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 conjuction with our website, which is at www.genderselection.uk.com.** Further copies of this publication are available free of charge, on request.

While the Guide is intended to provide you with a broad introduction to gender selection, and offer reassurance about the long-established clinical techniques involved, we know you are likely to have many questions - some of which may arise for the first time only when you and your partner are well into your treatment programme. Similarly, because it is necessary to receive parts of your treatment in two different countries, you are likely to have queries about practical arrangements, as well as more generalised concerns relating to your clinical care, treatment and well being.

In the following pages, we have attempted to give you a detailed account of your treatment, together with all the practical information you are likely to want about the various personal and domestic arrangements you may 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 even 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 Patient Services Manager, Sue Howard, for clinically related queries.

It is our aim to provide first class clinical treatment and patient care and, should you believe that we are falling short of these high standards at any time, we hope you will tell us. 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.

THE GENDER SELECTION PROGRAMME: AN INTRODUCTION

While offering what we believe is now an established service, gender selection involves assisted conception techniques that are safe, ethically sound and offer the best possible success rates.

The principles of IVF (in vitro fertilisation) have been widely accepted for many years. This forms the basis of our pre-transfer selection of chromosomally normal embryos and the gender selection programme, allied to the scientific sex-sorting of resulting embryos, using a process known as 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 absolutes. In practice, we are confident that viable pregnancies achieved through the programme have a high chance of resulting in a baby of your chosen gender.

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 life support system of the untouched nucleus of the embryo - which contains all the genetic material that will eventually become the foetus. The removal of a single cell of this supporting material has no adverse effect on the foetus's successful development.

3. We hope to achieve an average of 50-60 per cent from a single treatment cycle - rising to a maximum of 80-90 per cent success rate after three cycles.

Such a success rate is not the norm in assisted conception programmes, and is only likely here 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 chance 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 medicine, and a number of key factors - such as the failure of embryos to successfully implant 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 and accommodation are NOT included in the above costs.

If more than 40 ampoules of Merional are required during the stimulation phase this will incur extra costs. Similarly, if more than the usual course of Suprefact is required, this will also incur extra costs.

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 (i.e. as 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 help to rationalise such concerns.

In the years to come, we anticipate that the changing social and political climate in the UK will enable the whole of this service to be provided within the UK, significantly reducing the cost of treatment but, for the foreseeable future, we have no alternative but to pass on the full current costs to our patients. Please do be sure, before you join the programme, that you are able to afford GSAC treatment, which it may be necessary to repeat on two or three occasions, to maximise your chances of success.

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 both partners to spend eight to nine nights abroad, which is where we conduct the egg recovery, fertilisation and embryo biopsy (PGD) and embryo replacement stages of your treatment. During this period it is important that you free yourself from all other commitments - family, personal and business - in order to devote your and your partner's full 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.

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. Unlike most circumstances in which you would meet a gynaecologist or any other medical specialist, your decision to seek our help is a voluntary and positive step - and it is important that both you and your partner feel happy and relaxed about the forthcoming event. Consultations can be made at any time to suit you.

What we will need from you

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. In addition, the female will require an ECG test.

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. These tests are carried out at The Doctor's Laboratory, Patient Reception, 55 Wimpole Street, London W1M 7DF. Tel: 020-7460 4800 *(see map on page 22)*.

A full medical history of both partners will be taken during your consultation. This process can be streamlined if you bring with you all relevant details of previous medical consultations, investigations or treatment which you feel may be pertinent to your participation in the GSAC programme. In particular, we will need to have a detailed account of any gynaecological and/or obstetric problems, regardless of whether these have required surgical treatment. Just occasionally, a patient's medical history may make it necessary to conduct a painless pelvic examination or some other simple clinical tests.

Finally, the Clinic will want 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.

STARTING YOUR GENDER SELECTION TREATMENT

At the end of a woman's normal monthly menstrual cycle a single egg (called an oocyte) 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 simply 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

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 and disruption, not least by your having to stay close to the capital for up to 14 days or make a number of return visits. We have determined that this is necessary for sound clinical reasons, since your treatment will involve your having 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.

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.

