

INFORMATION FOR EGG DONORS

INTRODUCTION

Egg donation is a procedure in which eggs are taken from a potentially fertile woman and given to a recipient and her partner who are who are not able to have children on their own due to a problem with the recipient's eggs. This procedure was first performed in 1983 and thousands of egg donation procedures are performed annually now.

WHO CAN BE AN EGG DONOR?

A woman may apply to be an egg donor who is between the ages of 20 and 30 years old. She must be in good health, both physically and emotionally. It is essential that these women be in stable relationships or not sexually active to minimize the risk of transmitting diseases, such as AIDS. If an egg donor enters into a new sexual relationship, she must inform Beverly Hills Reproductive Fertility Center so that she and her new partner can be screened for these diseases. An egg donor cannot be using any illegal drugs.

If a woman meets the above requirements, she may apply to be an egg donor through the Beverly Hills Reproductive Fertility Center. She will receive and fill out a detailed questionnaire about both her and her family. It is crucial that this be filled out honestly and completely. She will then meet with a representative of Beverly Hills Reproductive Fertility Center to discuss and learn more about being an egg donor. Further screening will include meeting with a genetic counselor and a psychologist.

All prospective egg donors will have a urine test for drugs and the following blood tests:

1. Blood type and Rh factor;
2. Screening for five sexually transmitted diseases: AIDS, HTLV-1 (an AIDS-like virus), hepatitis B and C, and syphilis;
3. Cytomegalovirus (CMV);
4. Cystic Fibrosis and other ethnically appropriate inheritable diseases such as thalassemia, sickle cell anemia or Tay-Sachs disease

The donor's partner will be screened only for the five sexually transmitted diseases.

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WHO ARE THE EGG RECIPIENTS?

Women who are the recipients of donated eggs must be infertile women, in stable relationships and in good health, with one or more of the following problems:

1. They may be menopausal and thereby have no eggs of their own to attempt pregnancy with.
2. They may be close to menopause, as indicated by blood tests and their response to medication.
3. The quality of their eggs is poor, as evidenced by their history of recurrent early miscarriages.
4. They may have an inheritable (genetic) disease and an egg donation would allow them to be pregnant but not pass this health problem on to their offspring.
5. Women who have been through multiple (more than 3) attempts at In Vitro Fertilization (IVF), GIFT or other “high tech” infertility procedures without success.
6. Women who want to get pregnant with In Vitro Fertilization (IVF) but do not produce a sufficient number of eggs themselves to make the procedure practical.

THE PROCEDURE: AN OVERVIEW

Medications are required to first synchronize the donor’s eggs with the recipient’s uterus. Once this has occurred, the donor will use one type of medication to ripen her eggs while the recipient takes a different medication to mature the lining of her uterus. The process in which the ovaries are encouraged to ripen more than one egg in a month is called ovulation induction, and this procedure is used very frequently in the treatment of infertility. It is essential that the donor’s eggs and the recipient’s uterus are synchronized properly or the embryo, i.e., the product of the donor’s egg and the recipient’s partner’s sperm, will not be able to grow in the recipient and a pregnancy will not occur.

It is possible to safely get a woman to ovulate more than one egg because eggs are arranged in the ovaries into groups that are destined to ripen at certain times in the future. These groups contain between 40-60 eggs. In any given month, only one group of eggs will start to ripen and, from this group, one egg will ovulate and the rest, between 39 to 59 eggs, will die. A new group will then

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start to ripen the following month. If a woman is given medications that cause her to ovulate, for example, one dozen eggs, these eggs are derived from that month's group of eggs so that 12 eggs will ovulate and only 28 to 48 eggs will die. The eggs for future months cannot respond to the fertility medications because they are not ready to grow. Even when a woman is pregnant or if she is taking birth control pills, this progression of eggs growing and dying continues. This is an important concept to understand. Every month there are potentially many eggs that can be pushed to ovulate but nature normally selects only one to two from this group to do so. This progression of eggs growing and dying continues until menopause, when a woman literally runs out of eggs. For a typical egg donation, the doctor will try to get the donor to ripen ten to fifteen eggs.

Another important concept has to do with how the age of a woman affects the quality of her eggs and her ability to deliver a healthy child. Younger women are not only more fertile than older women but they also have a decreased risk of miscarriage and a decreased risk of certain types of birth defects.

THE DONOR'S MEDICATION

The donor will be asked to take three different and potentially also take birth control pills. Except for the birth control pills, the other three medications are all given as injections (shots). One or two of these is administered with a very small, one-half-inch needle. These shots can be given just under the skin on the upper thigh, the back of the arm or in the skin of the upper abdomen. The other injection(s) is (are) given in the hip with an inch long needle.

The medications include a GnRH-agonist called Lupron®, a form of follicle stimulating hormone (hFSH), and human chorionic gonadotropin (HCG). These medications have been used for years in the treatment of infertility. Their actions and specific side effects are as follows:

LUPRON® is the medication used to synchronize the donor's eggs with the recipient's uterus. It works like a birth control pill to stop the ovaries from ripening eggs. Side effects affect only about 20% of women. These include the intermittent sensation of hot flashes, difficulties sleeping, depression, headaches, painful joints and problems with short-term memory. All of these symptoms are reversible and should stop on or before the fourth day of the next medication. There are no known long-term risks associated with Lupron® when it is taken for egg donation purposes.

FOLLICLE STIMULATING HORMONE (FSH) is a hormone that the brain makes to cause the ovaries to ripen an egg each month. The reason that a woman rarely ovulates more than one egg in a month is because the brain releases only a very small amount of this hormone every month. Dr. Saadat will give the donor more of this hormone than the brain usually makes and this should cause

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the ovaries to ripen more than one egg. As all of these eggs ripen, the ovaries increase in size and the donor may feel bloated, cramps, nausea and possibly some pain. Ovarian hyperstimulation syndrome is a medical condition that is seen primarily in women who ripen more than 20 eggs. (This condition can be especially dangerous if the donor gets pregnant.) In ovarian hyperstimulation, the ovaries can get to be very large and painful and even rupture. Women who have severe ovarian hyperstimulation are also at an increased risk for blood clots, which can (but rarely) lead to stroke or heart attack. Symptoms of these medical problems include pain or swelling in an arm or leg, chest pains, shortness of breath, dizziness, or severe headaches. If you develop any of these symptoms, please call the doctor's office immediately. Since egg donors are taking precautions not to conceive, it is very unlikely that any of these dangerous problems should occur. **The risk of severe hyperstimulation syndrome occurring in the setting of egg donation is <1% and the risk of blood clots, stroke and heart attack is much less than this.** The typical donor complains only of bloating and occasional nausea. Symptoms are less in the morning and worse in the afternoon and evening because bed rest actually treats the symptoms of ovarian hyperstimulation!

A theoretical risk from this medication **may** be an increased risk of ovarian cancer. Ovarian cancer affects approximately 1.2 to 1.4% of all women and we know that women who are infertile are at an increased risk of developing this disease. There are three situations that decrease a woman's risk of getting cancer of the ovaries: being pregnant and delivering children, breast-feeding or from using birth control pills. Infertile women who take these medications are currently not thought to have any increased risk for getting this type of cancer. However, we think it wise that a woman should not donate eggs more than five times and consider using birth control pills for contraception to minimize any not yet discovered risk.

HUMAN CHORIONIC GONADOTROPIN (HCG) has no known side effects except to exacerbate ovarian hyperstimulation syndrome.

THE EGG DONATION PROCEDURE

Each physician's office will have a slightly different approach to the process of egg donation. Below is described a treatment cycle that should be used only as an example. Dr. Saadat will describe EXACTLY what he wants you to do. Please follow HIS instructions exactly.

The donor's first office visit with the doctor may be scheduled for a date that is approximately 7 days before her expected menses. On this day she may have an ultrasound examination and be given an injection of Lupron®. A nurse or doctor will give her this injection, which is usually given in the hip. The donor's period should start on its expected day but it will be late in approximately 15% of the women. This medication lasts for

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approximately five weeks. As mentioned above, this is the medication that is used to synchronize the donor's and the recipient's menstrual cycles.

