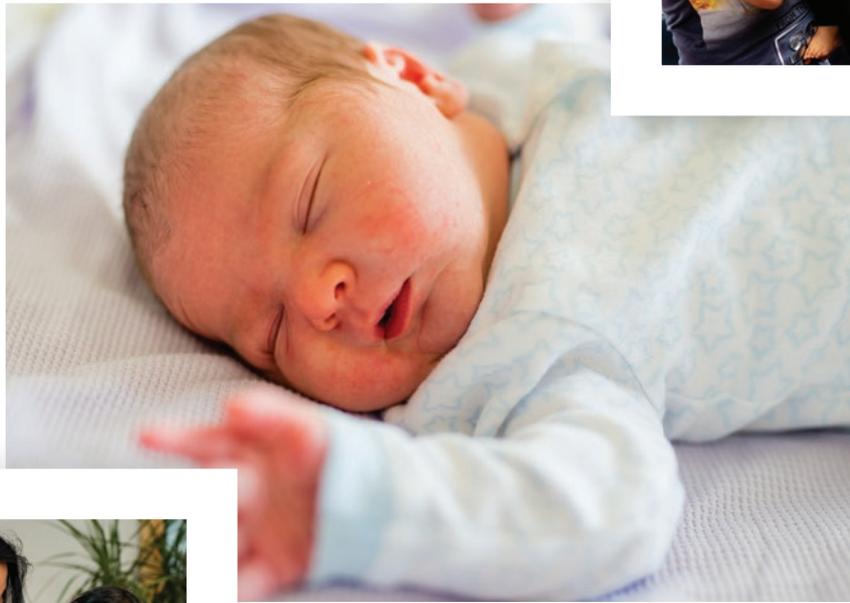


Assisted Conception Unit



Clinical excellence
in the heart of London

World-leading fertility care

Welcome to our world-class Assisted Conception Unit (ACU) from Guy's and St Thomas'. This brochure introduces you to our pioneering unit's fertility diagnostic services and treatments and the outstanding clinical care you'll receive from our internationally renowned consultants.

Our ACU is a leading provider of assisted conception techniques in the UK. Globally, we are at the forefront of fertility treatment innovation and medical breakthroughs. We offer the highest standard of care with a wide range of fertility services from in-vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI), donor treatments to pre-implantation genetic testing (PGT) and fertility preservation, all under one roof. Our results exceed the national average for all common assisted conception techniques.

As leaders in their field, our consultants have a wealth of experience and deliver outstanding personalised medical and surgical care tailored to patients' needs. They also contribute to research and scientific evidence to drive forward innovations and improve outcomes for patients.

We believe when you have a fertility problem it is essential to have rapid access to expert advice, given in a sympathetic manner which takes your individual needs into account. We pride ourselves on offering evidence-based practice and make decisions with patients based on our clinical expertise and only offer treatments that add value to the overall chance of success.

Our aim is to be honest and realistic with our patients, and while we may not be able to achieve a pregnancy for everyone that we treat, we hope that your experience with us will be positive. Our fertility experts will give you as much support as possible during and after your treatment.

Innovative treatments, leading expert care with all fertility services under one roof



Research

We regularly review and update our practice through research and audit to improve your experience and success rates.

Our unit is dedicated to constantly striving to improve treatment outcomes for our patients. Assisted reproduction technology has progressed vastly due to past research. However, much remains uncertain. We run an extensive research portfolio that includes academic and commercial clinical trials. During your treatment journey with us, you may be approached to participate in our studies. Please get in touch with us if you would like any further information.

Human Fertility & Embryology Authority

We are licensed by the Human Fertility and Embryology Authority (HFEA), the UK's independent fertility regulator. Patients are encouraged to check the HFEA website – www.hfea.gov.uk – for impartial and up-to-date information about fertility treatments and outcomes.

You can also learn about our quality standards, which are published regularly on our website at www.guysandstthomasprivatehealthcare.co.uk.

Our fertility team

Our multidisciplinary team of highly experienced doctors, nurses, embryologists, counsellors and administrative staff are dedicated to supporting your fertility journey. With leading experts, our team works together to give a comprehensive service for investigating and treating infertility.

Administration team

A member of the administration team will probably be the first person you meet when you come to the ACU. Please speak to them about:

- your referral
- our waiting lists
- a patient information evening
- the funding of your treatment.

Doctors

Our exceptionally skilled and experienced doctors are reproductive specialists and leaders in their field. They will oversee all aspects of your treatment in the unit. You'll meet one of our doctors on your first visit. They perform various tests, including:

- ultrasound scans
- egg collection
- embryo transfer.

