



Gender Selection Treatment

A Practical Guide

The Rainsbury Clinic

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Foreword

This booklet has been written specifically for couples who have made the decision to join The Rainsbury Clinic's Gender Selection with Assisted Conception (GSAC) programme. **It should be read in conjunction with our website, which is at www.genderselection.co.uk.** Further copies of this publication are available free of charge, on request. The Guide provides you with a broad introduction to gender selection and offers reassurance about the long-established clinical techniques involved.

The Rainsbury Clinic has been providing gender selection services for over 25 years and is one of Europe's leading and most successful facilitators for specialised IVF and related treatment.

In the following pages, we aim to give you a detailed account of your treatment, together with all the practical information you are likely to need about the various personal and domestic arrangements you will need to make in order to successfully complete your participation in the GSAC programme.

The information is set out chronologically, enabling easy reference to the booklet at various stages of your treatment and, at each stage, we have attempted to answer all of those queries which experience has shown couples are likely to raise. If, however, you have any concerns which are not dealt with, or any questions about the information in this booklet, please do not hesitate to raise the matter, either with the Clinic Coordinator (if your queries are about administrative matters), or with our Clinic Manager, Sue Howard, for clinically related queries.

It is our aim to provide first class clinical treatment and patient care, our sole objective is to provide you with a baby of your chosen gender and we want you to feel comfortable, confident and happy through each stage of your treatment.

Best Wishes

The Rainsbury Clinic

The Gender Selection Programme: An Introduction

Gender selection with PGD involves assisted conception techniques that are safe, ethically sound and offer the best possible success rates.

IVF (In-vitro Fertilisation) has been widely used worldwide for many years. This forms the basis for our gender selection programme which involves the pre-transfer selection of chromosomally-normal embryos and scientific gender sorting using PGD (Pre-implantation Genetic Diagnosis). Costs will be discussed in detail at the consultation, or at any time over the telephone.

Three key points summarise the GSAC programme:

1. The PGD technique is highly reliable in determining the sex of embryos but, as with every medical and scientific technique, there are no absolute guarantees. In practice, we are confident that viable pregnancies achieved through the programme have a 100% guarantee of resulting in a baby of your chosen gender. **However, successful implantation can never be guaranteed.**
2. There is little risk to the quality or viability of the newly formed eight-cell embryos in carrying out a single cell biopsy since, at this early stage of life, the cells represent the support system of the untouched nucleus of the embryo. It is this nucleus which contains all the genetic material that will eventually become the foetus and removal of a single cell has no adverse effect on the foetus's successful development.
3. We hope to achieve an average of 50-60 per cent live birth rate from a single treatment cycle, rising to a maximum of 80-90 per cent success rate over three cycles, **but these results depend very much on female age.**

These success rates are not the norm in assisted conception programmes, and are only likely because we expect most participating couples to have few, if any, fertility problems. While we are happy to offer the GSAC service to sub-fertile couples, it must be acknowledged that a known fertility problem in either partner will reduce the chances of pregnancy, perhaps by a factor of one third.

For a variety of well-known clinical and physiological reasons, some couples will fail to achieve a viable pregnancy, even after a clinically successful treatment. This is because medical science does not yet have all the answers to human reproductive issues and a number of key factors, such as the failure of embryos to implant successfully in the endometrium (lining of the womb), remain a mystery.

To mitigate both the psychological and financial loss in such cases, we offer a stepped reduction in the costs of second and third treatment cycles should these be necessary and, because the cost of treatment is a significant factor, we offer patients the choice of further discount by purchasing a package of three treatment cycles at the outset. For administrative reasons, this offer can only be taken up at the time a couple opts for initial treatment. **Flights, all travel expenses and accommodation are not included in the above costs.**

Special Note :

If more than 40 ampoules of Menopur (or equivalent) are required during the stimulation phase, this will incur extra costs. Similarly, if more than the normal maximum of Arvekup (or equivalent) is required, this will also incur extra costs.

