FET

NHS
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Information for patients - about medicated frozen embryo treatment

Fertility Exeter

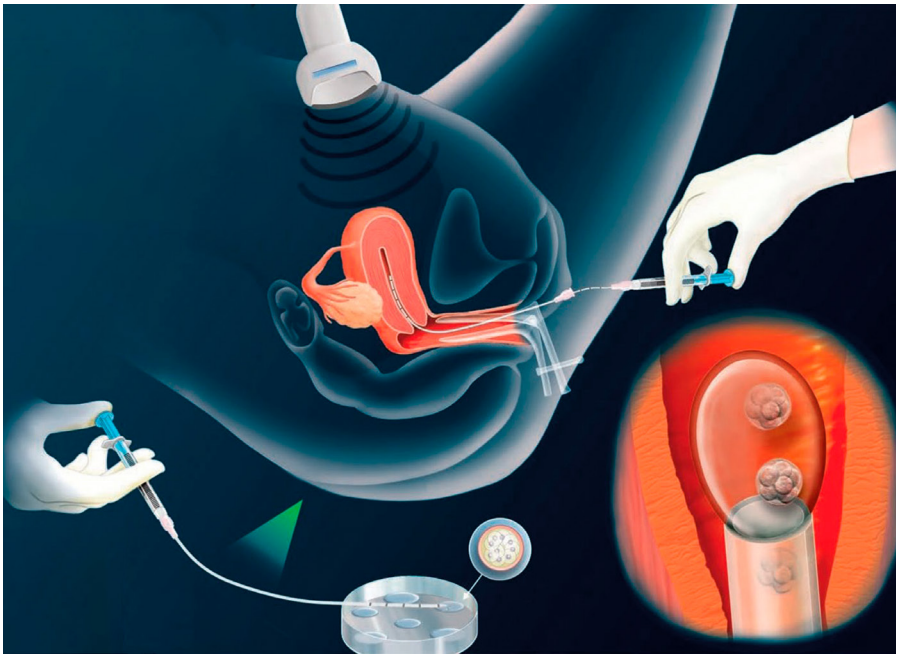
What is a frozen embryo treatment cycle?

A frozen embryo transfer (FET) is a cycle in which embryos, that were frozen during a previous 'fresh' IVF cycle, are thawed and then transferred back into the womb.

Is this the right treatment for us?

A frozen embryo transfer will be discussed at a follow-up consultation after a 'fresh' treatment cycle where suitable spare embryos were frozen and stored. Most stored embryos (80-90%) survive the freezing and thawing process and are suitable for transfer. However, this means that in a small proportion of frozen cycles none of the embryos survive or are suitable for transfer. This is a particular risk if there are only 1-2 embryos in storage. Unfortunately, this is not possible to predict and we will not know about embryo survival until a few hours before the embryo transfer is scheduled. Sometimes, it may help to culture embryos for 1-2 days to assess their continued ability to grow and develop after the thaw, particularly where more embryos than are required for transfer, have been thawed. This may give a better chance of a successful outcome. It may also potentially increase the total number of embryos remaining in storage, as unused suitable embryos that have undergone further development, may be re-frozen. It is therefore ideal to have several stored embryos available to enable selection of the most suitable embryos after thawing. If you have a very small number of embryos stored, the doctor may suggest undergoing a further fresh treatment cycle with a view to increasing the number of stored embryos.

- **If you had embryos frozen during a previous 'fresh' cycle, the transfer of these will be discussed with you at a follow-up consultation**
- **About 80-90%, and therefore not all embryos, survive the freezing and thawing process**
- **Embryo survival is not usually known until after the thaw, nearer the scheduled time of transfer**
- **If your embryos were frozen early in their development, more than one may be thawed out to help select the best by their ability to grow and any surplus suitable ones could be re-frozen**
- **If you have very few embryos in storage, you may be asked to consider undergoing a further fresh cycle in an attempt to increase the total number**



What does the process involve?

The treatment starts with Buserelin injections from day 21 of the period to suppress the woman's natural hormones. This usually lasts 10-14 days and you should have a period during this time. An ultrasound scan is performed during your period to check that the ovaries are inactive and the lining of the womb is thin (down-regulation). Side effects may include hot flushes, night sweats, headaches, vaginal bleeding and mood changes. These are due to low oestrogen levels and usually only last for a short time.

Once the scan has confirmed down-regulation, you will take oestrogen tablets to prepare the lining of the womb, usually for 9-14 days and have a repeat ultrasound scan to check the thickness of the womb lining. Oestrogen tablets are taken in two divided doses. If the optimal lining thickness has not been reached, the recommendation is to stop the treatment cycle and restart using oestrogen patches in addition to tablets. Oestrogen may cause nausea in some women and skin patches may give a local reaction to the adhesive. No other notable side effects are common as the hormone is the same as that naturally produced by the ovaries.

Women who have a history of migraine with aura might require undergoing a natural cycle FET, if appropriate, as high-dose oestrogen may increase the risk of stroke.

Once the lining of the womb is thick enough, you will also be advised to commence 'luteal support' in the form of progesterone pessaries (which can also be used as a rectal suppository) or injections in addition to oestrogen.

On the day that the embryos are thawed, the embryologist will phone you to inform you how many embryos have survived and

finalise any decisions regarding the number of embryos to be transferred. The date and time of the embryo transfer will then be confirmed. You should bring a pair of slippers or socks and avoid perfume or strongly scented toiletries.