The donor will return to the doctor's office approximately ten days after this injection for an ultrasound and/or blood test. The purpose of these tests is to see if the ovaries have responded to the Lupron® appropriately. The status of the recipient must also be taken into consideration. The second medication, FSH, cannot be started until both the donor and the recipient have started their periods and are synchronized. If the donor has not started her period or other tests indicate that the Lupron® has not taken effect, then the donor will be asked to return in 5 to 10 days for another blood test and ultrasound.

Follicle stimulating hormone (FSH) has many brand names. These include, but are not limited to, Gonal-F®, Follistim®, and Fertinex®. There are other medications that are very similar that are also used. These include Repronex® and Humegon®. The first three brand names of FSH are administered as subcutaneous injections with a needle that is only one-half inch long. The other two forms of FSH are administered with 1-1 1/2 inch needles in the hip. One of the staff will teach the donor how to self-administer these medications. It is usually given as a single injection at about the same time every day but occasionally it is given as two separate injections a day.

Starting on the morning after the fifth or sixth injection of FSH, and every other to every day thereafter for the next two to seven day, the donor must come to the doctor's office for ultrasound examinations and blood tests. These two tests are to determine the number of ripening eggs, their quality and to determine when egg harvesting should occur. When it is noted that the eggs are mature, the donor will be set up for the egg retrieval. The nurses and doctors should review the egg harvesting procedure with the donor. The last medication, HCG, will be given by injection about 36 hours before the retrieval. The timing of this injection is crucial. An antibiotic may also be given to decrease the risk of infection from the procedure. The procedure for harvesting the eggs is usually performed in the morning and takes approximately one hour. Prior to surgery, an I.V. will be placed into an arm vein to administer fluids and medication. There may be some pain associated with its placement and a little discomfort and possibly some bruising may last for a few days. In the operating room, the anesthesia will be administered. Then, utilizing the ultrasound machine for guidance, a needle will be placed through the back of the vagina and ripe eggs will be removed from the ovaries. This portion of the procedure takes only ten to twenty minutes. The eggs are then taken to the laboratory to be mixed with the recipient's partner's sperm. The donor should have been dispensed some pain medications to take, if necessary, when she is home after the egg retrieval.

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We expect the great majority of donors (>99%) to be able to go home within two to three hours after donating eggs and we recommend that they rest for one to two days afterwards. The donor should have refrained from having intercourse for approximately one week before the eggs were retrieved and continue abstaining for about one additional week. She should also refrain from exercising until her period starts, which should be in about nine to twelve days. Most women will experience some light vaginal bleeding for a few hours and some bloating, lower abdominal discomfort or nausea for a few days. A few may have more severe symptoms: pain, lightheadedness, or vomiting. If any of these occur, you should call the doctor's office immediately for more specific instruction. The donor's first period may be heavier than a normal period and her next may start early or be slightly delayed. If the donor has any problems related to her periods or to pelvic pain for the first two to three months after the egg retrieval, she should contact the Dr. Saadat. The staff at the Beverly Hills Reproductive Fertility Center is also available to answer questions and address concerns.

As with all procedures, there are risks associated with being an egg donor. Approximately three women per thousand are known to have a complication. These include but are not limited to internal bleeding, infection. And damage to an internal structure(s). Once these complications are observed, transfusions, antibiotics and/or further surgery or hospitalization may be necessary to correct the problem.

Anesthesia is normally a very safe procedure but it also has risks. The three most common forms of anesthesia are sedation, regional or general anesthesia. Donors who are sedated usually feel a little discomfort but tolerate the procedure very well. Risks include an allergic reaction to the medications or not breathing. The donor is monitored very closely for these problems and medications can be given to reverse these effects. Regional anesthesia allows the patient to be awake. A needle is placed into the donor's back and a medication is injected which will numb the patient from the chest down. The most common complications from this form of anesthesia include back pain at the site of the injection, which can last for days to weeks, severe headaches (<1%) and seizures (very rare). If the donor develops severe headaches, another procedure may be necessary to stop this. Patients are completely asleep with general anesthesia. The most common complaint from this type of anesthetic is nausea and vomiting immediately after the procedure. Medication can be given for these problems. Other, more significant risks include but are not limited to allergic and idiosyncratic reactions to the medications and the passage of the stomach's contents into the lungs, which can cause pneumonia. Overall, the risk of dying from this procedure is 1 of 30,000 to 40,000 and this is usually related to a reaction to the anesthetic. The person/anesthesiologist who will give you the anesthesia will explain what types are available and more specific information regarding the side effects.