Travel and accommodation are not included, but we can advise about travel plans and our travel agent can assist at competitive prices.

It is important for all prospective patients to note that, in accordance with international practice in fertility treatment, costs quoted cover treatment up to and including embryo transfer. Any subsequent medical costs and requirements are not included in our gender selection treatment costs. This includes the post-treatment pregnancy test.



Thank you for the wonderful gift of our first son - we have never been happier.

Making the decision to choose a Girl, or a Boy?

For most of our patients, the decision to join our gender selection programme is only taken after considerable thought and discussion between the partners, and sometimes with close loved ones or relatives. While the factors leading a couple towards gender selection are likely to have developed over a period of several years, (possibly if the couple have produced several offspring of the same sex), there normally comes a point when both partners discuss their feelings openly, sharing a desire to 'balance' their family unit with the addition of their next baby.

The decision to participate in the GSAC programme is clearly something that should be reached together, with a mutual wish to procreate either a baby boy or a girl. The majority of our couples regard it as a purely personal and entirely natural process to seek clinical intervention in their quest for a child of a specific sex. For those who may have lingering doubts, our informal guide to this programme, called "Choosing your baby's gender" may be helpful.

The Rainsbury Clinic acts as a facilitator to enable treatment to be arranged and carried out in fully-accredited clinics in countries in which the gender selection treatment process is permitted. Initial tests and assessments can be arranged in the UK.

In the years to come, we hope that a changing social and political climate in the UK will enable the whole of this service to be provided within the UK but, for the foreseeable future, we will continue with the two clinic approach that has worked so well for hundreds of patients. Please be sure, before you join the programme, that you are able to afford GSAC treatment to maximise your chances of success and remember that it may be necessary to repeat on two or three occasions.

This leads to the second important consideration - your time. Just as nature has declared that the wonder of procreation should be an unhurried process over nine months, so too, your clinical care and gender selection treatment cannot be rushed, or 'squeezed in' around normally busy lifestyles.

Realistically, your treatment will probably require you to make at least four, and possibly five, separate trips to London over the first three to four weeks of your treatment (during the down-regulation and ovarian stimulation phases) during which your progress will be carefully monitored by ultrasound scans and blood tests and your treatment tailored according to the results. Our overseas patients may well find it is better to stay in or near to London for the duration of this phase.

The final part of your treatment will require the female partner to spend eight to nine nights abroad as we conduct the egg recovery, fertilisation, embryo biopsy (PGD) and embryo replacement stages of your treatment. The male partner is only required to be abroad for two days for treatment purposes and any additional time is optional. During this period it is important that you free yourself from all other commitments - family, personal and business - in order to devote the necessary time to the programme, the separate elements of which should be interspersed with rest and relaxation.

In short, the success of your treatment partly rests with you and, from the outset, you should be prepared to allocate sufficient time and attention to your participation.

To optimise your chances of success, you must build your life around the treatment, not the treatment around your life.



Many thanks for all the support you gave us through our treatment. We are so lucky to have our second baby – the boy we always dreamt of.

Wherever you are...



The Rainsbury Clinic treats patients from many different countries – in Europe and further afield.

We understand what drives your wish to complete your family and work to make this possible. We find effective ways to overcome the issues of distance and minimise the time and travel costs you incur.

Initial consultations can be completed successfully by telephone or Skype. Medical records can be emailed, faxed or posted and your treatment can be planned to enable your travel commitments to be reduced to a single travel plan - just let us know when you're ready to begin...

Your first consultation

From the moment you decide to choose the sex of your baby, we want you to feel as relaxed and stress-free as possible - it is important that both you and your partner feel happy and relaxed about the forthcoming event.

What we will need from you

A full medical history of both partners will be taken during your consultation. This process can be streamlined if you bring with you details of any relevant medical consultations, investigations or treatment. In particular, we will need full details of any gynaecological and/or obstetric problems. Just occasionally, a patient's medical history may make it necessary to conduct a painless pelvic examination or some simple clinical tests.

