

RECIPIENT
PREP CYCLE
PACKET

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This packet is designed to help guide you through your PREP cycle.

Please take the time read it thoroughly and become familiar with all of the steps as you will be responsible for understanding the information.

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1. OVERVIEW OF PREP CYCLE

The Preparatory or “Mock Cycle” is a mandatory cycle used to determine how your body responds to the medications you will be taking during your matched cycle. There are three medications you may be taking during the course of the prep cycle:

Lupron

- **LUPRON 2 week kit** (if applicable) will be used first in the cycle. It is also called Leuprolide Acetate and is provided at a strength of 1 mg/0.2 mL. You will need 2 boxes. Refills are available at your pharmacy.
- Started prior to the Prep Cycle to temporarily suppress your hormone levels and prevent you from growing follicles and ovulating.

Estrogen Patches

- **ESTROGEN PATCHES** come in the brand name **CLIMARA** or **VIVELLE**. Either brand is acceptable. The strength is 0.1 mg and you will need 32 patches . Refills are available at your pharmacy.
- Started on Day 1 of Prep Cycle to increase your estradiol level and build up your endometrial lining.

Progesterone in oil

- One **50 mg/ml vial** needed for the cycle.
- Please make sure you also have your **3cc SYRINGES, 22 g and 18 g needles** available for this medication
- Started on Day 15 of Prep Cycle to support your endometrial lining.

2. HOW TO GET STARTED ON LUPRON

Lupron can be started in 3 ways:

1. Monitoring for Ovulation - If you have a regular menstrual cycle you can monitor for ovulation using a urinary ovulation predictor kit starting on Day 8-10 of your cycle. Lupron is started one calendar week after the color change/surge is noted on the ovulation kit (ex: surge on Monday, start Lupron next Monday.) NOTE: If you do not see a color change/surge by Day 18 of your cycle please contact our office and we will invite you in for blood work to confirm ovulation.

Date of last menstrual period: _____ (Day One of full flow after midnight)

Date to start monitoring for ovulation: _____ (Day 8-10 depending on cycle length)

Date of Ovulation: _____ (About Day 14 of cycle)

Date to start Lupron: _____ (One calendar week after + ovulation/color change)

Day One of Lupron Period Call DE nurses to get instructions to come in for blood work and ultrasound to start the prep cycle. "Day 1" of your Prep cycle can be assigned on Day 2, 3 or 4 of your Lupron period.

Prep Cycle Day 1: _____ (Date will be assigned by the nurse)

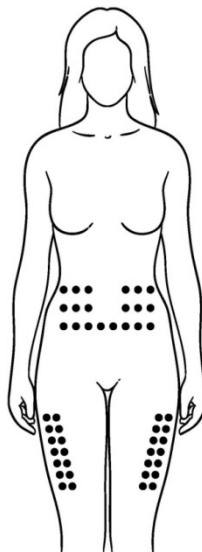
2. Blood Work to Confirm Ovulation - The second option for starting Lupron is to have a blood test drawn on approximately Day 19-22 of your cycle. Based on those results we will instruct you when to start the Lupron.
3. Birth Control/Pill Overlap - If you have irregular cycles or would like more control over the timing of your prep cycle you can use the birth control pill and Lupron. For irregular cycles we will check your hormone levels and then instruct you on starting the pill. For timing, the pill is started on day 2 of your period and then Lupron is overlapped with the pill for the last 5-7 days of taking the pill. Once you stop the pill you will get a period. Continue taking Lupron and call a nurse with day 1 of your Lupron period.

3. LUPRON

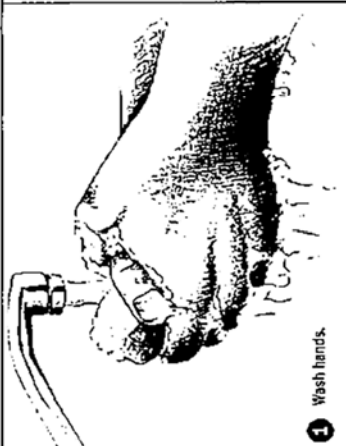
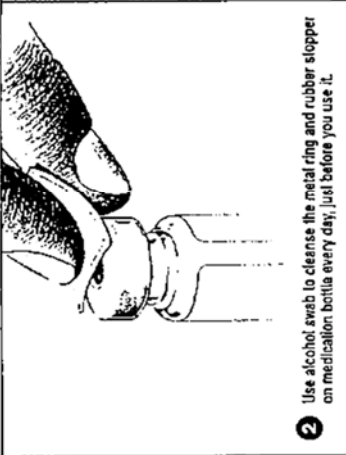

