

# Freezing & storing your eggs

**Egg freezing is still a relatively new technique and not all eggs will survive the freezing and thawing process. It is important that you take into consideration the risks of this procedure and the likelihood of your eggs surviving the process when deciding whether to store your eggs for future use.**



## Why would I store my eggs?

By storing your eggs, you may be able to use them for treatment in the future.

Women may want freeze their eggs if:

- they are facing medical treatment that may affect their fertility, for example, some forms of cancer treatment
- they are single and are concerned about their fertility declining as they get older, and are not currently in a position to have a child

## What are the first steps?

There are a number of clinics in the UK that offer egg freezing. You can use the HFEA's 'Find a Clinic' search on our website to find the clinics nearest to you, and contact them directly to find out more about their services and costs. We always recommend talking to, and if possible, visiting, several clinics before making your final choice.

Before you agree to the freezing and storage of your eggs, your clinician will explain the process involved, including the risks. Your clinic should also offer you the opportunity to discuss your feelings and any concerns with a specialist counsellor. You will also need to undergo screening for HIV and Hepatitis B and C. You should also clarify exactly what costs are involved before starting treatment.

## Do I have to give consent to store my eggs?

You will need to give written consent for your eggs to be stored before you begin your treatment. Your consent allows you to specify what will happen to your eggs should you become mentally incapacitated or die, and to choose how long you would like to store your eggs (the standard storage period is normally 10 years).

You can vary or withdraw your consent at any time, either before treatment or before the eggs are used in research.

## How are the eggs collected?

Firstly, drugs are used to block the hormones your pituitary gland usually produces during your monthly cycle. This allows better control over when your eggs are produced. You then take different drugs to make your ovaries produce more than one egg.

Importantly, there is a risk of over-stimulating the ovaries, known as ovarian hyper-stimulation syndrome (OHSS), which is a potentially dangerous over-reaction to the fertility drugs. Symptoms include a swollen stomach and stomach pains. In severe cases, this is accompanied by vomiting, shortness of breath, faintness and reduced urine. OHSS is potentially very serious, so if you start to experience any of these symptoms you should contact your clinic immediately.

Vaginal ultrasound scans are then carried out to monitor your developing eggs and blood tests are done to chart the rising levels of oestrogen produced by the eggs. As soon as the tests show that the time is right, another injection of a different hormone to help your eggs mature is carried out 34 – 38 hours before your eggs are collected.

One method of egg collection is by ultrasound guidance, which takes about 30 minutes. In this process, the doctor uses a vaginal ultrasound to obtain pictures on a screen while a thin, hollow needle is inserted through your vagina into each ovary. The doctor guides the probe into each egg sac, and retrieves the egg with the needle while you are on a general anaesthetic or medication that makes you drowsy.

The second method, laparoscopy, involves the insertion of a small telescope with a light attached (a laparoscope) through a small cut just below your navel. A fine, hollow needle is then used separately to remove the eggs. This is usually carried out under general anaesthetic and you will need to rest for a day or two following the procedure.

## How are the eggs frozen?

Eggs are carefully frozen using a process, known as cryopreservation, where the eggs are placed in a storage tank containing liquid nitrogen. There is also a new method of freezing now in the early stages of development, called 'vitrification'. It involves placing the eggs into liquid nitrogen under carefully controlled conditions.

## How long can I store my eggs?

Eggs cannot be stored indefinitely. The standard storage period is normally 10 years for eggs. This period can be exceeded only in certain circumstances.

Your healthcare practitioner will be able to explain whether you can do this, and how long you may be able to store your eggs.

It's essential that you let the clinic know if you change address. This is so that they will be able to contact you when the storage period is coming to an end. If they cannot contact you when the storage period ends, they will take your eggs out of storage and allow them to perish.

*Not all eggs will survive the freezing and thawing process.*



## What are my chances of having a baby using frozen eggs?

Success rates are approximately 10% - 15 %, although too small a number of cycles have taken place to be completely accurate.

The UK's first baby was born as a result of treatment using an egg that had been frozen in May 2002.

Since the process is fairly new, it is difficult to predict the chance of a woman having a successful pregnancy using eggs that have been in storage. Not all eggs will survive the freezing and thawing process.

## Useful contacts

### Infertility Network UK (I N UK)

Charity providing practical and emotional support for people experiencing difficulties in conceiving.

[www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com) Tel: 08701 188 088

### Cancerbackup

Charity offering independent, accessible information, practical advice and support for people affected by cancer, including how cancer treatments can affect fertility.

[www.cancerbackup.org.uk](http://www.cancerbackup.org.uk) Tel: 0808 800 1234

## Further reading

The HFEA Guide to Infertility – Order free copies by emailing [admin@hfea.gov.uk](mailto:admin@hfea.gov.uk) or download it from our website.

[www.cancerbackup.org.uk](http://www.cancerbackup.org.uk) - visit the 'Fertility' section under 'Resources & support' to read more about how cancer treatment affects fertility and what your options are if you wish to have children after cancer treatment.

To see an example of the **consent form**, please visit [www.hfea.gov.uk](http://www.hfea.gov.uk) and click on 'Publications and Forms' under the 'For Clinic staff' section.

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