

CONSENT FOR FOLLICLE ASPIRATION

Follicle aspiration is the process by which oocytes (eggs) are retrieved from the ovaries. Follicles are small fluid-filled cysts within the ovaries that contain eggs.

Prior to follicle aspiration you will be taken to a procedure room and an intravenous (IV) line will be placed in your arm. You will be given medication prior to the procedure to relax you and make you feel drowsy. You will then be given narcotic and sedative medications through the IV to produce a type of “twilight sleep,” also known as monitored anesthesia care (MAC). Risks associated with this type of anesthesia (mild pain during the procedure, some awareness of the procedure, an allergic reaction to the medications, aspiration of stomach contents to the airways, inadvertent deep sedation requiring prolonged recovery time...) are extremely low as the procedure is short (typically less than 20 minutes) and you will be carefully monitored by an anesthesiologist throughout the procedure.

Once anesthesia is deemed to be adequate, an ultrasound probe will be placed vaginally in order to visualize the ovarian follicles. An aspiration needle will then be advanced through a needle guide attached to the vaginal ultrasound probe, through the vaginal wall and into the ovary under direct ultrasound guidance. Each follicle within each ovary will then be individually aspirated and the follicular fluid will be processed by the embryologist in order to identify and obtain the eggs. Each follicle contains a single egg, however not every follicle will yield an egg. The likelihood of obtaining an egg from a mature follicle is approximately 85%, however cases where no eggs are recovered are possible. After the procedure, you will be monitored for about 30-45 minutes. Occasionally patients may need to stay longer.

The risks of follicle aspiration include potential damage to an internal organ like the bladder, bowel, uterus, or a blood vessel; internal and external bleeding; and pelvic infection. As the procedure is performed under direct ultrasound visualization, the likelihood of damage to an internal organ is extremely low. While some internal bleeding is expected, the amount is minimal in most cases.

Rarely, patients may require transfusions if internal bleeding is profuse and difficult to control. Even more rarely, a second surgical procedure may be required to stop internal bleeding. The risk of these events is less than 1%. Some bleeding from the vaginal wall is expected but is commonly minimal (<10 cc), and easily controlled. You will be inspected for external bleeding (bleeding from the vaginal wall or cervix) immediately after the egg retrieval is done; bleeding will be controlled and stopped before you awake from anesthesia. This may on occasion require the placement of a suture in the vaginal wall. You will be placed on antibiotics to help reduce the chance of infection, making the risk of an infection extremely remote. However, if it should occur, you may require additional antibiotic treatment, or even hospitalization for intravenous antibiotics.

Initials

Certification of Informed Consent for Follicle Aspiration

Your signature below indicates that you consent to undergo follicle aspiration with a full understanding of the risks. Furthermore, your signature attests to the fact that you have been informed that no guarantee can be made regarding the number or the quality of the eggs retrieved. You acknowledge that you had the opportunity to ask questions and that your questions have been answered to your satisfaction.

PATIENT NAME (PRINT)

PATIENT SIGNATURE

DATE

PARTNER NAME (print)

PARTNER SIGNATURE

DATE

WITNESS (print)

WITNESS SIGNATURE

DATE