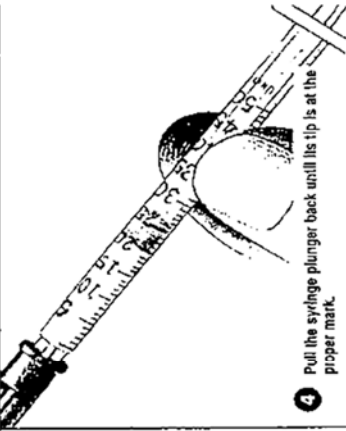

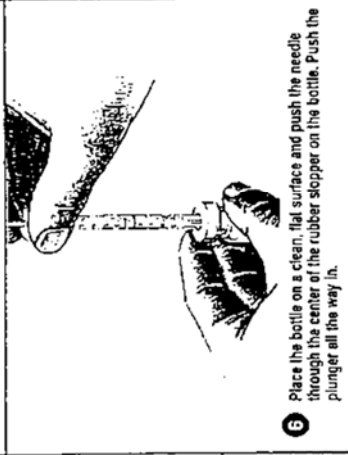
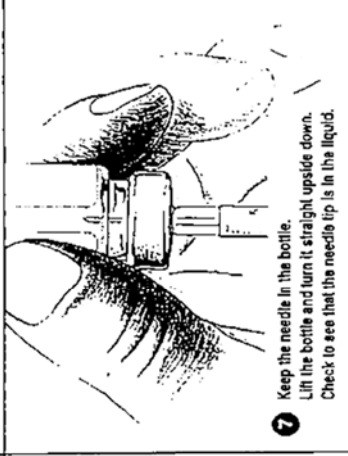
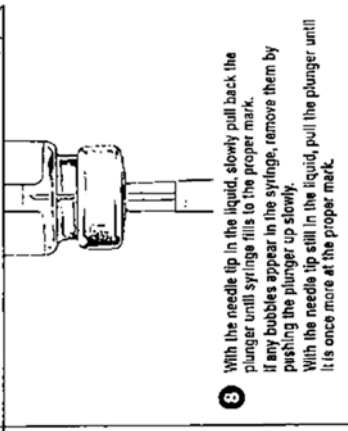
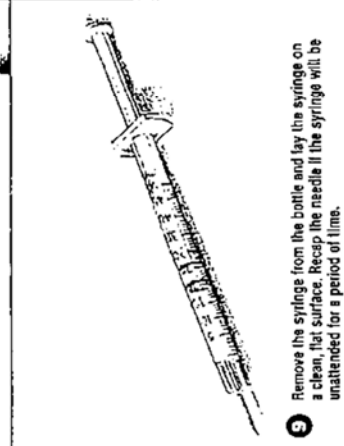
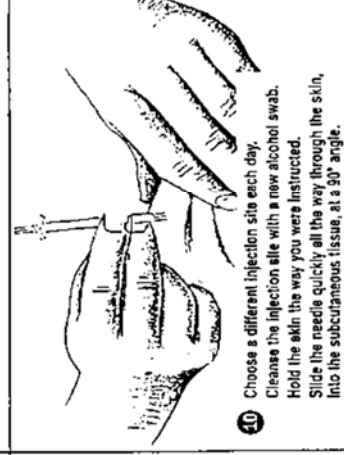

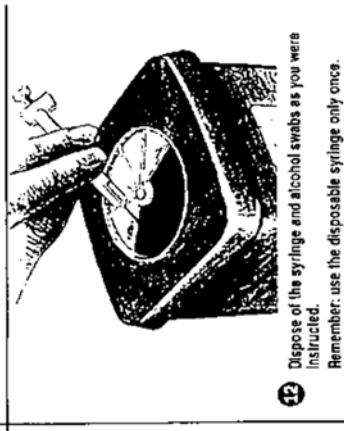
Lupron comes in a two-week kit that includes the medication, syringes, and alcohol pads. It is injected subcutaneously in the lower abdomen or thigh. It is recommended to use a barrier method of contraception the month you start Lupron. Common side effects include headache, fatigue and hot flashes. You may take Tylenol for a headache.