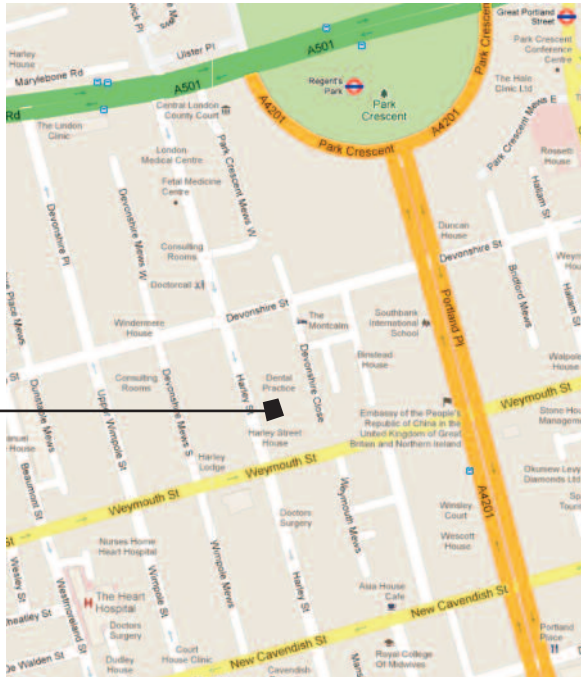
Following your consultation, both partners will be asked to provide blood specimens for a variety of routine tests including those for anaemia, blood grouping, hepatitis and HIV. These are required before any couple is accepted for gender selection. These tests are done at the first visit to Patient Reception, 76 Wimpole Street.

Occasionally the male partner may also be asked to provide a semen sample to confirm that his sperm count is normal and, with this in mind, we would specifically request that you maintain a period of sexual abstinence (ie. no intercourse or ejaculation) for a period of three days prior to your semen test. Suitable facilities are provided at the laboratory for the purpose of providing this sample. Any indication of sub-fertility in the male partner can normally be treated in parallel with the female's treatment and need not give rise to any concern. All your scans are carried out at Clinical Diagnostic Services in Harley Street (full details on p8).

Finally, we need to be satisfied that you are psychologically prepared, as well as medically fit, for gender selection and pregnancy. The consultation therefore incorporates a basic assessment of both partners' general suitability to join the programme and, should it be felt that any additional counselling or advice is necessary prior to treatment commencing, this can be arranged at the time.

Clinical Diagnostic Services

– for scans (under the direction of Mr Bill Smith)



Patient Reception at 104 Harley Street, London W1G 7JD.

Website: www.harleystreet104.com

Appointments: 020 8732 3070

Please note: appointments for scans
MUST be made by telephone - this is NOT a walk-in service.

Your First Appointment

Following your first appointment, both partners will be asked to provide blood samples for tests which include anaemia, blood grouping, hepatitis, HIV and semen analysis. These tests are carried out at The Doctors Laboratory, 76 Wimpole Street, London. Go to Patient Reception.

The Doctors Laboratory



76 Wimpole Street, London W1G 9RT

Tel: +44 (0)20 7307 7383 Fax: +44 (0)20 7307 7371

Email: patientreception@tdlpathology.com

Opening hours

Monday to Friday: 7.00am - 7.00pm Saturday: 9.00am - 5.00pm

Parking information

Metered parking is available in the local area, parking restrictions apply between 8.30am - 6.30pm Monday to Saturday.

For more information on the congestion charge, please visit: www.cclondon.com

Starting your gender selection treatment

The Rainsbury Clinic is the treatment facilitator. The overseas clinic providing treatment services designs and manages the treatment programme based broadly on accepted and established IVF treatment protocols, as described below for information only.

At the end of a woman's normal monthly menstrual cycle, a single egg is released from a follicle that has been developed in one of the ovaries as a result of a complex interaction between the body's hormones. Dependent upon the timing and frequency of sexual activity, the egg will either be fertilised by her partner's sperm or be passed out of the body during menstruation.

