

Hudson Valley Fertility

Consent for Superovulation

Female Name: _____

ID: _____

Address: _____

I, the undersigned, request authorize and consent to superovulation therapy by Hudson Valley Fertility and as appropriate, its employees, contractors and consultants and authorized agents.

Superovulation therapy is a treatment used to increase the number of eggs matured within the ovaries in a cycle. Commonly utilized medications include gonadotropin, HCG, GnRH analogs and antagonists. These medications are all given by injection. In addition, in order to monitor the effects of these medications, multiple blood tests and ultrasound examinations are required. There are various side effects and risks associated with the utilization of these medications which are described below.

Side effects:

Women using these medications may experience various side effects all of which generally disappear after the discontinuation of therapy. The most common ones are:

- Gastrointestinal symptoms including nausea, vomiting, diarrhea, abdominal cramps, bloating
- Breast tenderness
- Headaches, pain rash swelling and/or irritation at the injections site
- Fatigue
- Additional side effects with the use of GnRH analogs include hot flashes, and rarely transient impairment short term memory.

Risks:

Individuals using the Ovarian above medications may also experience the following risks:

1) Hyperstimulation syndrome (OHSS): which may include?

Cyst formation- The medications described above may result in large cysts forming on the ovaries. In the majority of cases, ovarian cysts induced by gonadotropin stimulation disappear spontaneously requiring no intervention. In very rare instances, these cysts could result in significant abdominal discomfort which could result in the need for hospitalization for observation purposes. One of these cysts could rupture requiring emergency surgery to stop bleeding.

Fluid shift- Fluid shifts within the body may require hospitalization of observation and treatment. The high levels of estrogen associated with the use of these medications may alter the way in which the body handles fluids. More specifically, the ovaries may leak fluid which may accumulate within the abdominal cavity (ascites) or around the lungs (plural effusion). This accumulation of fluid may result in abdominal distention and discomfort and shortness of breath. In severe cases, removal of this fluid from the abdomen may be required using a small needle. It is possible that individuals can become dehydrated and require Intravenous fluid administration to maintain adequate fluid volume. At times, when monitoring shows that the risk of OHSS is unacceptably high, a cycle may be canceled. Severe OHSS rarely occurs if HCG administration is withheld.

2) Multiple Pregnancy:

Individuals utilizing superovulation therapy are at an increased risk of multiple pregnancies. The risk of multiples is also influenced by the patient's age and diagnosis and therefore the risk of multiple pregnancy varies from patient to patient. Multiple pregnancy often results in an increased risk of miscarriage, premature labor and birth. A premature delivery may jeopardize the life and long term health of a child and may result in substantial costs both financially and emotionally. Pregnancies with more than one baby in the uterus may also increase the occurrence of pregnancy related medical complications for the mother such as high blood pressure and diabetes. Multiple pregnancy also increases the likelihood that a cesarean section will be required. Parents raising children resulting from multiple births may be at increased risk for major mood disorders such as anxiety and depression.

3) Ovarian Cancer:

Currently there are studies in literature which suggest that women who use fertility medication are at increased risk of developing cancer of the ovaries. Unfortunately, there are shortcomings of these studies, which bring into question the validity of these findings. Infertility alone brings an increased risk of ovarian cancer. At this point in time there is insufficient evidence to determine whether or not a relationship exists but the current data available is insufficient to definitely prove or disprove such a relationship. We cannot guarantee that a future link will not be found.

In addition to the use of superovulation therapy, alternative therapies and options including adoption and no treatment have been discussed with me.

I (we) expect this procedure with not less than the customary standard of care. I (we) understand the risks and benefits outlined. And further understand and agree that Hudson Valley Fertility shall be responsible only for the acts of negligence on its part and the part of its employees, contractors and authorized agents.

I have read the above information. I have had the opportunity to ask questions about this therapy and have had the questions answered to my satisfaction. I understand that there are risks associated with the utilization of the above Medications and by signing below I accept these risks. I acknowledge that superovulation therapy is being performed with my knowledge and consent.

_____/_____/_____
DATE

FEMALE SIGNATURE

_____/_____/_____
DATE

PHYSICIAN SIGNATURE

_____/_____/_____
DATE

WITNESSED BY