



# California Center for Reproductive Health

## CONSENT FOR EMBRYO TRANSFER

It is anticipated that you are going to undergo the transfer of one or more embryos to your uterus (womb) as part of the assisted reproductive technique which you are currently undergoing. The embryo transfer procedure involves the placement of a catheter containing the embryo(s) into the uterine cavity through the cervix (opening to the womb), or into the fallopian tubes (GIFT, ZIFT, TET).

Trans-cervical embryo transfer may lead to minimal to no discomfort, but does carry a small risk of infection as a result of bacteria being brought by the catheter from the cervix to the uterus. You will be given antibiotics to help prevent this occurrence. In the unlikely event of an infection, you will need additional antibiotics and rarely may need to be hospitalized in order to receive intravenous antibiotics.

If you are having a procedure which involves the intra-abdominal transfer of eggs to the fallopian tubes, you will have a laparoscopy. This is a surgical procedure requiring general anesthesia and an operating room. During laparoscopy, a small opening (about 1/2 inch incision) is made inside the umbilicus (belly button). Secondary incisions are made in the mid-line just above the pubic hair and midway between the pubic bone and the umbilicus. As a result of these incisions, there is a small risk of damage to the abdominal organs, particularly the bowel and bladder. If this occurs, a laparotomy (a larger abdominal incision) may be needed to inspect of repair the injury. There are also risks associated with general anesthesia which include adverse drug reactions which may impair the heart, lungs, kidneys or brain and rarely cause death.

Another risk is the occurrence of multiple gestations following the transfer of several embryos into the uterus or tubes. Although unlikely, it is theoretically possible that all embryos transferred may implant. Additionally, any implanting embryo may split into identical twins, and produce a multiple gestation. Multiple gestations are associated with premature labor, necessitating in some cases neonatal intensive care for the babies that are born. Additionally, other obstetrical complications, including but not limited to high blood pressure, diabetes, stillbirth, and placental problems occur more frequently.

A tubal pregnancy (ectopic pregnancy) occurs more frequently following embryo transfer (1-2%) than normally seen in the general population. This may occur regardless of the site to which these embryos are placed (tube or uterus). These pregnancies are nonviable. Most commonly, tubal pregnancies are treated medically, however occasionally surgical intervention may be required to remove the ectopic pregnancy or the tube.

In deciding on the number of embryos to transfer, both risks and benefits must be considered, Since each embryo has a chance of implanting, larger numbers of embryos transferred produce a higher likelihood of pregnancy while simultaneously increasing the chance of multiple gestation. Embryos which are not transferred into the uterus can frequently be cryopreserved (frozen) for a future transfer.

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Initials

The standard practice at the California Center for Reproductive Health is to transfer multiple embryos simultaneously (commonly 1-2). Transferring fewer embryos will decrease the rate of multiple gestations; however, this may also decrease the overall likelihood of pregnancy. The exact number of embryos that will be transferred will be discussed with you by Dr. Mor. The ultimate decision for how many embryos to transfer is yours. However, our clinic reserves the right to transfer fewer embryos if it is felt that the risk of multiple gestations is too great.

### Certification of Informed Consent for Embryo Transfer

Your signature below indicates that you understand the risk of pelvic infection, ectopic pregnancy and multiple gestations, that you have been informed of the possibility of replacing fewer embryos, and that you agree to have the embryo transfer performed.

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PATIENT NAME (print)

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTNER NAME (print)

\_\_\_\_\_  
PARTNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS (print)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE