

THE EGG DONOR RISK SHEET

Thank you for your interest in becoming an egg donor. There are many couples whose infertility is caused by either the absence of or the poor quality of the women's oocytes (eggs). Your willingness to donate eggs to those infertile couples will make it possible for them to achieve their goal of having a child, becoming parents and having a family. The donation of eggs from one woman to another is a simple concept which is nevertheless somewhat complex in execution. If you become an egg donor, you will be given one or more injectible or orally administered medications which will prepare your ovaries for the egg collection or harvest. The harvest procedure (follicle aspiration) requires the use of narcotics in order to minimize the associated discomfort. By giving your eggs to an infertile couple, you expose yourself to the theoretical risk of future personal or legal interaction in the future.

It is the purpose of this document to make you aware of the potential risks (real or imagined) which may be associated with the act of being an egg donor.

I. Physical Risks

A. Short Term Risks

The short term risks and side effects of this procedure are related to the physical requirements associated with the egg donation. You will be required to transport yourself to and from the office for approximately ten visits required for ovarian stimulation. In addition, you will need transportation to and from our office (provided by someone else) on the day of the follicle aspiration. Since you are acting as an independent contractor, the responsibility and liability for the risks associated with this travel are yours.

The risk associated with the injection of the medication and with the blood drawing is for the most part limited to pain at the injection (or phlebotomy) site and possible formation of a hematoma (bruise). Prior to the follicle aspiration procedure, you will have an IV started, which may make you uncomfortable. You will be given an injection of narcotics and sedatives in order to make you feel sleepy and make you comfortable for the aspiration.

The follicle aspiration itself involves the placement of a needle through the vaginal wall and directly into each ovary and aspiration (withdrawal) of the fluid from all the ovarian follicles. In this manner, the eggs are obtained from the ovary. There is a theoretical risk of infection and bleeding associated with this procedure. However, neither complication has occurred in the egg donation program since its inception. You will be given a separate consent for the aspiration procedure.

B. Risks of the Medications

The Medications which you will be using are all of a hormonal nature and are used to prepare your ovaries for the follicle aspiration procedure. Since they are hormonal, there may be an emotional response associated with the use of these medications. The response varies from individual to individual but may include depression, euphoria, restlessness, irritability, and sleeplessness. For a full description of the side effects of all of the medications, you are encouraged to ask for the package insert.

One of the side effects that you will be monitored for is ovarian hyperstimulation syndrome. When young fertile women are given fertility drugs, the ovary may over respond and produce many follicles and very high levels of estrogen. When this happens, by a mechanism that is not well understood, some women will develop ovarian hyperstimulation syndrome, which is associated with ovarian swelling above and beyond that seen with normal response as well as with fluid collection in the abdomen (“ascites”). Patients may become nauseous and feel bloated. In extreme cases, admission to the hospital may be required in order to give intravenous fluids. The approximate incidence of severe hyperstimulation syndrome is approximately 1% and a moderate form is expected in about 5% of cases. Very rarely ovarian hyperstimulation syndrome has been associated with blood clot formation and death.

In February of 1993, a publication appeared in the American Journal of Epidemiology which reports the use of “fertility drugs” with an increased likelihood of ovarian cancer. The findings of this study were preliminary and its conclusions have been challenged by many fertility specialists in the United States. (For example, it is not clear what kind of “fertility drugs” were involved.) While other studies have supported this association, most have not. Whereas most fertility specialists (ourselves included) believe that no association exists, the topic remains controversial.

C. Long Term Risks

The ultimate long term risks of undergoing ovarian hyperstimulation and follicle aspiration are not known. While many thousands of cycles of ovarian stimulation and follicle aspiration have been performed worldwide, most of these have occurred in infertile women themselves. Less total cycles have been performed on donors. Since many donors have had children in the past, and infertile women were infertile to begin with, it is not know whether this type of procedure can have an adverse impact on your future fertility.

There is nothing about the stimulation or the procedure that would make one think that fertility would be compromised, unless an infection were to occur (which has not happened to date). Ovarian stimulation and follicle aspiration does not remove from your body any eggs that would otherwise remain there. All of these would naturally be lost each month either by ovulation or by a process of degeneration and resorption called atresia, which is the fate of the majority of eggs in your ovaries. As a result, the process of egg donation is not thought to speed up ovarian aging or the depletion of the eggs in your ovaries. However, since the procedure is new, we do not have the reassurance that 30 or 40 years down the line some side effect will be found. In addition, 15% of all couples in the United States are infertile. Many of these cases are of secondary infertility, meaning that they had fertility before and are now unable to conceive again. You may find that in the future you have a fertility problem. This may happen regardless of whether you become an egg donor or not. However, you must understand that we do not know with complete certainty that your donating eggs will not in some way compromise your future fertility.

II. Emotional Side Effects

In addition to the physical effects described above, you may find that the process of donating eggs to another woman may cause you some amount of emotional distress in the future. As mentioned above, the use of hormonal medications may be associated with a variety of emotional swings. You should also understand that certain religious groups (notably Catholics and Orthodox Jews) do not approve of any form of infertility treatment, including oocyte donation. You may meet with disapproval from individuals who belong to these groups. You should ask yourself what emotional impact you will feel if a child is born as a result of your egg donation. Will you feel a need to seek this child out five or ten years down the line? If you later find that you are unable to have children, will you regret your decision to donate eggs now, or will you rather feel satisfied that at least you had the opportunity to help someone else have a child? These are personal questions that you should answer for yourself. You should understand that donating eggs is not exactly like donating blood, in that thus is not an emotionally neutral issue, many people have feelings about it, and you may find that you have some long-term emotional feelings about the process.

III. Legal Implications.

The process of egg donation is analogous to sperm donation. However, because it is relatively new, limited case law has been established regarding its use. In the absence of substantial prior judgment being rendered by a court, there is no assurance that any contract which is entered into as regards egg donation will necessarily be honored in the future.

With respect to sperm donation, courts have basically upheld the anonymity of the donor and the legal parenthood of the recipient couple (if the couple is married and wife conceives as a result of artificial

insemination by donor sperm, the husband becomes the legal father of that child at the moment of conception). Nevertheless, when you donate eggs to another couple, you at least theoretically expose yourself to the potential risk of future interaction with the couple or the child.

The decision to become an egg donor is an important one and should not be made lightly. All of us here at Reproductive Fertility Center have chosen to do the kind of work we do because we know it is needed and because we believe that it is important. Your decision to participate in this type of program should be yours and yours alone. **You signature below indicates that you have read the preceding list of risks, that you understand that there may be other risks of which we have not yet thought, that you enter into this process of your own free will and that you are not being coerced, that you have had the opportunity to ask questions and that all of your questions have been answered to your satisfaction.**

Specific Disclaimer Regarding Future Fertility

Future fertility is always uncertain and we do not know if egg donation affects it adversely.

Signature of Donor

Date

Witness

Date