


Egg Donor

Information for Patients and Partners



Leicester Fertility Centre
Caring at its best



University Hospitals of Leicester 

NHS Trust

What is this leaflet about and who is it for?

This leaflet provides information for women considering 'egg donation'.

What is 'egg donation'?

Egg donation means you donate your eggs via IVF treatment to another patient who needs donated eggs in order to achieve a pregnancy. This means you can help other infertile women who otherwise face a long wait for treatment due to a shortage of donor eggs. Known donors only give their eggs specifically to help someone they know. The embryos created from the eggs you donate may be kept in storage for a maximum of 55 years.

Who can be an egg donor?

You must be:

- Between 18 and 35
- Fit and healthy with BMI between 19 – 30
- Have normal ovarian reserve (AMH level ≥ 12 pmol/l and Antral follicle count ≥ 12)
- No previous history of severe endometriosis or having had an ovary removed or significant polycystic ovary syndrome (PCOS)
- No history of transmissible disease
- No personal or family history of inheritable disorders
- No higher risk of transferring a prion-related disease.

What preparation is needed for egg donation?

You will need to have an Antral follicle count scan on day 2-6 of your cycle and an Anti-Mullerian hormone (AMH) blood test to check your ovarian reserve to see if you are suitable to donate your eggs.

What happens next?

With your permission, we will contact your GP to ask if they have any relevant medical information that may affect you becoming a donor with us; we will also request any medical notes about you from the main hospital. Once this information has been obtained your application and relevant tests are shown to a multidisciplinary panel

that will make the final decision of if you are suitable for egg donation at Leicester.

If your investigations show that you are suitable to be an egg donor, then we will arrange further blood tests 8 weeks before you are due to start stimulation; a further screen is repeated at your baseline scan:

HIV	Hepatitis B
Hepatitis C	Karyotype (your genetic make-up)
Syphilis	Cystic Fibrosis (to see if you are a carrier)
Cytomegalovirus	Gonorrhoea
Chlamydia	

Other tests may be required according to ethnicity/ geography/ medical history, such as HTLV, Tay Sachs, Sickle Cell, α or β Thalassaemia, glucose-6-phosphate dehydrogenase deficiency, Malaria, T. Cruzi. These blood tests are all taken at the same time and only require one needle to be inserted in the arm. Screening may not 100% effective and you must tell us in future if you become aware of heritable illness. If you practice anal sex, we will also need to perform a rectal swab.

You will have two counselling sessions to discuss the implications for you and your family in donating your eggs and sign the necessary paperwork. At this appointment each of you will also be given a form to take home with you to write a little bit about yourself. This form provides the only, freely accessible, personal information about you to any resulting child and can be very beneficial in order for that child to understand their own personality, likes and dislikes etc.

What treatment will I undergo?

In egg donation cycles we are trying to stimulate your ovaries to produce more eggs than they would normally do in one month. Most women will be on a standard long drug protocol. This involves a daily injection of Suprecur (starting a week before your period is due) to switch off the pituitary gland which controls your ovaries. You will then have a period and contact the unit to arrange a baseline scan and blood test. This is to check that you have responded to the injections.

You then commence a second injection daily that stimulates the ovaries to produce multiple follicles. Appointments will be made for you to attend for blood tests and scans to check that your ovaries are responding. The dose of your drugs will be altered dependent on your response. You are advised to avoid unprotected intercourse during treatment.

How do the eggs get collected?

Once the scan shows that there are a sufficient number of mature follicles, you will be instructed to give an injection of hCG which matures the eggs before they are collected. 35 – 37 hours after the hCG injection, the eggs will be removed from the ovaries. The eggs are collected by means of a fine needle being passed through the vagina into the ovaries under ultrasound guidance. You will be given sedation anaesthesia and not feel or remember the procedure which takes about 30 minutes. When you are fully awake, you will be allowed home and will need a responsible adult with you for the rest of that day.