While the sequence of this hormonal interaction is largely irrelevant to the gender selection programme, our embryologists need not just one, but a number of eggs in order to fertilise these with the partner's sperm prior to separating the male from the female embryos and transferring those of the chosen sex into the female's uterus.

A message for our overseas patients

We recognise that our requirements for your consultation, initial drug treatment and monitoring to be undertaken in London may cause you inconvenience. Normally, just two visits to London are required and we have determined that this is necessary for sound clinical reasons, since your treatment will involve blood tests, several scans and, quite possibly, a variation to your drug regimen, to maximise your chances of a successful outcome. Please accept that it is in your interests to make adequate time provision for your treatment.

While you might wonder why we do not arrange this treatment closer to your home, experience has shown that this is not in your best interests and, accordingly, our policy is to insist that all couples on the GSAC programme are seen and treated in London. You will need to make your own provision for this (we can advise on suitable hotels or apartments), and we must regrettably decline requests for alternative arrangements. We can also arrange for interpreters to be with you at your consultation and subsequent clinic visits.

To maximise the chance of a successful pregnancy we need to transfer up to three embryos into the womb, which normally requires at least eight embryos to have been cultivated. To achieve this number of embryos, our scientific team would aim to collect 8 or more eggs.

This means that we need to stimulate the female's ovaries to produce many more than the usual single egg, and we do this by means of hormonal stimulation of the ovaries, using the very latest drugs which mimic the hormones you naturally produce.

Stage 1: Down-regulation of the natural female cycle (Normal timescale: 12-14 days)

To exercise optimal control over the female partner's hormones we first have to down-regulate the body's natural hormonal production, switching off the release of hormones which naturally regulate the menstrual cycle and stimulate ovulation. This is commenced on Day 21 of the menstrual cycle by means of a subcutaneous injection once a day.

You must continue taking this medication up to the end of treatment and you will be advised when to stop it. There are no significant adverse effects of using this drug, but it can sometimes cause night-time sweats and/or hot flushes and, occasionally, headaches. As with every other stage of your treatment, both in the UK and later abroad, you should not hesitate to contact the relevant clinic if you experience any worrying symptoms or have any other concerns about your care.

We will calculate the appropriate day on which your down-regulation should begin and, after 12-14 days, you will be asked to have a pelvic ultrasound scan and a simple blood test to ensure that full down-regulation has been achieved. All your scans are carried out at Clinical Diagnostic Services in Harley Street (full details on p8).

**Stage 2: Follicular stimulation to produce multiple eggs
(Normal timescale: 12-14 days)**

As soon as the female partner's reproductive hormones have been fully down-regulated and the female partner's endometrial thickness and ovarian inactivity have been confirmed by a painless and harmless pelvic scan, the second stage of treatment - the stimulation phase - is commenced. (If your scan shows that down-regulation has not been achieved, we will normally maintain your daily injection for up to several more days, asking you to return for another ultrasound examination, usually within a week.)

The stimulation phase involves the administration of a follicle stimulating drug (Menopur) which imitates the natural human gonadotrophin hormones and encourages the ovaries to produce more eggs, which will be collected when they reach optimum maturity. It is important that you refrain from intercourse from the time you start the stimulation phase of your treatment, since the female partner will be highly fertile during this stage.

Three (or occasionally four) ampoules of Menopur administered sub-cutaneously (SC) (or equivalent) are taken once a day for 12 to 14 days. This is a single injection which most of our female patients find they can easily administer themselves or with the help of their partner. Full instructions are also included in your drugs kit and an SC video is available on youtube.com (search: Sub-Q injection).

We appreciate, however, that a minority of people find injections a psychologically difficult experience and in such cases you will normally find the practice nurse at your local GP surgery more than happy to administer your daily injections. We advise you to adopt a fixed routine for your injections, choosing a quiet and stress-free time. Whilst taking these drugs you may encounter mood swings and occasional lower abdominal cramps. In the event that you have any concerns, please call the clinic whose telephone numbers you will have been given.