To maximise the chance of a successful pregnancy we need to transfer up to three embryos into the womb, which in turn normally requires at least eight embryos to have been cultivated. To achieve this number of embryos, our scientific team would aim to collect 10 or more oocytes. This means that we need to stimulate the female's ovaries to produce many more than the usual single oocyte, 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 simple nasal spray called Suprefact,, which is self-administered four times daily.

You must continue taking Suprefact 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 Clinic or your named medical consultant 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/or a simple blood test to ensure that full down regulation has been achieved. All scans are carried out at our affiliate centre, Clinical Diagnostics in St John's Wood, address: 27A Queens Terrace, London NW8 6EA (see map on page 23). Tel: 020 7483 3611. While you are in London you will also be asked to have a blood test to check your oestrogen hormone level at The Doctor's Laboratory (TDL) - see map and full details on page 22.

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 Suprefact nasal spray 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 called Merional which imitates the natural human gonadotrophin hormones and encourages the ovaries to produce 10 or more oocytes, 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 Merional are taken once a day for 12 to 14 days by means of 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.

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's 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 your consultant whose telephone numbers you will have been given.

During the follicular stimulation phase you will normally be required to have three or four further ultrasound scans - again at Clinical Diagnostics in St John's Wood - which accurately indicate the rate of follicular growth in each ovary. A blood test will also be requested to confirm follicular development. This will be carried out at The Doctor's Laboratory in Wimpole Street (TDL).

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, while the other will contain your needles, syringes, full instructions and an explanation on how and when to use your drugs. The main contents of your drugs kit will be:

Suprefact nasal spray	**- two sniffs four times daily (ie. eight sniffs per day)** **- sufficient for at least 30 days of treatment**
Merional (40 ampoules)	**- 3 ampoules per injection, sufficient for 12 days**
Gonasi (2 ampoules)	**- a single injection at end of your stimulation phase**
Cyclogest pessaries	**- a progesterone drug to assist embryo implantation**

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

Please remember that medical responsibility for your care rests with the Rainsbury Clinic and if you have any worries about your treatment, including any problems in administering your drugs, you should immediately contact the Clinic or your Consultant.

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

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 drug is called Gonasi and is taken just once by means of a self-administered injection. The last dose of Suprefact and Merional is taken just prior to the last Gonasi injection.

The timing of your Gonasi injection is crucial in relation to the remaining and most exciting 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 are about to fly abroad for your remaining treatment, and the Gonasi injection must be administered, as close as practicable, 36 hours before you attend our associate clinic for your oocyte (egg) collection.

EXAMPLE: If you are due to fly out to our clinic abroad on a Monday, in readiness for your egg collection the following morning (Tuesday) at 12 noon, your Gonasi injection needs to be administered at midnight on the preceding Sunday evening - 36 hours before your scheduled egg collection. If you are not self-administering your injections, you will need to arrange for this 'one-off' injection to be given by your local district nurse or GP nurse. Gonasi administration is exactly the same principle as Merional administration by the subcutaneous route, so should pose no problems.

This is the last stage of your treatment in the UK before you travel abroad and, as part of monitoring your progress, the female partner will usually have been given a last scan some 72 hours before departure (approximately Day 9 of stimulation) to ensure optimum follicular development.

The results of this scan will normally confirm that you are ready for egg recovery 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 longer, thus delaying your departure to our associate clinic.

It is important that you allow the same degree of flexibility in planning your visit abroad.

YOUR TREATMENT ABROAD

You must remember to take your Cyclogest pessaries with you during your treatment abroad.

During your week-long stay abroad you and your 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 oocyte (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. Abstention 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 carried out usually in the mornings and you will already have been given a fixed time for your procedure. This is a simple clinical process usually taking between 30 and 40 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 ripe follicle with pinpoint accuracy.

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

Having 'harvested' sufficient ripe oocytes, and checked the eggs for quality in the Clinic's laboratory, the embryology team will be ready to 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 of the eggs. This technique is being widely adopted around the world as a leading edge fertility/IVF procedure, and it causes no harm or damage to either the male or female gametes (sperm and eggs), 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 both 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 over tired 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.**

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.

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.

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.

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 with Mr Rainsbury, please make an appointment through the Clinic Coordinator. There is no charge for this further consultation.

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 for a successful outcome.

YOUR QUESTIONS ANSWERED

While we have sought to provide comprehensive information about your GSAC treatment in this Guide, we know you are likely to have other queries or points you would like clarified. In this final section, we try to answer some of the most frequently posed questions. However, if you still have unanswered concerns or are worried about any aspect of your treatment, please call the Clinic on any weekday between 10am and 5pm. Outside Clinic hours, you can either leave an answerphone message on the main Clinic number or, if your enquiry is urgent, you should call Mr Rainsbury. You will have been given the relevant home and mobile telephone numbers when you commenced your treatment and all we would ask is that you call these private numbers only if you need immediate help or advice.

Question: If I forget to take a particular drug at the appointed time, should I take double the amount when it is next due?

Answer: No. If you are just a couple of hours late taking the drug, then take it as soon as you remember but, if you miss an injection altogether, simply continue taking the normal amount of the drug when it is next due. Missing an isolated dose of a fertility hormone should not unduly affect your treatment, but two or more missed doses could clearly prejudice both the timescale and outcome of your treatment.

Question: What happens if I run out of a particular drug - or lose it?

Answer: Your prescription will have been dispensed in the form of a comprehensive drugs kit which you will receive from a pharmacy when you join the GSAC programme. It contains all the drugs normally needed, provided you have followed the instructions and kept to the correct dosage frequency and volume. However, if you are likely to need more of any particular drug (perhaps because you have not fully down-regulated or not reached sufficient follicle development), you should contact the Clinic Coordinator who will arrange for further supplies to be sent to you. In the event that your Consultant decides you need to continue any stage of your drug treatment beyond the normal duration, he will issue a further prescription enabling the necessary drugs to be sent to you within 36 hours.

Question: I have a fear of injections and don't think I'll be able to self-inject myself on a daily basis. What should I do?

Answer: The vast majority of patients - or their partners - are able to carry out their own injections but if you have a problem you can arrange to have your local district nurse or GP practice nurse do the injections for you (in which case you might be asked to pay a small fee to the nurse), or the clinic can arrange for a private nurse to visit your home to administer the injections.

Question: I will find it very inconvenient to visit London every time I need to have a scan. Why can't you arrange for my scans to be done by a local private hospital?

Answer: We could, but your treatment costs would be significantly increased, and the quality of your scans - upon which your treatment outcome depends - could be compromised. Because of the volume of work we give to our associate specialists, we are able to obtain competitive prices, and ensure the production of high quality scans. When we previously allowed local hospitals to undertake this work we found the quality of information was very variable - and the costs prohibitive. The cost of having your scans carried out by your nearest private hospital could add up to £1,000 to the total cost of your treatment.

Question: I would prefer that my own GP was not told about my receiving gender selection treatment. Is it necessary to inform him/her?

Answer: No. We will only inform your GP if you are happy for us to do so. There is no requirement for us to pass on any details about your treatment to your GP.

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.

THE LONDON CLINICS: MAPS AND INFORMATION

The Doctors Laboratory (TDL) *– blood samples*

Patient Reception: 55 Wimpole Street, London W1M 7DF.

Telephone: 020 7460 4800 Fax: 020 7460 4848

e-mail: tdl@tdlplc.co.uk website: www.tdlplc.co.uk

Opening times: Monday - Friday 8:30am-7:00pm, Saturday 9:00am - 5:00pm

Providing the patient has the appropriate Pathology Request Form, this is a walk-in service (please note the opening times).

Out of hours samples must be dropped off at 58 Wimpole Street (side entrance)

Clinical Diagnostic Services – *scans (under the direction of Mr Bill Smith)*

Patient Reception at 27a Queen's Terrace, St John's Wood, London NW8 6EA.

Appointments: 020 7483 3611
Facsimile: 020 7483 3988

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

NOTES

Administration and Patient Enquiries

Tel: 0800 545 685 (24 hours)

Tel: 0870 041 8806
Fax: 0870 041 8807

email: paul.rainsbury@doctors.net.uk

www.genderselection.uk.com