Nurses

Our team of specialist fertility nurses will plan your treatment schedule and inform you about any medicines used in your treatment. The nurses perform:

- ultrasound scans
- blood tests
- assist at egg collection and embryo transfer.



Embryologists

Our embryologists are responsible for looking after your eggs, sperm and embryos while they are in the laboratory. After egg collection, they prepare the eggs and sperm for in-vitro fertilisation (IVF) and look after the embryos. They also:

- perform intracytoplasmic sperm injection (ICSI)
- perform the embryo biopsy step in pre-implantation genetic testing (PGT) – the removal of one or two cells from an embryo to test for genetic diseases
- freeze sperm, eggs and embryos for later use in treatment where appropriate.

Counsellors

We understand that starting treatment can be a worrying and stressful time, and the fertility journey can be emotionally and physically challenging.

Our trained and experienced counsellors are on hand to provide valuable emotional support and psychosexual counselling and guide you through the various stages and options before, during and after your treatment.

All counselling is confidential, free of charge and available on appointment. For more information, please call 020 7188 7641. We encourage all couples or individuals to see a counsellor for support.

We can also give you information about where to find alternative external support and the contact details of organisations that offer individual, group and online support.



The next steps

After your doctor or hospital has referred you to the ACU, we will send you an information pack containing forms and a questionnaire for you both to complete.

We also have a duty of care and legal obligation to consider the welfare of any child born following treatment, and you will be asked to complete a Welfare of the Child form.

We ask you questions about your background, which are relevant to having treatment. We also ask for your written permission to contact your GP and any other doctors involved in your care.

Acceptance onto the programme

We consider each case individually, but our rules are:

- the female partner should be under 46 years old, and the male partner should be under 60 years old
- couples should be living together and in a stable relationship
- the female partner's hormone levels should be within a range that suggests they will respond to medication
- the female partner's body mass index (BMI) must be less than 35.

If the NHS is funding your care, your Clinical Commissioning Group (CCG) might have different criteria, which will have to be taken into account before considering funding your treatment. It may not, for example, give funding if either of you already has children, the female partner is over a certain age, or she has a BMI over 29. We can provide you with the specific criteria for your region. The ACU will apply for funding on your behalf, but the decision lies with your local CCG.

Private funding options

If you choose to pay for your treatment, we provide two private healthcare packages:

- self-funded care – your care will be led by highly qualified and experienced nurses supported by consultants or senior doctors
- personalised care – your care is consultant-led throughout, with a dedicated consultant you can select to deliver your care. This option gives you continuity of care and complete flexibility to plan appointments to suit you.

You will receive the same levels of excellent safe care with either option.

Prices are transparent with no hidden fees or extra charges.

Your first appointment with an ACU doctor

Your doctor will take a complete medical history from both partners during this visit and arrange any additional necessary tests or investigations.

At this visit the woman will have:

- a transvaginal (internal) ultrasound scan – a tiny probe is placed inside the vagina to look at the uterus and both ovaries. Most women find this less uncomfortable than a smear test.

Both partners will have:

- blood tests – it is a national recommendation that all men and women having IVF treatment have a blood test for Hepatitis B and C and HIV and other relevant tests, for example, screening for sickle cell or hormone tests.

It is helpful to have information about any previous fertility treatment you may have had, especially IVF or ICSI attempts. Your doctor will make sure you are suitable to start a particular treatment and will be happy to answer any questions you may have.

Consent

Before you receive any treatment, your doctor will explain what they recommend and the risks involved. They will also answer any questions you might have. We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, we will ask you to sign several consent forms. Signing these confirms that you agree to have the treatment discussed with you and that you understand what is involved. We will give you more information about consent before you have treatment.

“ The team at ACU are fantastic. Going through fertility treatment is an emotional and very personal experience and the team were supportive, kind and understanding. ”

- Patient review on Doctify



Fertility services

If you would like more information about any of the treatments described below, please ask a team member.

What is assisted conception?

Assisted conception is a term used to describe the treatment methods available to help you become pregnant. It is sometimes called fertility treatment.

There is no single treatment that is suitable for all situations. This brochure gives you information about the treatments available at our unit and who can benefit from them.



Fertility treatments

Intrauterine insemination (IUI)

A sample of sperm, prepared by our embryologists, is placed directly inside the uterus. We do this using a very fine catheter (soft plastic tube). If conception occurs, it does so naturally inside the body.

Who can be helped by IUI?

We offer IUI when we know the woman's fallopian tubes are open and:

- you are having difficulties with intercourse
- you are using donor sperm
- unexplained infertility.



What usually happens in an IUI cycle?

