



Egg Freezing 101

University of Chicago Medicine
Center for Reproductive Medicine & Fertility

Helping you reach your family goals. **Just say when.**



AT THE FOREFRONT

UChicago
Medicine

Welcome

Welcome to the University of Chicago Medicine Center for Reproductive Medicine and Fertility!

Our philosophy of care is rooted in excellence, innovation and empathy. We understand that your experience with us is more than just treatments and procedures, because your reproductive wellness and family goals reach every part of your health and your life.

If you are planning to delay building your family, you may be considering freezing your eggs or embryos. At UChicago Medicine, we offer egg freezing consultations in-person or by telemedicine. We are proud to offer our services locally in Hinsdale, Hyde Park, South Loop and River East, making world-class fertility treatment more accessible.

Thank you for choosing our practice and we look forward to working together!



Dr. Musa Zamah
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Reproductive Endocrinology and Infertility
University of Chicago Medicine



Dr. Amanda Adeleye
Assistant Professor
Reproductive Endocrinology and Infertility
University of Chicago Medicine

Meet the Team



Dr. Zamah is a Reproductive Endocrinologist at UChicago Medicine and a board-certified OB/GYN. He received his bachelor's degree from Rice University and MD/PhD from Duke University. He then completed his residency in Obstetrics and Gynecology at Stanford University and fellowship in Reproductive Endocrinology and Infertility at the University of California, San Francisco.



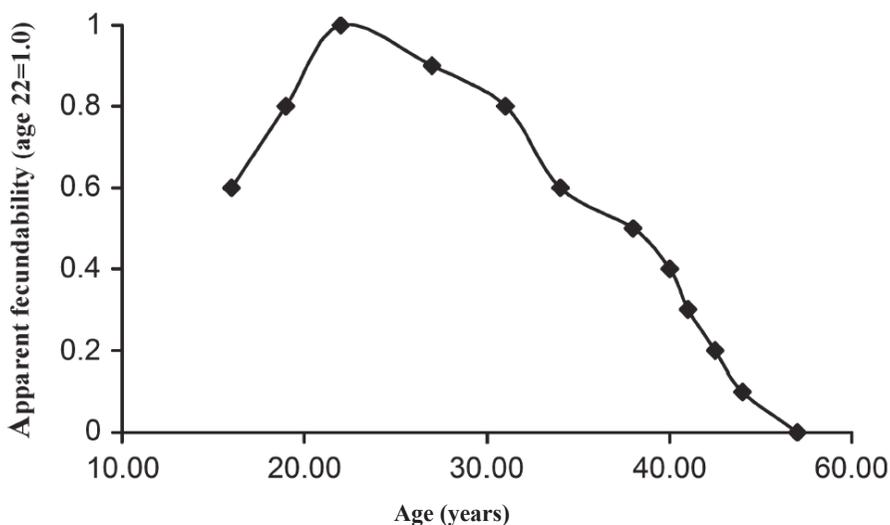
Dr. Adeleye is a Reproductive Endocrinologist at UChicago Medicine and a board-certified OB/GYN. She received her bachelor's degree from Washington University and her medical degree from Columbia University. She continued at Columbia for her residency in Obstetrics and Gynecology and then completed a fellowship in Reproductive Endocrinology and Infertility at the University of California, San Francisco.



Who should consider egg freezing?

As an individual ages, there is a decrease in both the quality and quantity of their **oocytes** (eggs). Due to these changes, there is a decrease in fertility over time. Individuals who are considering delaying childbearing may benefit from freezing their eggs at a younger age.

Individuals who received a cancer diagnosis, as well as those who are on or plan to begin gender-affirming hormone therapy, which may impact the long term function of the ovaries, may also consider freezing their eggs.



Ovarian reserve is a measure of your egg supply. There are three ways to evaluate your ovarian reserve:

- » First, we can do an ultrasound to count the number of small (antral) follicles in your ovary.
- » Second, we can do a blood test to measure your anti-mullerian hormone (AMH) level.
- » Third, we can measure follicle stimulating hormone (FSH) and estradiol at the beginning of your menstrual cycle (cycle day 2-4).

These three tests can give us an idea of how many eggs we could expect to get during an egg freezing cycle.

What is involved in freezing my eggs?

An egg freezing cycle typically includes the following steps or procedures.



You will need to have a consultation with a Reproductive Endocrinologist to discuss your medical history and learn about the egg freezing process. You will likely undergo evaluation to determine your ovarian reserve, including a pelvic ultrasound and blood tests, as well as **infectious disease testing**.



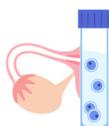
If you decide you want to proceed with egg freezing, you will be taught how to inject fertility medications. In a natural menstrual cycle, your body releases **gonadotropins** (FSH and LH) to stimulate your ovaries each month to grow one dominant **follicle**. In an egg freezing cycle, you administer these same hormones with the hope of growing multiple follicles simultaneously.



After a few days of ovarian stimulation, you will return to our clinic for a “monitoring visit.” At this visit, we will perform a blood draw and a transvaginal ultrasound. Monitoring visits can be performed at Hinsdale, Hyde Park or South Loop. You will likely have 5-8 monitoring visits during your egg freezing cycle. These are scheduled early in the morning and take approximately 20 minutes.



Trigger Shot: Once your follicles reach a sufficient size, we will instruct you to administer a trigger shot. This shot will cause your eggs to mature to prepare for your egg retrieval.