If you are not taking progesterone injections, you will be advised to have a blood test, ideally **2 days before** your embryo transfer day. Please ensure that you have taken your pessary 2-3 hours before the blood test. The result will be reviewed, and if the level is low, you will be offered progesterone injections in addition to pessaries. Please be aware that these need to be collected from Fertility Exeter, and started as soon as possible. The blood test can be performed closer to embryo transfer if necessary.

The procedure of embryo transfer itself is simple and normally minimally uncomfortable. Please come with a comfortably full bladder which has been shown to improve the chances of successful treatment. The selected embryo(s) will be placed into a fine catheter (flexible tube) by an embryologist, passed to the clinician and gently transferred into the womb under ultrasound guidance. Occasionally, an instrument may be used to hold and straighten the neck of the womb which may cause some temporary period-like pain.

After the embryo transfer the embryologist will check the catheter in the lab under the microscope. Rarely, the embryos will remain in the catheter but this only requires that the transfer procedure be repeated and doesn't reduce the chance of pregnancy.

- **You will be given Buserelin injections to take control of your natural hormones**
- **When an ultrasound scan shows that your natural hormones have been suppressed, oestrogen to help prepare the internal lining of your womb will be given to you**
- **"Luteal support" in the form of progesterone will be started prior to embryo transfer.**
- **The medications may cause some short-lived side-effects**
- **A member of the embryology team will phone you with an update on the thaw outcome and/or embryo development and confirm the date/time of transfer**
- **You will be required to come with a comfortably full bladder and bring a pair of slippers or socks for your embryo transfer**

How many appointments will be required during my FET cycle?

You will need to attend the centre for a 'planning' appointment with one of the nurses, two or three ultrasound examinations and the embryo transfer itself.

What happens after the embryo transfer?

You will be advised to continue your hormone medication until you do your pregnancy test on the date written on your embryo transfer letter (11-14 days after your embryo transfer). If your pregnancy test is positive you will continue the hormone treatment until 12 weeks of pregnancy.

Women are generally advised to continue with their usual daily routine. There is no need to take special rest. However, we would advise you to avoid strenuous physical exercise and to check with us first before taking any drugs or medicines. Some women may experience lower abdominal pain and bloating. It doesn't mean that the treatment has not worked. Paracetamol can be taken if required for pain relief. Drugs like ibuprofen should be avoided at this stage. Vaginal bleeding or brown discharge can be worrying but many women who experience this go on to have a positive pregnancy test and on-going pregnancy.

- **You will be advised to carry on with your luteal support until your pregnancy test even if you experience some bleeding**
- **You may continue with your usual daily routine but avoid any strenuous physical exercise**
- **Phone us if you have any concerns or would like advice about your medication**

Pregnancy scans?

If the treatment is successful, you will be offered a scan at seven weeks (4-5 weeks after the embryo transfer) to check how the pregnancy is progressing. You will then be advised to make an appointment with a midwife to book antenatal care. The HFEA requires us to report the outcomes of IVF treatments and therefore we look forward to hearing from you regarding this.

- **If the scan shows no concerns, you will be advised to contact your midwife to book antenatal care**
- **Please let us know the final outcome of your treatment, positive or negative.**
- **We would also appreciate it if you let us know when your baby is born, as this helps us keep accurate records for the HFEA**

What are the chances of getting pregnant with frozen embryo transfer?

With modern freezing techniques (vitrification), frozen embryos have a comparable, and in some cases an even better chance of success than fresh embryos. As in a 'fresh' cycle, the chances will largely depend on the woman's age when the embryos were created and stored, the length of time trying to conceive and whether there have been any previous pregnancies. You can find out our current FET success rates on our website www.fertilityexeter.co.uk, or by speaking with a member of our team.

Follow up appointment

If your treatment is not successful, you will be offered a 'debrief' appointment with one of the doctors to review the cycle and discuss future treatment options. There is no additional charge for this appointment.

Counselling

We recognise that struggling to conceive and undergoing fertility treatment can be stressful . Therefore, we offer specialised fertility counselling before, during or after your treatment. One session with a specialist fertility counsellor is available to you at no additional charge during your treatment. To arrange an appointment, please email rduh.fertilitycounselling@nhs.net. If additional sessions are required, these may be chargeable.

- **Talking about your feelings may help you to deal with the stress of trying to conceive and undergoing fertility treatment**
- **A specialist fertility counsellor is available for you at no extra charge**

Together we can achieve so much

Feedback

Here at Fertility Exeter, we care about getting things right for our patients. As such we would welcome any feedback that you may have, to help us continually improve the services we provide. You can do this in a number of ways:

Patient Advice & Liaison Service (PALS)
Royal Devon and Exeter Hospital (Wonford)
Barrack Road
Exeter
EX2 5DW

Direct Dial: (01392) 40 2093

rduh.pals-eastern@nhs.net

"What went well could go better if ....."
Please complete a yellow card, located in our waiting room, and put it in the box provided. The box is sorted weekly and suggestions are acted on accordingly.

Alternatively:

Tell your story via Care Opinion.

https://www.careopinion.org.uk/kiosk/rh802-fertility-clinic.

You can also provide feedback about Fertility Exeter directly to the HFEA by using their online feedback tool:
https://www.hfea.gov.uk/choose-a-clinic/rate-your-clinic/

Royal Devon & Exeter Hospital (Heavitree)
Gladstone Road
Exeter
EX1 2ED

(01392) 40 5051

rduh.fertilityexeter@nhs.net

www.fertilityexeter.co.uk

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