If the female partner does not normally ovulate, we will prescribe clomiphene tablets or hormone injections to stimulate the ovaries to produce one or two follicles. If you usually ovulate, your doctor will discuss giving you more medicine to stimulate the ovaries further.

This may improve the chances of becoming pregnant and increase the risk of a multiple pregnancy. If additional medicine is used, an injection is given to mature the eggs when the follicle(s) reach a specific size on the ultrasound scan. The IUI is performed later that day or on the next day.

What is the IUI success rate?

The success rate of having a live birth with IUI is 12% per cycle. We recommend that you try a maximum of three treatment cycles before considering other options. We do not recommend IUI to women aged 40 years or over as we have had limited success in this group.

Ovulation induction

Patients who have irregular or absent periods and are not providing eggs regularly usually benefit from ovulation induction treatment before going on to more complex treatments.

Ovulation induction stimulates the ovaries with either tablets or injections to produce a single fully ripened egg; the couple then has intercourse naturally. Restoring regular ovulation will give the couple a normal chance of conception.

We have a specialised ovulation induction programme and have extensive experience treating patients with polycystic ovaries and complex endocrine conditions.

In-vitro fertilisation

In-vitro fertilisation (IVF) is sometimes called "test-tube baby" treatment. During IVF, sperm and eggs are placed together in a culture dish in the laboratory to allow fertilisation to occur.

Who can be helped by IVF?

IVF might help if:

- the female partner has blocked or damaged fallopian tubes – the egg and sperm may not be able to meet, or the fertilised egg may not be able to make its way into the womb
- the female partner has problems with ovulation (the release of an egg each month)
- the female partner has endometriosis – a condition in which cells that usually line the womb are found elsewhere in the body
- unexplained infertility – no cause has been found for not being able to conceive, especially when couples have been trying for more than two years to get pregnant.





Intracytoplasmic sperm injection (ICSI)

ICSI involves injecting a single sperm into the centre of each egg to try to achieve fertilisation. We were the first NHS unit in the country to have a baby born from the intracytoplasmic sperm injection technique.

Who can be helped by ICSI?

ICSI might help if:

- the sperm sample contains decreased numbers of sperm, reduced movement, or the sperm shows a high number display or an abnormal appearance
- the male partner has no sperm in his ejaculate, but sperm can be obtained from the testicles using surgery
- the male partner produces high levels of antibodies against his sperm – this can affect the ability of the sperm to bind to the egg
- couples have already had IVF treatment but had unexplained failed fertilisation of all the eggs
- the male partner has retrograde ejaculation – the sperm passes back into the bladder and can be found in the urine.

How successful are IVF and ICSI?

On average, we expect 50% of couples to achieve a positive pregnancy test and 33% to have a baby, but the success is highly dependent on the age of the woman. These results compare favourably with those from other centres in the UK and worldwide.

First NHS unit in the UK to have a baby born from ICSI technique



Surgical sperm retrieval for azoospermia

Azoospermia is a condition where no sperm are present in the fluid a man ejaculates. A man might have azoospermia because:

- there is a blockage in the connecting passages from the testicles – called obstructive azoospermia
- very few sperm are being produced in the testicles – called non-obstructive azoospermia.

Only one living sperm is needed per egg for ICSI. In a small number of cases, we use surgery to collect sperm from the testicles by:

- PESA – a fine needle is passed into the area above the testicle where sperm is stored (epididymis), and sperm is removed.

If PESA doesn't work, we can also try:

- TESA – a fine needle is inserted into the testicle to remove tissue/sperm
- testicular biopsy – a small cut is made in the scrotum, and a small amount of testicular tissue is removed.

When is surgical sperm retrieval carried out?

We can do sperm retrieval procedures before starting a treatment cycle or on the day of the egg collection (a method to collect the woman's eggs from her ovaries). The doctor will discuss the reason for the timing, depending on the cause of your azoospermia and whether sperm has previously been found. We have close links with our local urology department and offer joint care for complex cases.

How successful is surgical sperm retrieval?

If the reason for low levels of sperm is obstructive azoospermia, we can generally get the sperm using PESA, TESA or biopsy. These procedures can be done under local or general anaesthetic. Local anaesthetic is a medication that 'freezes' an area, so it is pain-free. A general anaesthetic will make you completely unconscious and unable to feel pain throughout your body. We can give you more information about the anaesthetic recommended for you.

If the problem is non-obstructive azoospermia, there is about a 25-30% chance of finding mature sperm. If sperm are found, they are frozen and can be used in treatment.

“ I can't recommend the ACU team highly enough. The team have always made me feel like a priority - from appointment times that fit around work, additional face-to-face meetings or responding to the many questions I've had along the way.