- Once Lupron is opened it should be refrigerated and expires 28 days after first use.
- The dose of Lupron is 0.2cc or 20 units.
- Lupron should be taken at a consistent time between 7:00-10:00 pm.
- After approximately 8-14 days you will get a Lupron period (call if you do not get a period after 14 days).
- Continue your Lupron until you are instructed to stop. You will need more than one Lupron kit (refills are included on your original prescription).
- Call your nurse when you get your Lupron period (if this falls over the weekend, leave us a message and we will return your call on Monday).
- You will be instructed when to come into the office for a baseline ultrasound and estrogen level (monitoring is done Monday-Friday between 7:00-8:30 am).

Lupron Injection Sites



4. LUPRON INJECTION INSTRUCTIONS

 <p>1 Wash hands.</p>	 <p>2 Use alcohol swab to cleanse the metal ring and rubber stopper on medication bottle every day, just before you use it.</p>	 <p>3 Remove outer wrapping from one syringe.</p>	 <p>4 Pull the syringe plunger back until its tip is at the proper mark.</p>
 <p>5 Uncover needle. Do not touch the needle.</p>	 <p>6 Place the bottle on a clean, flat surface and push the needle through the center of the rubber stopper on the bottle. Push the plunger all the way in.</p>	 <p>7 Keep the needle in the bottle. Lift the bottle and turn it straight upside down. Check to see that the needle tip is in the liquid.</p>	 <p>8 With the needle tip in the liquid, slowly pull back the plunger until syringe fills to the proper mark. If any bubbles appear in the syringe, remove them by pushing the plunger up slowly. With the needle tip still in the liquid, pull the plunger until it is once more at the proper mark.</p>
 <p>9 Remove the syringe from the bottle and lay the syringe on a clean, flat surface. Recap the needle if the syringe will be unattended for a period of time.</p>	 <p>10 Choose a different injection site each day. Cleanse the injection site with a new alcohol swab. Hold the skin the way you were instructed. Slide the needle quickly all the way through the skin. Into the subcutaneous tissue, at a 90° angle.</p>	 <p>11 Push the plunger to inject the medication. Withdraw the needle at the same angle it was inserted (90°). Dab an alcohol swab on the skin.</p>	 <p>12 Dispose of the syringe and alcohol swabs as you were instructed. Remember: use the disposable syringe only once.</p>

5. PREP CYCLE CALENDAR

All monitoring must be done between **7:00 and 8:30 am**

"Prep cycle Day 1" is assigned after your lupron period; it is not the first day of your period

* Indicates the days of clinic visits

[illegible]

5. PREP CYCLE DAILY INSTRUCTIONS

Day 1: Date: _____ **Day of Week:** _____

Come to the office for a baseline ultrasound and estradiol level. Please check in at the kiosk at the “Daily Monitoring” desk to the right of the elevators to start “prep cycle”. If your results are acceptable, you will apply a 0.1mg patch and leave it on until the evening of day 3. Continue the .2cc of Lupron.

Day 2: Date: _____ **Day of Week:** _____

Continue the .2cc of Lupron. The patch from the previous evening will remain on. Keep patch from Day 1 on.

Day 3: Date: _____ **Day of Week:** _____

Replace the first patch with a new 0.1mg patch (rotate body surface areas). Always take the old patch(es) off. Leave it on until day 6. Continue .2cc of Lupron.

Day 4: Date: _____ **Day of Week:** _____ Keep the previous day's patch on. Continue .2cc of Lupron.

Day 5: Date: _____ **Day of Week:** _____ Keep same patch on.
Continue .2cc of Lupron.

Day 6: Date: _____ **Day of Week:** _____ Remove old patch. Apply two 0.1mg patches. Continue .2cc of Lupron.

Day 7: Date: _____ **Day of Week:** _____

IVF office visit for estradiol (E2) blood level. Keep same 2 patches on, continue .2cc of Lupron.
Pay for prep cycle in full with a billing representative at the RIGHT side of the waiting room.

Day 8: Date: _____ **Day of Week:** _____ Remove old patches. Apply two new 0.1mg patches. Continue .2cc of Lupron.

Day 9: Date: _____ **Day of Week:** _____ Keep same two patches on.
Continue .2cc of Lupron.

Day 10: Date: _____ **Day of Week:** _____ Remove old patches. Apply
four 0.1 mg patches. Continue .2cc of Lupron.

Day 11: Date: _____ **Day of Week:** _____ IVF Office visit for estradiol
(E2) blood level. Keep same patches on. Continue .2cc of Lupron.

Day 12: Date: _____ **Day of Week:** _____ Remove old patches. Apply
four new 0.1mg patches. Continue .2cc of Lupron.