During the follicular stimulation phase you will normally be required to have two or three further ultrasound scans - again at Clinical Diagnostics Services in Harley Street - which accurately indicate the rate of follicular growth in each ovary. A blood test will also be requested to confirm follicular development.

Final medication is normally administered at your treatment centre abroad.

On or around Day 12 of your stimulation phase a different type of hormone needs to be administered to complete the follicle ripening process and prepare the follicles for their egg release. This trigger drug is Gonasi (or equivalent) and is taken just once by injection. The last dose of Arvekap and Menopur (or equivalents) are normally taken just prior to the trigger injection.

The timing of your trigger injection is crucial in relation to the remaining and most eventful stages of your treatment - egg collection, fertilisation and embryo transfer - and we will give you clear advice about precisely when it needs to be given. You and your partner will be flying abroad for your remaining treatment and the trigger injection will be administered, as close as practicable, 36 hours before your egg collection.

In most cases, the trigger injection will be given when you arrive in-country for your treatment.

The results of your final scan will normally confirm that you are ready for egg collection and fertilisation but, in a minority of cases, it may indicate the need for the stimulation phase to be prolonged by a day or two, thus delaying your departure to our associate clinic.

It is important that you allow the same degree of flexibility in planning your visit abroad including, if necessary, the purchase of flexi air tickets due to unavoidable uncertainties about the precise timing of treatment.



Our family is now complete and we would like to thank you from the bottom of our hearts for our gorgeous children.

WHAT YOU NEED TO KNOW ABOUT YOUR PRESCRIPTION DRUGS

As soon as you decide to proceed with treatment our pharmaceutical supplier will automatically dispatch a purpose-designed drug kit to your home. One package will include all the drugs you need for your treatment, the other will contain your needles, syringes, full instructions and an explanation of how and when to use your drugs. Keep medication in a cool place. Do not refrigerate.

The main contents of your drugs kit in the UK will be:

Arvekap - one subcutaneous injection every evening

Menopur (40 ampoules) - 3 ampoules per injection - sufficient for (or equivalent) 12 days

Provided at your overseas Clinic

Gonasi (2 ampoules) - a single injection at the end of your (or equivalent) stimulation phase

Cyclogest pessaries - a progesterone drug to assist embryo (or equivalent) implantation

Please note that it may be necessary to increase or decrease any of the above drugs, depending on your response to treatment.

Responsibility for your treatment abroad rests with your chosen treatment centre. If you have any worries about your treatment, including any problems in administering your drugs, you should immediately contact your appointed clinic.

As you have previously been advised, the cost of your drugs is included in the single or three-cycle package costs.

On your return home, you will be responsible for any further costs incurred ie. pregnancy tests and any other medical requirements including blood tests and scans.

Your treatment abroad

For the foreseeable future, because of prevailing UK views on gender selection, it is necessary for all our GSAC couples to spend ten to twelve days at an associate clinic abroad where the remainder of the treatment is carried out. We recognise the additional complications this creates for most of our patients but, for the time being, there is no better alternative. We recognise that it may be an advantage to take children or other family members with you. Children and other family members are very welcome.

Remember, your Cyclogest (or equivalent) pessaries will be provided during your treatment abroad.

During your 12 day stay abroad the female partner will need to attend the Clinic on two or, occasionally, three separate occasions. On the first visit - the morning after your arrival, the female partner will undergo egg collection and the male will be asked to produce his semen.

While we appreciate it may sometimes be necessary for business reasons that the male partner returns home after providing his semen, we always encourage couples to plan their diaries so they can stay together throughout this period, providing mutual care and support.

Be happy, be excited, but please abstain...

On a purely personal note, while your new environment may be stimulating and you are excited by the prospect of completing your treatment, we would remind you of the need to abstain from sexual intercourse, since the female partner's fertility will be at its highest and the risk of natural conception arising from intercourse (even using so called 'safe' contraception methods) is too high. Abstinence should be maintained until your pregnancy test, approximately two weeks after your return home. If a pregnancy is confirmed, any lovemaking over the following eight weeks should be gentle.

