



FERTILITY

# Patient guidance

6. Treatment with frozen eggs  
– hormone-stimulated cycle

# Treatment with frozen eggs (FET) in hormone-stimulated cycle

You are now ready to have your fertilised, thawed eggs (embryos) transferred back to your uterus. Embryos can only be thawed and transferred back to the uterus if you/both parties give your written consent for each thawing.

## Course of your fertility treatment

Treatment with thawed embryos in a hormone-stimulated cycle is used if you have irregular menstruation.

On the next page you will find an overview of your fertility treatment with us. You should expect to make 3-4 visits to the clinic.

### Step 1: Registration for treatment

When you get your menstrual period, please contact us on telephone +45 3817 0740.

Visit [www.aleris-fertility.dk](http://www.aleris-fertility.dk) for information about telephone hours.

### Please provide us with information about:

- Your name
- Your civil registration (CPR) number
- The date of the first day of your menstrual period

We use the term first cycle day for the day on which your period has really started. You are given an appointment for an ultrasound scan on cycle day 2 or 3.

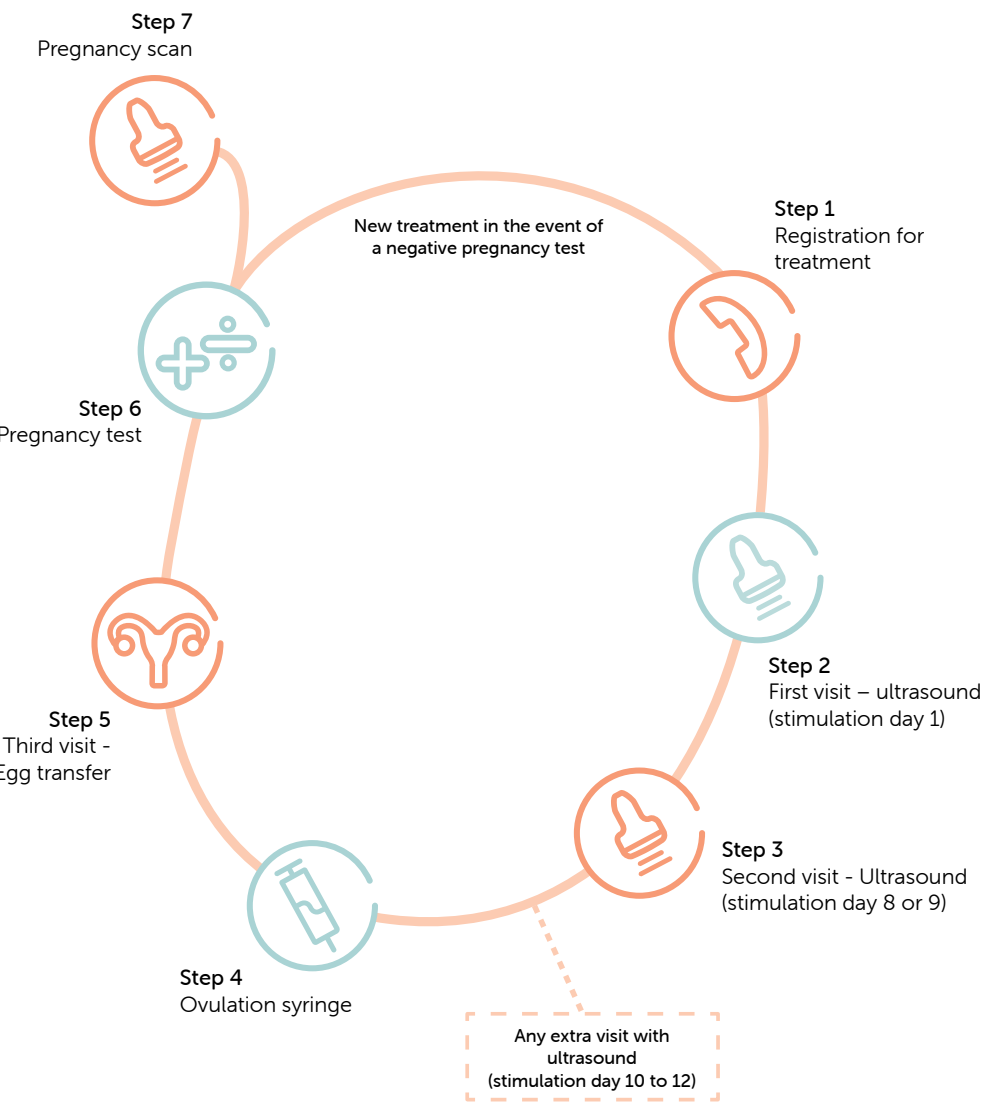
### Step 2: First visit with ultrasound (stimulation day 1)

At the first visit you will have an ultrasound scan even if you have your period. If everything is OK, you will start hormone stimulation.

We call the day you start hormone stimulation 'first stimulation day'. The stimulation can be done with several different hormone preparations. All the preparations contain FSH and some of them also contain LH. Your doctor decides which preparation and dose will be best for your treatment.

FSH is the female sex hormone that your body already knows. The hormone must be injected.