Day 13: Date: _____ **Day of Week:** _____ Keep on same patches.
Continue .2cc of Lupron.

Day 14: Date: _____ **Day of Week:** _____ Remove old patches. Apply
two 0.1mg patches. Continue .2cc of Lupron.

Day 15: Date: _____ **Day of Week:** _____ IVF office visit for estradiol
and progesterone blood levels, and an ultrasound. If your uterine lining is acceptable, **you will
discontinue the Lupron at this point**, and start 1/2cc of progesterone. You will administer the
progesterone by intramuscular (IM) injection. Do not start progesterone until a nurse advises
you to do so.

If your uterine lining is not ready, you will remain on patches and .2cc of Lupron until the nurse
advises you when to return to the office for another ultrasound.

Day 16: Date: _____ **Day of Week:** _____ Remove old patches. Apply two 0.1mg patches. Increase progesterone dose to 1cc.

Day 17: Date: _____ **Day of Week:** _____ Keep same patches on. Continue 1cc progesterone.

Day 18: Date: _____ **Day of Week:** _____

Remove old patches. Apply two 0.1mg patches. Continue 1cc progesterone.

Day 19: Date: _____ **Day of Week:** _____ Leave on old patches. Continue 1cc progesterone.

Day 20: Date: _____ **Day of Week:** _____ Remove old patches. Apply two 0.1mg patches. Continue 1cc progesterone.

Day 21: Date: _____ **Day of Week:** _____

IVF office visit for estradiol and progesterone blood levels. You may stop your medications after your blood work.

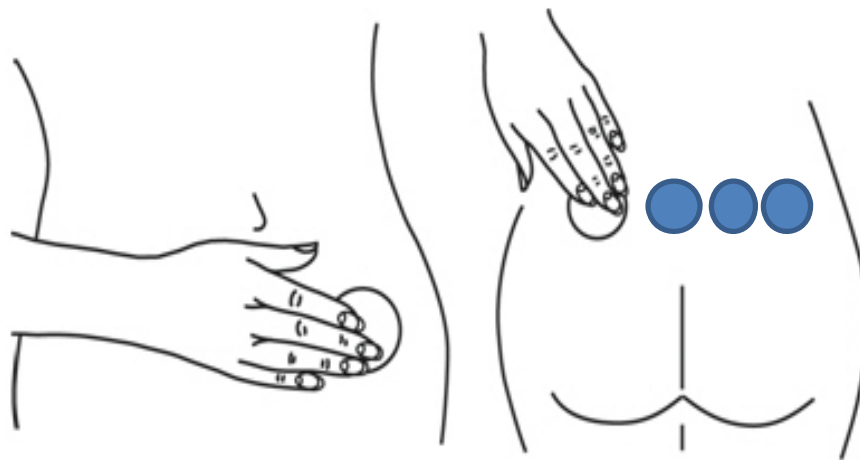
POST PREP CYCLE INSTRUCTIONS:

- You should expect a period within one week after stopping medications.
- We will mail you a letter 4-6 weeks following the prep cycle after your chart has been reviewed.
- You will become active on the Wait List if you have handed in your Recipient Information Form and photos.
- We cannot start working on finding you a donor until you have handed in your Recipient Information Form and Photos and you have completed your prep cycle.

6. CLIMARA OR VIVELLE ESTROGEN PATCHES

The Climara/Vivelle patch is a small, thin, transparent disk that is individually sealed in a protective foil-lined pouch. The medication absorbs through the skin and is dispersed throughout the body. The patch contains the estrogen that will build your uterine lining.

- The patch is changed every other day (wear the patch for two days, then replace with a new patch).
- Patches should be changed at a consistent time between 7:00-10:00 pm.
- Patches should not be applied to oily, damaged or irritated skin. Rotate patch application sites to avoid irritation.
- Contact with water when bathing or showering will not affect the patch.
- If the patch should come off, simply replace it with a new Climara/Vivelle patch, and continue with the original treatment schedule.
- Do not apply the patch anywhere other than the place indicated below.



7. PROGESTERONE

For a video with step by step instructions visit **freedommedteach.com** and select Progesterone in Oil.
For this injection it may be helpful to have a second person administer the injection. Apply warm compress to the site for 15 minutes before and after administering to decrease soreness.