Leicester Fertility Centre is unable to guarantee that your treatment will be carried out by a specific doctor. Please let us know if you would not proceed with treatment unless a specific doctor was available.

What will my recipient know about me?

Only non-identifying information can be given. Physical characteristics such as height, hair colour and eye colour are given so as to try and obtain as close a match as possible or one that is acceptable to the recipient. The recipients may also be given other non-identifying information about you, such as hobbies or interests.

Can I find out what has happened to the eggs?

You can request to be informed whether a child has been born as a result of your donation. You can be told the sex of the child and the year of birth. We may be able to treat more than one patient with your eggs depending on how many you produce.

Are donors paid?

No, this is illegal in the UK. However, donors can receive limited compensation for reasonable expenses (excluding earnings) incurred as a result of donation, in line with legislation. This will only be issued after your last set of quarantine bloods has been successfully reported.

Will I have any responsibility towards a child born as a result of my donation?

No. You will not be legally or financially responsible for any child born as a result of your donation. You will have no legal claim to them, and they will have no legal claim to you.

Important considerations

As previously mentioned, we require a number of blood tests to be taken. It is worthwhile bearing in mind that your results may not all be negative, for example we may find out that you are a cystic fibrosis carrier. If any irregularities were found in either of your blood tests, we would inform you and invite you for an appointment to discuss this.

Any children born as a result of this donation can find out:

- anonymous information about the donor and any donor-conceived genetic siblings, from the age of 16
- identifying information about the donor, from the age of 18
- identifying information about donor-conceived genetic siblings, with mutual consent, from the age of 18
- information about the possibility of being related to the person they intend to marry/ enter into a civil partnership with, at any age
- information about the possibility of being related to the person they intend to enter into an intimate physical relationship with, from the age of 16

Personal details such as your name, date of birth and last known address will be held on a register at the Human Fertilisation and Embryology Authority (HFEA).

The increasing popularity of direct-to-consumer DNA testing has made it possible for donors and donor-conceived people to become identifiable to each other outside of the current, managed system of information provision. This can happen if they, or a close family relative, sign up to such a service that allows for genetic matching. Many people undergo these DNA tests to learn more about their family heritage, however it has introduced the possibility of a donor or donor-conceived person (or a close relative) of being matched with one another.

Due to the ongoing risk posed by the Zika and Ebola virus we ask that those donating their gametes do not leave the country during the process and are available for further testing 6-12 months post donation.

How many families can a donor help to create?

Donors are able to help the creation of up to 10 families. Each family may consist of more than one donor-conceived child because genetic siblings or half siblings sharing at least one legal parent will be considered to belong to the same family.

What happens if I change my mind?

You can remove your consent to donate your eggs at any time prior to them being used for treatment.

What risks are involved?

The egg collection involves sedation anaesthesia and therefore it is important that you tell us about any other medical conditions that you have or medication that you may be taking.

Anaesthetic side effects include postoperative nausea and vomiting (usually last for 1-2 hours and can be controlled with medications), postoperative shivering, chest infection (very rare with sedation anaesthesia), awareness (becoming conscious during some part of operation; the majority of patients who are aware do not feel any pain, but may have memories of events in the operating theatre), allergic reaction to anaesthetic, very rarely anaphylaxis (risk is 1 in 10,000), risk of death or brain damage during anaesthesia (in genera, the risk is

1 in 100,000 but should be even rarer in sedation for minor procedures such as egg collection.

There is a very small risk of pelvic infection after the egg collection. Symptoms include fever, moderate to severe lower abdominal pain or a malodorous vaginal discharge. Severe pelvic infection may lead to infertility and/or chronic pelvic pain.

Injury to bowel, bladder, pelvic blood vessels or nerve injury (rare).

You may experience some vaginal bleeding or laceration which may require stitching (rare).