Stage 3: Egg collection, semen production and fertilisation.

Egg collections are usually carried out in the mornings and you will be given a fixed time for your procedure. This is a simple clinical process taking less than 30 minutes and, because most patients suffer only minor discomfort, a light anaesthetic is administered. The procedure involves aspirating the fluid from each ovarian follicle, using a transvaginal probe and fine needle, guided by a sophisticated ultrasound-directed system which provides high definition images on a monitor, enabling your gynaecologist to locate each mature follicle with pinpoint accuracy.

The contents of each follicle are then passed directly to the embryologist working in an adjacent laboratory and, as each egg is found in the fluid, the gynaecologist will move on to the next follicle. All the mature follicles will be aspirated in this way, producing eggs for potential fertilisation.

Having 'harvested' sufficient mature eggs, and checked them for quality in the laboratory, the embryology team will process the semen sample from the male partner. This will normally be required about two hours after the egg collection and, as at your first consultation, appropriate facilities for obtaining a semen sample are provided within the Clinic. In some instances, the male may wish his partner to be present, while others will prefer to be alone.

It is possible, under certain circumstances, that sperm sorting may be offered.

To maximise the chances of fertilisation our embryologists sometimes use the latest Intra-Cytoplasmic Sperm Injection (ICSI) technique, involving the injection of a single, carefully selected sperm into each egg. This technique is widely used around the world, and causes no harm or damage to either sperm or egg, or to the embryos which develop as a result of fertilisation.

Some 24 hours later, the embryologist will check the culture dishes containing the sperm-injected eggs, expecting to find around 80% of them have successfully fertilised. Within two days, most embryos will have grown to at least the four-cell stage, with eight-cell embryos usually developing on or before the third day - dividing and multiplying rapidly after this.

Three to four days after fertilisation the embryos will usually have reached the stage of development where gender selection can take place, normally involving a complex and expensive scientific process called Pre-implantation Genetic Diagnosis (PGD). This involves removing one or two cells from each embryo and analysing the chromosomes in carefully controlled laboratory conditions, during which the 'X' and 'Y' chromosomes are clearly identified. The removal of up to two cells does not damage the embryo's development in any way, and each embryo will continue to grow normally. Our aim is to reach this stage with a minimum of two good, healthy embryos of the chosen sex available for the fourth and final stage of your treatment - the transfer of the embryos to the female's uterus.

Transferring two embryos has been shown to maximise your chances of a successful implantation, while presenting minimal risks of more than a singleton pregnancy.

Stage 4: Embryo transfer

This is the moment that our couples look forward to most - the time when their embryos are transferred from the laboratory to the female partner's womb. It is a quick and painless procedure.

With the cervix (neck of the womb) visualised by passing a speculum into the vagina, a very fine catheter is passed through the cervical canal into the uterus to the area of the uterus known as the endometrial cavity, where the implantation procedure naturally begins.

When the gynaecologist has located the optimum position, the embryos are gently transferred in medium (solution) from the syringe, settling on the lining of the womb.

After resting for a while following embryo transfer the female partner is ready

to rejoin her partner, and make preparations for the journey home. In most cases this will have been booked for the following afternoon (ie. nearly 24 hours after embryo transfer). The female partner should resist any temptation to carry heavy luggage or undertake any other physically demanding activity. While there is little you can do to enhance the prospects of embryo implantation, there are certain precautions the female partner should take - most of them very obvious - to minimise the chance of an early miscarriage. In particular, you must avoid any heavy lifting or strenuous activity for a fortnight after your embryo transfer. This means no major shopping trips, no pushing heavy trolleys around the supermarket, no sporting or unnecessary physical activity, and only the lightest of housework duties.