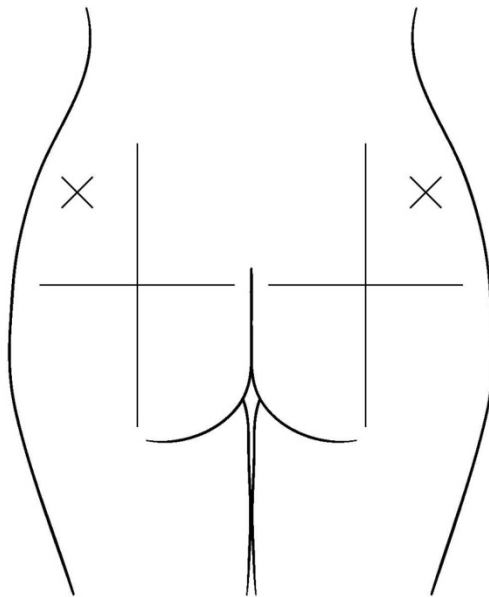
Supplies:

- A vial of progesterone in oil
- Alcohol swab
- 3 mL syringe
- 22 gauge 1 ½ inch needle for injecting (this may be attached to the syringe already)
- 18 g needle to draw up the medication (the 18 g is larger than then the 22 g)
- Gauze and a band aid.

Progesterone Injection Sites

After dividing the buttock, choose an injection site in the upper outer quadrant.

Alternate sites each night to prevent soreness.



8. PROGESTERONE INSTRUCTIONS- STEP BY STEP

1. Select an injection site using the photo on the previous page as your guide.
2. Lean against a surface with toes pointed slightly inward. This will relax the muscle being injected and greatly reduce muscle soreness.
3. Firmly spread the skin. Hold the needle the way you would a pen, approximately 2 to 3 inches away from the skin. Insert the full length of the needle with a quick, dart-like motion; then release the skin.
4. Slightly pull back the plunger to check for blood. If there is blood in the syringe, do not panic. Simply withdraw the needle and replace with a new clean needle. Apply gauze with pressure to the site. Then select a new injection site and return to step 1.
5. If there is no sign of blood when you pull back the plunger, push the plunger in with a slow steady motion until the medication is injected.
6. Gently withdraw the needle and discard it and the syringe into your safety container. Cover the injection with a clean piece of gauze, applying a small amount of pressure until bleeding stops. If bleeding continues, cover the site with gauze and a bandage.
7. Massage the area for a minute or two and apply a warm compress to the area for several minutes to help the medication disperse and decrease soreness.
8. Soreness at injection site, painless lumps under the skin, and muscle soreness are typical side effects of an intramuscular injection.

If you experience large painful lumps under the skin that are hot to the touch, please call your nurse to discuss.

9. HOW TO SCHEDULE RECIPIENT TESTING & PROCEDURES

When you finish your prep cycle a letter will be sent to you indicating any testing that needs to be done. All procedures and annual testing are recommended to be done by the time you are matched with a donor or you may not be able to proceed. Please begin scheduling as soon as possible.

SIS, SOUNDING, Follow-Up with physician (can only be scheduled directly with your MD office):

- If the SIS (Saline Infusion Sonogram) test is indicated, please call your doctor's office directly to schedule. Your vaginal cultures (Chlamydia and Gonorrhea) must have been done within the past 12 months before you can schedule the SIS. This is to prevent infection. Your doctor's office can assist you in scheduling; call your doctor's office directly.
- If the Sounding (trial embryo transfer) is indicated, this can be done at the time of the SIS.

Bloodwork & Cultures (can be scheduled by the Donor Egg patient coordinator 646-962-3447):

- Infectious Disease testing is required within approximately 6 weeks of embryo transfer. Most patients have done infectious disease testing already as routine checklist blood work, and, since it **MUST be repeated** at the time of a matched cycle you will not be requested to repeat it after prep cycle.
- Blood work can be done during "walk-in hours" without an appointment. (M-F 8-11:30 am & 1-3:30 pm and Friday 8-11:30 am) ; pap and cultures must be scheduled M-F 9:30-11:15 am
- This testing cannot be done during morning monitoring hours.
- If you choose to go to another lab for your blood work and cultures, you will be responsible for having these records delivered to Cornell before you start patches. Records can be emailed to a Donor Egg nurse, or faxed to the DE office is 646-962-0362. Please follow up with a Donor Egg nurse after sending.

Semen Analysis (can be scheduled by the Donor Egg patient coordinator 646-962-3447):

- Infectious Disease testing (for the male partner) must have been done within the past 12 months before you can schedule the Semen Analysis.
- Semen Analysis can be scheduled M-Th 9 am-1:15 pm.
- We recommend freezing a back-up sample in the Donor Egg Program.