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THE DONOR'S RESPONSIBILITY TO HERSELF

The donor understands that if she is sexually active, she must avidly avoid getting pregnant both prior to starting the Lupron® and once she is on the FSH. The donor will also need to completely abstain from sexual relations from the time when she starts taking the FSH until approximately 1 week after surgery, a period of approximately 3 weeks. The use of FSH will make the donor extremely fertile! If these instructions are followed, the chance that the donor involuntarily conceives will be minimized. If the donor has previously had a tubal ligation or her husband/partner has had a vasectomy, the above mentioned limitations are not applicable. Neither the Beverly Hills Reproductive Fertility Center, nor the recipients will be held responsible if the donor conceives.

After the egg retrieval, most donors will experience some bloating. Taking it easy can minimize this. Your recovery will be markedly easier if you can arrange your schedule to be light for one week afterwards.

THE DONOR'S RESPONSIBILITY TO THE RECIPIENTS

The donors need to appreciate that their eggs are potentially capable of transferring not only a potential life to the recipients but also death in the form of the AIDS (HIV) or hepatitis viruses. For this reason, all donors need to have lifestyles that will limit the risk of their exposure to this disease and thereby minimize the risk of transmitting this disease to the recipient. It goes without saying that women who are currently utilizing illegal drugs or are involved sexually with more than one partner will not be suitable egg donors.

Another of the donors' responsibilities is being punctual for appointments and to be compulsive with regards to taking her medication on time. The medications are essential and a donor who forgets to take her medication at the appropriate time, is tardy for or misses appointments jeopardizes their ability to maximize the quality of their eggs and fulfill their responsibilities to the recipients. If the donor fails to take her medication at the specified times or misses her appointments, the quality of the eggs may not be sufficient to allow the recipient an excellent chance at pregnancy. If this occurs and the physician complains, then the medication will be stopped and the donor will not receive her previously agreed upon fee.

The donors have **NO** responsibility towards these potential embryos and/or offspring. If the donation is meant to be anonymous, the donor will remain anonymous at all times and under all conditions even in the event of any birth defects or the development of any medical conditions. If a birth defect does occur, however, the donor will be asked to submit herself for further testing. It is the intention of the Beverly Hills Reproductive Fertility Center that the donor will voluntarily submit

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herself for these tests. All of these costs will be borne by the recipients. If the child develops a medical condition in which the donor might be able to donate an organ or tissue, the donor's identity will not be given to the recipient unless the donor so wishes and this is noted in writing in her chart at the Beverly Hills Reproductive Fertility Center. In the event of divorce or death of the recipient couple, the donor has no responsibility and may not attempt to exert any responsibility toward the recipients' surviving children.

The donors will only be informed if a pregnancy has occurred from her donation if the recipient has agreed to give her this information prior to the procedure itself.

If the donor is started on medication but matures an insufficient number of eggs (<4), the medications and the procedure can be stopped at the recipient's discretion and the donor will only be paid for a percentage of her previously agreed upon fee.

If the recipient decides to terminate the cycle for any other reason after medications have been started but prior to surgery, the donor will receive her entire fee.

WHOSE EGGS AND WHOSE EMBRYOS ARE THEY?

The responsibility for the eggs after the eggs have been removed from the donor is completely within the hands of the recipient and her partner. It is essential that the donor understand that she may exert no control over these.

The recipients are free to deal with their eggs and their embryos, the product of fertilizing the donated eggs with the recipient's sperm, to their individual preferences. These include but are not limited to the following situations:

1. If the recipient conceives more than a singleton pregnancy and they decide to selectively abort one or more of the pregnancies, this is beyond any control of the donor.
2. If the recipients decide that they do not want to utilize any of either the fresh or frozen embryos, they may either opt to destroy, adopt out or donate these embryos to another couple without any input or compensation to the donor.
3. If for any medical, genetic or personal reasons the recipient decides to abort the pregnancy, this is beyond the control of the donor.

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BENEFITS FROM EGG DONATION

To the egg donor there are no benefits except for the financial compensation provided by the recipients plus the satisfaction of attempting to help someone who might otherwise not be able to experience pregnancy and delivery.



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