Ovarian hyperstimulation (OHSS) occurs when there are too many follicles produced in the ovary. In severe cases, which are fortunately rare, fluid can collect in the abdomen and chest causing discomfort and difficulty in breathing. This may lead to a greater tendency for the blood to clot causing thrombosis.

I'm considering donating my eggs, what is next?

There are currently very few donors available for recipients so thank you very much for considering egg donation and for reading this document. If we can provide any additional information, please do not hesitate to contact the unit on our direct line number (0116 2585922) where an appointment can be made with the nursing staff to discuss your medical history and arrange the blood tests.

Our commitment to patients

We are constantly striving to improve our services to patients and we will welcome your comments or suggestions for improvement.

Leicester Fertility Centre Contact Details

Tel: 0116 2585922
E-mail: LFCinfo@uhl-tr.nhs.uk
Website: www.leicesterfertilitycentre.org.uk

Useful addresses:

Human Fertilisation and Embryology Authority www.hfea.gov.uk

www.hfea.gov.uk/donation/donors

www.hfea.gov.uk/treatments/explore-all-treatments/risks-of-fertility-treatment

NICE guidelines: www.nice.org.uk

NHS - Response line: 111.nhs.uk / 111

NHS - Smoking Helpline: 0300 123 1044

Fertility Network UK www.fertilitynetworkuk.org / 0121 323 5025

SEED (Sperm, Egg & Embryo Donation) Trust: www.seedtrust.org.uk

Donor Conception Network www.dcnetwork.org

Do you feel that you are at risk of verbal or physical abuse? If so, you may find the following numbers useful:

Domestic Violence Helpline:

United against violence & abuse (UAVA)

Helpline: 0808 802 0028

Email: info@uava.org.uk

Text support: 07715 994 962



This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

Questions

If you have any questions write them down here to remind you what to ask when you speak to your consultant.



Today's research is tomorrow's care

We all benefit from research. Leicester's Hospitals is a research active Trust so you may find that research is happening when you visit the hospital or your clinic.

If you are interested in finding out how you can become involved in a clinical trial or to find out more about taking part in research, please speak to your clinician or GP.

If you would like this information in another language or format, please contact the service equality manager on 0116 250 2959

إذا كنت ترغب في الحصول على هذه المعلومات في شكل أو لغة أخرى ، يرجى الاتصال مع مدير الخدمة للمساواة في 0116 250 2959.

আপনি যদি এই লিফলেটের অনুবাদ - লিখিত বা অডিও টেপ'এ চান, তাহলে অনুগ্রহ করে সার্ভিস ইকুয়ালিটি ম্যানেজার ডেভ বেকার'এর সাথে 0116 250 2959 নাম্বারে যোগাযোগ করুন।

如果您想用另一种语言或格式来显示本资讯，请致电 0116 250 2959 联系“服务平等化经理” (Service Equality Manager)。

જો તમને આ પત્રકમાં જી લેખિત અથવા ટેપ પર ભાષાંતર જોઈતું હોય તો મહેરબાની કરી સર્વિસ ઈકુવાલિટી મેનેજરનો 0116 250 2959 ઉપર સંપર્ક કરો.

यदि आप को इस लीफलेट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डेव बेकर, सर्विस इक्वालिटी मैनेजर से 0116 250 2959 पर सम्पर्क कीजिए।

Jeżeli chcieliby Państwo otrzymać niniejsze informacje w tłumaczeniu na inny język lub w innym formacie, prosimy skontaktować się z Menedżerem ds. równości w dostępie do usług (Service Equality Manager) pod numerem telefonu 0116 250 2959.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲੈਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੇਵ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਆਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116 250 2959 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

Ak by ste chceli dostať túto informáciu v inom jazyku, alebo formáte, kontaktujte prosím manažéra rovnosti služieb na tel. číslo 0116 250 2959.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xiriiir, Maamulaha Adeegga Sinaanta 0116 250 2959.