

Cryopreserved Embryo Transfer

There are two methods [**hormone replacement cycle, natural (ovulation) cycle**] used to transfer cryopreserved fertilized eggs. There is no difference in pregnancy rates between the methods. Upon consultation with the attending physician, the procedure is determined based on the lifestyle, menstrual cycle etc., of the patient.

The method will be determined in a consultation. Blood sampling and a pelvic examination (ultrasound) may be performed depending on your condition.

Hormone replacement cycle: estrogen hormone will be prescribed (consultation on use of tape or gel).
Natural (ovulation) cycle: for those who need an ovulation inducer, an oral drug or injection schedule will be determined.

Basically, the examination and treatment are at your expense.

Day 2-3 of menstruation

Hormone replacement cycle

Day 8-10 of menstruation

Ultrasound (endometrial thickness is measured)

Endometrial thickness is

$\geq 8\text{mm}$

$\leq 8\text{mm}$

Continue using the tape or gel until the endometrial thickness reaches $\geq 8\text{mm}$

If endometrial thickness does not reach $\geq 8\text{mm}$

The scheduled date of transfer will be determined.

Inform us from this day
Day 3 of the fertilized egg
⇒ 4 days after
Day 5 of the fertilized egg
⇒ 6 days after

the transfer will be scheduled

The transfer is discontinued.

To the next cycle

Natural (ovulation) cycle

Day 12-13 of menstruation

Ultrasound (endometrial thickness is measured)

The size of the follicle is measured to predict ovulation

Ovulation is very close

No ovulation yet

Around day 14-15 of menstruation

Ultrasound

You may be examined on consecutive days to determine ovulation.

The day of ovulation will be determined based on echography, and blood test results on hormones.

Re-examination on a later date
The state of the follicles will be confirmed by echography until they are developed.

Ovulation

- Ovulation confirmed and the endometrium is $\geq 8\text{mm}$ thick

(Note)

- If the endometrium is $\leq 8\text{mm}$, the transfer will be discontinued.
- The day of the transfer cannot be changed.
- Supplementation of progesterone can be done by injection or oral drug treatment.
- If the transfer falls on a day that the clinic is closed, the transfer will be discontinued.

❖ If convenient for you, the day of transfer can be shifted by 2 or 3 days. However, the transfer cannot be performed on a day earlier than the shortest transfer day.

❖ Progesterone vaginal suppository and/or injections will be started.

One or 2 days before the scheduled day of transfer

★ Blood sampling will be performed to confirm whether you are using the medication properly and that your progesterone level is good and will remain so after the transfer.

The hormone test result is

Not good

Good

The transfer is discontinued

The transfer is decided

Day of the transfer

Date and time to arrive at the hospital on the day of the transfer

Mon, Tue, Wed & Fri 13:50
 Thursday 11:50
 Saturday 13:20-13:50

- * The time of the transfer cannot be changed.
- The entire procedure will take about one hour.
- * Children are not allowed to accompany you.

From the day of transfer up to the assessment day, you will come in about once or twice to receive injections.

From the day of the transfer, the assessment day will be

Day 3 of the transfer ⇒ after 11 days
 Day 5 of the transfer ⇒ after 9 days

Pregnancy assessment day

★ Urinalysis
 Blood sampling

Assessment will be based on the urinalysis and blood test results

♣ Those whose pregnancy assessment is positive for pregnancy will continue to be examined about twice a week for about one month after the confirmation.

♣ Moreover, the hormone treatment will be continued for another 4 weeks after the pregnancy assessment.

★ There is a wait time of about 40 min on the day of blood sampling, so please come in the morning by 11:30 AM. If you plan to come in the afternoon, please come by 18:00 h (by 16:00 h on Saturdays).

Hormone replacement cycle	Natural cycle (ovulation cycle)
For all patients	Those with a relatively normal menstrual cycle, and can personally confirm the building of their endometrium.
The schedule can be easily adjusted and the day of transfer can likely be changed to a desired date.	The frequency of hospital visits before and after ovulation will increase and the transfer day will be fixed according to the ovulation day.
Hormone supplementation is necessary. (every other day when using the patch, consecutive days when using the gel etc.)	Less use of hormone agents.

If the endometrium does not thicken, the transfer will be discontinued.