take to prepare for an embryo transfer.

GENERAL INFORMATION

Who do I contact to make appointments?

USEFUL TELEPHONE NUMBERS

IVF Nurses	020 7881 4040	Mon – Fri	9.00am – 4.30pm
Ultrasonographer, Liz	020 7730 5932 ext 51226	Mon – Fri	9.00am – 4.15pm
Ultrasonographer, Alison	020 7730 5932 ext 51227	Mon – Fri	9.00am – 4.15pm
Ultrasonographer, Jaliah	020 7730 5932 ext 51241	Mon – Fri	9.00am – 4.15pm
Laboratory/Embryologists	020 7881 4041	Mon – Fri	9.00am – 5.00pm
Medical Secretaries	020 7730 5932	Mon – Fri	9.00am – 5.00pm
Accounts	020 7881 4068	Mon – Fri	8.30am – 5.30pm

Phlebotomy Service

We offer a service for patients who require blood tests. This service operates Monday to Friday from 9:00am to 4:00pm only.

This service is not available on weekends or Bank Holidays

Nurse Drop in Service

We offer a drop in service for patients who have minor queries for the nurses. This service operates Monday to Friday from 9:00am to 4:00pm only.

This service is not available on weekends or Bank Holidays

Patients wishing to start treatment must make an appointment as it may not be possible for us to accommodate you at short notice.

Are there counselling services available?

Our counsellors offer a confidential, non-judgmental and free service available to all patients before, during and after treatment. Patients are encouraged to explore their own feelings in order for them to make appropriate decisions for themselves. Appointments to see a counsellor can be made through the secretaries.

Who do I contact during my treatment if I have any queries?

The nurses are usually the first line of communication in your treatment and are able to answer the vast majority of queries. If you do not understand your treatment plan or anything else pertaining to your care, do not hesitate to contact them on the number above.

We aim to answer telephone calls where possible however if the allocated nurse is already on a call you will be diverted to the answer machine. If you do need to leave a message please clearly state your full name, hospital X number and contact number. Please do not leave multiple telephone messages as this creates unnecessary additional work and delays our response. If the clinic has been particularly busy there may be delays in getting back to you. Any messages left before 4:30pm will be returned the same working day. Messages left on a Saturday or Bank Holiday before 12:00pm mid-day will be returned the same day. Messages left out of these hours will be returned the next working day.

If you are sending an email please ensure you leave your full name (as registered with the clinic) and hospital X number. If you have an urgent query, please **phone** instead.

If there is an occasion when you need to contact your doctor, please e-mail them or leave a message with the secretaries and they will contact you. Alternatively, call the secretaries to book a follow-up with a doctor to discuss your treatment in more detail. Please do not leave messages on multiple extensions.

Who do I contact in the event of a medical emergency?

In the event of a **medical emergency**, please call **020 7730 5932** during the hours of 9am to 5pm and your call will be appropriately directed.

For an **out-of-hours medical emergency**, please call **07860 464 100**. This phone is carried by a nurse who also works in the Clinic during the day; she will answer your query and give you the appropriate advice. Please note, there is no messaging service for this number. Should this number be temporarily unavailable, please wait and try again. Patients may sometimes be unable to speak to the nurse on the emergency mobile if she is in an out-of-signal area (e.g. on the tube returning home from work). Usually all "missed calls" are returned as soon as possible unless the caller's number is "withheld".

If this number is unavailable for more than 30 minutes, please call the Lister Hospital Duty Sister on 020 7730 7733 who will contact a doctor on your behalf.

What do I do if I want to withdraw consent to treatment?

You can make changes to or withdraw consent at any point until the time of sperm, egg or embryo transfer. If you would like to change or withdraw your consent, you should ask the clinic for a HFEA WC form.

When will I have to make payment for a treatment cycle?

Payment for a treatment cycle **must** be made when you attend the first scan of the treatment cycle. Please settle your account by visiting the Accounts Office in our unit or on the ground floor adjacent to the Lister Hospital main reception.

Clinic closures

The clinic remains open throughout the year except over the Christmas New Year holiday period. Patients wishing to have treatment at the end of the year must make sure that they contact us at the beginning of November to book in for a nurse consultation. This is so that stimulation injections can be started by the end of November in order to complete treatment before the clinic closes.

The clinic is open at weekends and all other Bank Holidays for specific booked procedures. However, this is a limited service and we do not provide consultations or have a drop-in service.

What time does the hospital pharmacy open?

Our pharmacy located on the ground floor is open:

- **Monday - Friday (8.30am - 7.00pm)**
- **Saturday (9.00am - 12.30pm)**
- **Sunday - Closed**

- **Bank Holiday (enquire directly with the Lister Pharmacy)**

Who do I contact to make a complaint?

We constantly strive to achieve excellence however we appreciate that you may feel there are some areas of our service which did not meet your expectations. Please speak to a member of staff if you would like to raise any issues and we will aim to resolve them for you. If you would like to make a formal complaint, please call or write to:

Julie Ivoska
Unit Manager
Lister Fertility Clinic
The Lister Hospital
Chelsea Bridge Road
London
SW1W 8RH

Telephone: 020 7881 4126

How do I obtain a copy of my medical notes?

You have the right to access a copy of your medical records. If you wish to do so please contact the secretaries for a Copy Request Form. A charge is payable for the copying of your notes. Please allow 10 days to prepare your records.

Who do I inform of any change in personal circumstances?

You must inform us immediately of any change in your personal circumstances (e.g. name, address, contact numbers or relationship status) by contacting the secretaries. This is particularly important if you have eggs frozen as we need to contact you to confirm their continued storage.

The storage period is governed by law and we do not require your consent to remove these embryos from storage at the completion of the statutory storage period.