On the day of your egg retrieval, you will undergo anesthesia and we will perform a procedure to remove your eggs from the follicles that are growing. Eggs will be evaluated by the embryologist for maturity. Only mature eggs can be frozen. We will let you know the day after your egg retrieval how many eggs have been cryopreserved (frozen).



Eggs can remain frozen for many years. When you are ready to build your family, you can thaw, fertilize your eggs and create embryos.

Glossary

Ovarian Reserve: Blood tests that evaluate your egg supply include Anti-Mullerian Hormone (AMH), Follicle Stimulating Hormone (FSH), Estradiol (E2) and Luteinizing Hormone (LH).

Infectious Disease Testing: Labs that are needed prior to egg freezing include Gonorrhea, Chlamydia, HIV, Hepatitis B, Hepatitis C and Syphilis.

Gonadotropin (Gonal F, Follistim, Menopur): Gonadotropins (LH and FSH) are hormones that your body produces to stimulate your ovaries to ovulate each month. In an egg freezing cycle, we administer these hormones in the form of injectable medications with the hope of growing multiple follicles simultaneously.

Trigger Shot (Ovidrel, Novarel, Pregnyl, Lupron): In a natural menstrual cycle, your body produces an LH surge that causes your eggs to mature and ovulate. A trigger shot mimics your body's natural LH surge.

Follicle: Ovaries contain many microscopic eggs that we cannot see on an ultrasound. As eggs start to mature, they are surrounded by a fluid-filled cyst called a follicle. On a transvaginal ultrasound, we can typically count multiple follicles in each ovary and each follicle contains one egg. During an IVF cycle, we hope to see follicles grow. When follicles become large (15-20mm), we know that the egg inside is ready for an egg retrieval.

Oocyte: An oocyte is an egg. Each egg is contained in an ovarian follicle.

Costs & Insurance Coverage

Medical costs and insurance coverage can be difficult to understand. Our financial advisor is available to answer your questions from the time you schedule your appointment onward.

Illinois residents may benefit from state laws requiring specific group insurance plans and health maintenance organizations to cover infertility diagnosis and treatment. A consultation with our specialists will allow for an individualized assessment for medical necessity. Medical necessity is often required for insurance coverage.

Please call our office at **773-702-6642** to see if your assessment and treatments are covered by your insurance provider.

Office Information

Phone: 773-702-6642

UChicago Medicine Hinsdale

12 Salt Creek Lane, Suite 106, Hinsdale, IL, 60521

There is convenient free parking located directly outside our clinic.

UChicago Medicine Duchossois Center for Advanced Medicine (DCAM) - Hyde Park

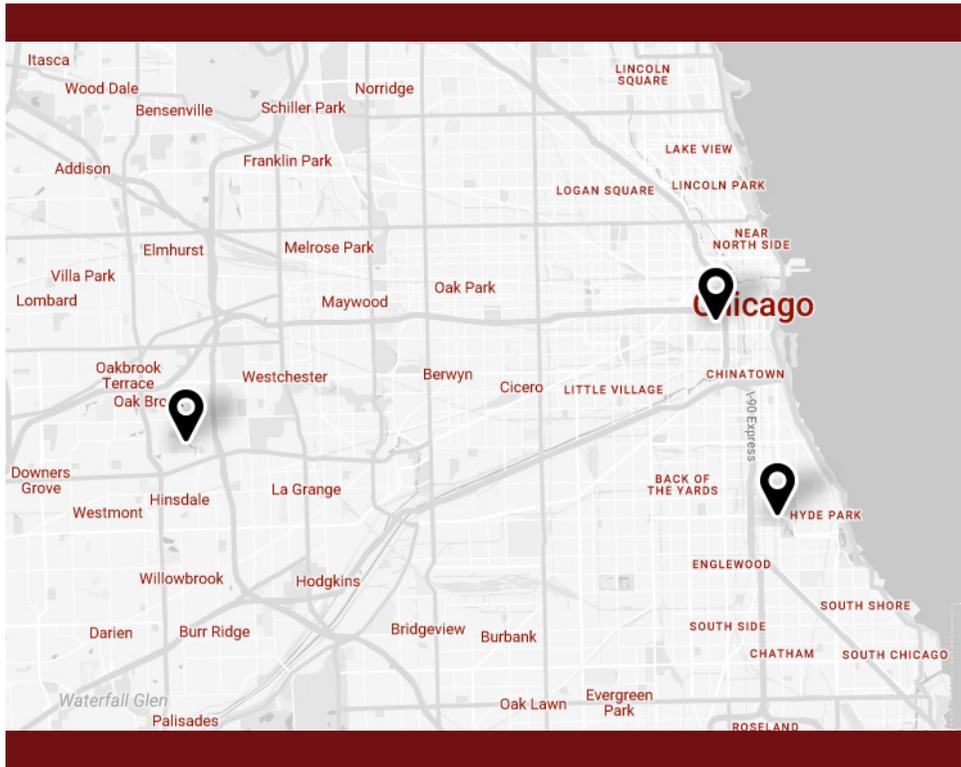
5758 S. Maryland Avenue, Chicago, IL, 60637, 3rd Floor

Valet/validated garage parking is available in our two convenient parking garages.

UChicago Medicine South Loop

1101 S. Canal Street, Chicago, IL, 60607

Validated garage parking is available in the building.





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