- Patient review on Doctify

Embryo transfer

We place the best one or two embryos into the woman's uterus during embryo transfer. The number transferred depends on the quality of the embryos and the woman's age.

This is a much simpler procedure than egg collection, and there is no need for sedation (please read our IVF leaflet for more information about egg collection).

During the procedure, we do an ultrasound scan to help us place the embryos where they have the highest chance of implantation.

Blastocyst transfer

Five days after egg collection, the best embryos develop into fluid-filled balls of cells called "blastocysts".

Who benefits from blastocyst transfer?

The patients who benefit most from a blastocyst transfer are those whom we think have a very good chance of pregnancy but who also have a very high chance of a twin pregnancy if two embryos are transferred.

About 30% of our patients fall into this group. If we transfer a single embryo, we aim to reduce the incidence of twin pregnancies without reducing the overall chance of pregnancy. So, depending on your age and the number of good quality embryos available, on day three after egg collection, we may recommend that you consider the transfer of a single blastocyst on day five, and we will freeze all excess good quality blastocysts for your future use.

Frozen embryo transfer

In a frozen embryo transfer (FET) cycle, we thaw your frozen embryos and transfer one or two of them into the uterus. Your doctor or embryologist will discuss the number of embryos to be thawed in any one attempt with you in advance.

Although we are very selective about the embryos we freeze, only 90% survive after being thawed. Our current successful pregnancy (live birth) rate for frozen embryo transfer is 25%. This is better than the average national rate.

An advantage of a FET cycle is that we do not need injections to stimulate the ovaries; you will need the nasal spray, estrogen tablets, and supportive progesterone pessaries. An increasing number of NHS-funded cycles now include the cost of freezing embryos and a FET as part of the cost of a 'full IVF cycle' (as recommended in the National Institute for Health Care Excellence guidelines). A FET cycle is a separate cost for those funding their treatment cycles.



Genetic testing

Pre-implantation genetic testing

Pre-implantation genetic testing (PGT) has been offered at Guy's Hospital since 1997, and is the largest PGT centre in the UK and one of the most successful in Europe. Our clinical team are leaders in genetic diagnosis and testing. We perform more than 60% of the PGT cycles carried out within the UK. We currently test for more than 300 genetic disorders, including cystic fibrosis, sickle cell disease, and Huntington disease. As of 2018, we have had over 1,000 babies born following successful PGT.

PGT is a unique treatment available to couples who are at an increased risk of having a child with a specific genetic condition that could cause serious health risks for their children.

A single cell is removed from each embryo to test if the condition affects that embryo. Only unaffected embryos are replaced in the uterus. The process of PGT does not change the genes of the embryos.

For more information, including our results, visit www.guysandstthomas.nhs.uk/our-services/pgd.

Donor treatments

Donor sperm

Treatment with donor sperm is available for heterosexual and same-sex couples and single women. This treatment can be either performed through intra uterine insemination (IUI) or in-vitro fertilisation (IVF/ICSI).

Sperm donors can be known or anonymous. Known donors might be friends or relatives who may wish to donate. We work with several independent sperm banks abroad and in the UK for patients who opt to use anonymous donors. We will provide you with the list of sperm banks we work with and the information about ordering the samples that you require.

Donor eggs

We offer donor eggs if the female partner does not produce eggs or has poor quality eggs.

Partner sperm can be used to fertilise eggs donated by another woman. The resulting embryos are then placed in the recipient mother. We treat women in good health up to the age of 50.

There is a shortage of egg donors throughout the country. We work with egg donation agencies and known donors.

All couples thinking about using donated sperm or eggs will receive counselling before treatment. We have information leaflets on egg donation and donor insemination. Please ask us for a copy.

If you decide to have egg donation treatment abroad, we can help you by offering advice and liaising with the clinic.

Surrogacy

Surrogacy refers to when another woman carries and gives birth to the child. It can be the only option for some couples, male partners or single people. The decision to use surrogacy to have a child is a big step and requires serious thought from all involved. We understand surrogacy is a long process, and, as such, we offer all our surrogacy patients support throughout this time.

Largest and most successful PGT centre in the UK, performing more than 60% of the PGT cycles in the country

Fertility preservation

Our fertility preservation service is one of the biggest in the UK, providing all possible fertility preservation options in the same place regardless of medical complexity. We provide fertility preservation options for patients who wish to preserve their fertility for medical as well as social reasons.

