

# Patient Informed Consent

## **In Vitro Fertilization**

### **INTRODUCTION**

Geisinger Medical Center (“GMC”) has established a Fertility Center for the diagnosis and treatment of infertility. We request that the Fertility Center physicians (“Physicians”) and support personnel at GMC carry out the procedures of in vitro fertilization (“IVF”) and embryo transfer (“ET”) in an attempt to achieve pregnancy.

In authorizing these procedures we acknowledge that we have had the opportunity to discuss fully with the Physicians the nature and purpose of the procedure, the risks, the alternatives, the risks to the alternatives and that all of our questions have been answered to our satisfaction. Based on our discussions with the Physicians and the written materials explaining the procedure supplied to us, we understand the following concerning IVF:

### **NATURE AND PURPOSE OF THE PROCEDURE**

- 1) Induction of the development of multiple follicles by a series of injections of fertility drugs. These medications are approved drugs that are routinely used to treat infertility.
- 2) Monitoring of follicular development by determination of blood estrogens and by ultrasound measurements of developing follicles. If at any time the female partner develops an abnormal response to the stimulating medications, my cycle may be canceled.
- 3) In the great majority of women, egg aspiration will be done by way of ultrasound-guided needle puncture. The needle usually is inserted by way of the vagina. For most individuals, only sedation with intravenous drugs is used for this procedure, and general anesthesia is not required.
- 4) Insemination of eggs in the laboratory.
- 5) Insertion of normally fertilized and cleaved eggs into the womb.

**The Fertility Center at Geisinger Medical Center**  
**- where families begin**

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## **RISKS OF THE PROCEDURE**

- 1) Pregnancy is not guaranteed.
- 2) If a pregnancy is achieved, any obstetrical and gynecological risk and complication can occur. These include maternal complications of pregnancy, miscarriage, ectopic pregnancy, abnormalities in placental development, stillbirth or birth defects.
- 3) Inherent risks of laparoscopy for egg aspiration or ultrasound-guided egg aspiration include infection and/or injury to major blood vessels or pelvic organs, as well as the risks of anesthesia.
- 4) Risks of the use of fertility drugs include the development of large cysts of the ovary and ovarian hyperstimulation syndrome (shifts in the distribution of body fluids). Such complications may require hospitalization and, possibly, a surgical procedure. This would not be covered by the basic fee.
- 5) If pregnancy occurs, there is also the risk of multiple gestation and birth. We understand that of the pregnancies achieved through IVF, approximately 40 percent involve multiple pregnancies. Multiple gestation may present significant risks to the life and health of the mother and the fetuses such as pre-term labor and pre-eclampsia.
- 6) Operative or laboratory accidents may result in lost or damaged eggs or embryos.

## **ALTERNATIVES**

The Physicians have reviewed the alternatives to this procedure with us, including the risks and benefits of these alternatives.

## **DISPOSITION OF FERTILIZED AND UNFERTILIZED EGGS**

We understand that if fertilization occurs, the number of embryos transferred will be determined upon evaluation and discussion of our specific circumstances. These considerations include all those factors that affect implantation, including maternal age, embryo quality, infertility diagnosis and response to follicular stimulation. We, the couple, along with the Physicians and the Fertility Center professional team will decide how many embryos will be transferred during the embryo transfer procedure in order to maximize the chances a successful pregnancy and minimize the risks of multiple pregnancies. We further understand we have the following choices with respect to any “extra” embryos.

**Cryopreservation.** Any extra eggs fertilized with the Husband's sperm would be frozen for subsequent transfer to the Wife. A separate consent to this procedure describing the legal, medical and other aspects of this option is required. There is an additional charge for cryopreservation.

**Discarding.** We understand that all nonfertilized eggs and all non-progressive, non-dividing embryos are not considered viable and will be discarded. We may choose to discard any extra embryos remaining after the embryo transfer procedure. Alternatively, we may choose to have only a limited number of eggs inseminated in order to produce the expected number of embryos for transfer and discard any excess unfertilized eggs. The risk in this option is that less than the desired number of normal embryos may develop for transfer thus reducing our chances for a successful pregnancy.

### **CONFIDENTIALITY**

We understand that GMC and the Physicians are actively involved in medical education and research. We agree that information concerning our treatment may be used in medical publications provided that our identities or identifying information is not revealed. All procedures carried out under this program will remain confidential between the involved couple and professional personnel.