How to access our egg freezing program

You may be referred by your local doctor, medical specialist, or a counsellor, directly to an infertility specialist associated with Melbourne IVF.

The infertility specialist will take a medical history, arrange any necessary investigations including blood tests and ultrasound assessment of the ovaries, and arrange a counselling referral if appropriate. If you choose to have egg freezing, the fertility specialist will then manage your care through the stimulation and egg collection procedure.

Contact our Community Liaison Administrator about organising an appointment with a Melbourne IVF Fertility Specialist.

Risks of egg freezing

Egg freezing is not a high-risk procedure, but as with any medical/surgical treatment, there are potential complications related to the hormonal stimulation and the egg collection procedure. Administration of any hormones used for stimulation may slightly increase the risk of a thrombosis (clot). If you have a strong family history of clots or a past history, then you need to inform your doctor of this.

Possible side effects of the stimulation include under- and over-stimulation of the ovaries, and rarely, failure to obtain eggs. Egg pick up may be complicated by pelvic infections or other pelvic trauma, although this is very uncommon. Please see the Melbourne IVF information booklet and consent form for further detail regarding treatment-related complications.

Other risks of egg freezing relate to the possible failure of the treatment: the eggs may not survive the thawing procedure, may not fertilise or develop into embryos, or may not result in pregnancy after embryo transfer. A woman contemplating egg freezing should have counselling to consider other options which may be available to her, such as donor insemination (for more immediate rather than delayed treatment) or the possible future use of donor eggs if her own ovarian function is likely to be lost.

Why should I consider egg freezing?

Age-related infertility in women is one of the most common issues presented to fertility specialists each day when trying to help patients become pregnant. At Melbourne IVF, we encourage all initiatives which can educate women and improve social support so that women can optimise their chances of having a family before the natural decline of ovarian function. However, we recognise that for some women child-bearing has been unavoidably delayed.

Our scientists have been at the forefront of infertility-related research and scientific work since the development of IVF treatment options. Indeed, Melbourne IVF has published widely in the medical literature with regard to freezing and thawing techniques and the successful conception and birth from our egg freezing program.

With these advancements in scientific techniques, we are now able to offer egg freezing to enable more patients to explore all their reproductive options.

Costs—cycle and storage

Treatment cycle costs involved in freezing eggs varies depending on the patient's individual circumstances. If you are required to freeze eggs for medical reasons Medicare will provide a rebate on the costs associated with it. For an explanation of costs call our Patient Liaison Administration team on (03) 9473 4444.

Egg freezing

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What is egg freezing?

Egg freezing is a method of storing a woman’s unfertilised eggs, with a view to them being used in the future. It may be seen as a way of preserving the potential for fertility, in women who are not in a position to become pregnant, or whose fertility is at risk.

While embryo and sperm freezing are well-recognised infertility treatments, with many babies born as result, egg freezing is a relatively new option for fertility preservation.

Recent work by Australian and international scientists has resulted in improved techniques for egg freezing and thawing and there have now been over 2,000 babies born (worldwide) after egg freezing.

Frozen eggs may be stored for many years. When the woman is ready to use her eggs, they are thawed, and then fertilised with sperm. A healthy fertilised egg will develop into an embryo, which may then be transferred to the woman’s uterus, with a subsequent chance of pregnancy.

Who might benefit from egg freezing?

Medical egg freezing relates to women whose fertility is affected or likely to be affected by conditions such as tumors of the ovary, chemotherapy, radiotherapy and/or other medical indications.

Social egg freezing generally relates to women who wish to have a child or children in the future, but who do not have the opportunity (due to a lack of a committed partner or other lifestyle issues) to do so during their most fertile years. It may be seen as a form of insurance against future infertility.

In Australia, Medicare and other government subsidies apply only to medical egg freezing, and out-of-pocket costs are much higher for social egg freezing (see under Costs).
**Ovarian function, fertility and age**

During a woman’s reproductive years, the ovary contains hundreds of thousands of immature eggs.

Usually, one ripe (“mature”) egg is released each month, and many hundreds of eggs die off naturally. As a woman gets older, the number of eggs available to go through the maturing process becomes less, until by the age of 50 or so no eggs remain.

**Fertility declines with age**

A woman’s most fertile years are when she is aged in her 20’s and early 30’s, when the ovaries still contain a large number of healthy eggs. For the 10–15 years prior to menopause, despite a woman having regular ovulatory cycles (monthly periods), the ovarian function deteriorates. This is especially so in women in their forties who are therefore unlikely to produce a healthy pregnancy.

**Technique: hormonal stimulation**

To obtain eggs for freezing, a woman will usually undergo hormonal stimulation over 10–12 days enabling a group of eggs (usually 10–15) to mature. There are a variety of stimulation techniques for this, and your doctor will decide, in discussion with you, which is the most appropriate for your treatment. The stimulation medications are usually self-administered by an injection using a tiny needle under the skin, and are very easy to administer. Patients are taught how to do this in an instructive, introductory session. The injections may make the woman feel a little bloated but she can carry out all normal activities up until the day of the egg retrieval.
**Egg freezing procedure**

The eggs undergo a freezing procedure in the IVF laboratory, using the latest scientific technology. This process involves immersing each egg in a series of special fluid solutions to protect its cellular structure, followed by storage in freezing tanks of liquid nitrogen. Eggs may be stored for many years.

**Procedure to remove the eggs**

The eggs are removed from the ovaries using an ultrasound guided probe. Attached to the ultrasound probe is a needle guide. The fine needle passes through the vaginal wall into the ovary and draws the fluid (and egg) from the ovary.

Patients can go home about one hour after the procedure and are advised to rest quietly for the rest of the day.

**Success rates**

Currently we would expect that:

- A stimulated cycle would result in the collection of 10–12 eggs
- Approximately 80–90% of eggs would survive thawing
- Approximately 50–80% of surviving eggs would fertilize
- Approximately 79–90% of fertilized eggs would develop into good quality embryos depending on the age of the woman and her inherent egg quality
- A single embryo would have a 25%–35% chance of developing into a pregnancy.

The expected success of the procedure can be ascertained from an initial assessment of the ovarian reserve, via an anti-mullerian hormone (AMH) test and an ultrasound. The AMH test can provide an insight into the remaining quantity of eggs and number of fertile years a woman has remaining, although it does not give any information about the quality of the eggs.

Other factors, especially the woman’s age when her eggs are frozen, have an important effect on the chance of pregnancy: the younger the woman is aged, the better the chance. Egg freezing in women over the age of 37–38 would be expected to have a lower chance of pregnancy.
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