You should also, of course, avoid becoming overtired or stressed. This is a time where the male partner can come into his own - taking on many of the more tiring tasks usually performed by his wife, including taking responsibility for looking after any young children in the family. After a fortnight, the female can resume a normal, active life, including returning to work, if appropriate.

Medical certificates can be supplied by the clinic at an extra charge.



We could not be more grateful to you for helping us achieve our dream of becoming parents.

It is vital you contact The Rainsbury Clinic on your return from abroad

You will have been advised about GSAC/IVF pregnancy success rates during your first consultation. One treatment cycle has a 50-60% chance of pregnancy, while three treatment cycles have a 80-90% cumulative success rate, depending on age and medical history.

This means that even after three treatment cycles, there is no guarantee you will have achieved a pregnancy although, on average, three quarters of all females on the programme should become pregnant after three attempts. Such a modest success rate is a reflection on the current limitations of our knowledge about the many unknown factors governing successful human reproduction. The GSAC programme utilises some of the most sophisticated techniques available and, only when medical understanding of conception and embryo implantation develops further, can we expect assisted conception methods to deliver improved success rates.

While everyone hopes your treatment will be successful - be it your first, second or third attempt - please do bear the above in mind. If nothing else, they might help soften the blow if your pregnancy test is negative.

Disappointing result?

If your treatment has been unsuccessful, you may want to try again at the earliest opportunity - or you may want to review matters before making any further decisions. We advise couples wanting to embark on a second or third treatment cycle to wait at least 2-3 months before commencing a new cycle of down-regulation and follicle stimulation.

In practice, this means waiting for the normal menstrual cycle to return. If you would like to discuss your options in more detail, please make an appointment through the Clinic Coordinator. There is no charge for this further consultation.

Ongoing pregnancy support

For most pregnancies arising from the gender selection programme, there will be no need for anything more than routine ante-natal monitoring which will normally be provided through the couple's local health services. However, our interest does not stop when couples leave our clinic - and we ask all couples to keep in touch with us and alert us to any concerns or difficulties without delay.

Pregnancy can produce an array of side effects and, as any mother will vouch, no two are exactly the same. Concerns can nearly always be dealt with quickly and effectively, but, if at any time you become worried about any aspect of the pregnancy, we will arrange for partners to be seen without delay and arrange for any necessary tests and examinations to be carried out.

We can also arrange for follow-up scans to be carried out during the first 12 weeks of pregnancy. These may be undertaken in London. These scans are not included in the package price.



We are delighted by the support you gave us and over the moon with our beautiful daughter.

A note about the minimal risks involved:

While the risks and complications of GSAC/IVF treatment are few and small (the techniques have been widely used and refined throughout the world over many years), as with any surgical procedure there are slight risks of infection, together with a small risk of ectopic or multiple pregnancies, and of miscarriage. In rare instances, the female partner may become hyper-stimulated (in which the ovaries try to produce too many eggs) requiring the treatment cycle to be abandoned.

You should not worry about any of these unlikely side effects which, should any of them occur, would be quickly resolved by appropriate treatment. We simply ask to be kept informed in the event of any concern, however small. Our single aim is to give you a healthy, normal baby of your chosen gender.

The GSAC programme is unique and as such we are constantly reviewing and refining the various procedures involved, with the aim of enhancing our patients' prospects of a successful outcome.

Question: You say the risk of side effects are minimal. What other reassurance can you offer?

Answer: There are no significant side effects associated with any aspect of your drug regimen, other than a small chance of ovarian hyper-stimulation. In the unlikely event of your becoming hyper-stimulated, treatment would cease and any unpleasant physical symptoms - abdominal pain or discomfort - would quickly disappear. You would encounter no lasting side effects or problems. The minor clinical procedures (egg recovery and embryo transfer) carry negligible risk, although any patient electing to undergo a general anaesthetic understands the minimal risks involved.

Administration and Patient Enquiries Tel: 0800 545 685 (24 hours)

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email: rainsburyclinic@outlook.com



The Rainsbury Clinic

www.gendersselection.co.uk

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