# Course of your fertility treatment



A nurse will instruct you in how to take your medicine, so you can administer the injections yourself. You should inject the hormone in your stomach every evening at roughly the same time.

### **Step 3: Second visit with ultrasound (stimulation day 8 or 9)**

At this point, the size of the follicle is assessed, as it is essential to when you should administer your ovulation syringe and when you are to arrive for the egg transfer. Sometimes, you may need an appointment for an extra ultrasound scan before the egg transfer can be scheduled.

### **Step 4: Ovulation syringe**

When the follicle measures > 17 mm in diameter, the nurse will instruct you in how to take the egg-releasing hormone. The ovulation hormone completes the maturation of the eggs in the egg sac. The injection is very important and must be administered at home at a very fixed time agreed with us.

If you accidentally forget to inject the ovulation syringe, the fertilised egg cannot be transferred, as the endometrium is not ready, and this cycle must be cancelled.

The thawed, fertilised egg is transferred back 4, 5 or 7 days after the ovulation syringe has been administered.

### **Step 5: Egg transfer**

Before we start the egg transfer to your uterus, you will be identified by both the doctor and the laboratory staff.

An egg transfer to the uterus is normally a pain-free procedure lasting only a few minutes. We usually only transfer one egg. The decision on one or two eggs depends on the quality of the eggs, your age, the number of previous attempts and the cause of your childlessness.

This is done in the same way as an ordinary gynaecological examination, in which the doctor inserts a thin catheter through the cervical canal and attaches/places the egg surrounded by a bit of fluid in the uterus.

Before you leave the fertility clinic, you will be given an appointment for a pregnancy blood test. In addition, the further course of action will be planned in case you do not get pregnant.

### **After the egg transfer**

You can leave the fertility clinic immediately after the egg transfer.

### **Precautions after egg transfer**

We know that an inappropriate lifestyle reduces your chances of getting pregnant. We recommend that you live as healthily as possible after the egg transfer and that you avoid hard physical training and hard work. You can have sexual intercourse and engage in light exercise.

### **Step 6: Pregnancy test**

11-14 days after the egg has been transferred to your uterus, you must have a pregnancy test done in the form of a blood test.

It shows whether you have the pregnancy hormone hCG in your blood – that is whether you are pregnant. This type of test is more accurate than a urine sample.

It is important that the pregnancy test is done also even if you have begun bleeding.

You can choose to have the blood test done with us or with your own doctor. If your own doctor does the blood test, please inform us of the result.

In a few women, it may be necessary to repeat the blood test so that we can follow the development of the pregnancy. Too low increases may indicate an incipient abortion or give rise to suspicion of a pregnancy outside the uterus.

### **Positive pregnancy test**

If the test is positive, you will be given an appointment for a pregnancy scan.

### **Step 7: Pregnancy scan**

We perform a vaginal ultrasound scan approximately three weeks after a positive pregnancy test. You will then be seven or eight weeks pregnant.

The doctor checks for heart flashes and number of foetuses. By measuring the foetus from head to tail, the age of the foetus can be calculated and a future due date for the expected birth can thus be set.

You may choose to have a pregnancy scan done near your home if this is easiest for you.

If everything appears to be in order, you will receive information about the further course.

The fertility clinic collects information about the individual courses of pregnancy and childbirth to get an overview of the fertility clinic's results, which must be reported to the Danish Health Data Authority.

After you have completed your pregnancy, please fill in a form about the course of your pregnancy and childbirth. You will be given the form in connection with the pregnancy scan. Please fill it in and send it to us after you have given birth.

### **Negative pregnancy test**

If your pregnancy test is negative, you may register for a new treatment by agreement with the doctor.

## **Possible side effects and complications**

### **Cancellation of egg transfer**

In very few cases, the fertilised egg does not survive thawing, and we may therefore have to cancel the egg transfer.

### **Pregnancy outside the uterus**

The fertilised egg is transferred to the uterine cavity, but it may occur that the egg nevertheless moves out into the fallopian tube. If a pregnancy outside the uterus is suspected, and you experience pain and/or bleeding, you must contact us, your own doctor or the medical emergency service.

### **Twin pregnancies**

There is an increased incidence of twin pregnancies in connection with assisted reproduction. Twin births often occur prematurely and are generally associated with more complications and risks. The recommendation is therefore that only one fertilised egg is transferred to the uterus unless there is a medical reason for transferring two fertilised eggs.

## **Medicine: Effect and possible side effects**

### **Stimulation treatment**

With mild hormone stimulation of the ovaries, 1-3 follicles may be developed. It may cause short-term burning and tenderness at the injection site.

### **The ovulation hormone**

The ovulation hormone helps complete the maturation of the eggs. This may cause local irritation at the injection site.

### **General side effects of medicine**

All medicine may cause allergic reactions. However, this is extremely rare for the preparations used. Other symptoms may include redness, swelling, itching, fever and, in extremely rare cases, respiratory difficulties.

## Own notes

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Gyngemose Parkvej 66  
DK - 2860 Søborg

Tel. +45 3817 0740

[www.aleris-fertility.dk](http://www.aleris-fertility.dk)

### **Telephone hours**

Visit [www.aleris-fertility.dk](http://www.aleris-fertility.dk)

### **Opening hours**

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