Our dedicated fertility service was established in 1998 to provide rapid access for patients at short notice. Since this service started, thousands of patients have benefited. Our unit has reported the longest in the world follow up data on live birth rate achieved in patients who preserved their fertility before cancer treatment. We are one of the few fertility preservation services in the UK to offer not only gamete storage during the cancer/gonadotoxic treatment, but also offer post chemotherapy follow up, advice and support not only regarding fertility, but also menstrual and sexual function.

Our unit is one of the few in the UK that has successfully achieved live births in patients who preserved their fertility before cancer treatment.

If you have been diagnosed with cancer or are likely to undergo treatment that will impair your potential to have a baby, new techniques can be performed to preserve your fertility. Some women may also choose to freeze their eggs when they are younger until they decide to use them later in life.

Our comprehensive service includes:

- for the male - freezing of sperm (from ejaculate or testicular biopsy)
- for the female - freezing of eggs, embryos or ovarian tissue.

Ovarian tissue cryopreservation

Our ovarian tissue cryopreservation (OTC) service for women undergoing cancer treatment is a new addition to one of the world's largest and most established fertility preservation services.

OTC allows women of reproductive age undergoing chemotherapy or stem cell transplants the chance to preserve their fertility and the prospect to conceive naturally.

OTC is faster than other fertility preservation methods. So, it benefits patients who are too unwell to wait and have standard egg collection and minimises the delay before cancer therapy can start. It can also be offered to pre-pubertal girls, who have no other options as ovarian stimulation would not be possible.

Future use of cryopreserved ovarian tissue would allow patients not only to have the chance of restoring their natural menstrual function, even if early menopause occurs, but also the possibility of natural and/or assisted conception.

The service is expanding, with support from Evelina London Children's Hospital, to offer young girls under the age of 14, the chance to preserve their fertility.

Leading fertility preservation service in the UK, treating all types of medical complexity



Risks associated with assisted conception techniques

There are risks associated with all types of medical treatment and procedures. Your consultant, doctor or nurse will explain the risks before you sign the consent forms. Please ask questions if you are uncertain. There are some risks common to all the procedures (IUI, IVF, ICSI). These include:

Multiple pregnancy

The major complication of IVF is multiple pregnancy which has a significantly increased risk of complications, including late miscarriage, high blood pressure and premature birth. Premature babies have an increased risk of complications, such as a weakened immune system, physical and mental disability, and feeding and breathing difficulties. The risks at all stages of a triplet pregnancy are exceptionally high, and so the chance of having even one healthy baby at the end of treatment is lower than with either a single pregnancy or twins.

The Human Fertilisation & Embryology Authority (HFEA) guidelines only allow the replacement of three embryos in women over the age of 40. However, even with replacing two embryos, the natural twinning of one can occur, resulting in triplets.

We are proud to have maintained a multiple pregnancy rate that is consistently below the national average.

Miscarriage and ectopic pregnancy

Unfortunately, a treatment that results in a positive pregnancy test may end in miscarriage (24%) or, rarely, an ectopic pregnancy – a life-threatening pregnancy in the fallopian tube and cannot continue (less than 1%). This can be diagnosed by ultrasound scan or from symptoms of pain and bleeding.

Ovarian hyperstimulation syndrome (OHSS)

Some women respond very sensitively to fertility drugs and produce many follicles. This causes the ovaries to enlarge and blood oestrogen levels to rise. It is more common in younger women and those with the polycystic ovarian syndrome. The symptoms include abdominal swelling or bloating due to the enlarged ovaries. Nausea is another symptom and can progress to vomiting as the condition gets worse. It may be necessary to be closely monitored in the hospital in severe cases. The development of OHSS is not always predictable or avoidable. We will identify if you have an increased risk and prevent it by monitoring your ovarian stimulation with extra ultrasound scans and blood tests.

Drug side effects

Any medicine can have side effects which affect patients in different ways. We will explain all the common side effects as you go through your treatment cycle. Fortunately, most are short-lived and not severe.





Fetal abnormality

There is evidence that IVF/ICSI babies are more likely to be born early (prematurely) and weigh less than naturally conceived babies born at the same age.

It is important to remember that the risk of an abnormality in a natural conception is about 2%. A well-regarded study has shown that IVF treatment increases the risk of abnormalities to 3%. When ICSI is used to treat men with severely low sperm counts, it is thought that there might be an increased risk of inherited abnormalities. Please feel free to talk to us about concerns you might have about any treatment or ask for our patient information about this subject.

Specific risks associated with ICSI include:

- some of the eggs that we collect cannot be injected with sperm because only mature eggs can be used
- up to 10% of the eggs can be damaged and lost during the ICSI procedure.

Specific risks associated with embryo freezing:

- there is a 10% risk that embryos will not survive the freezing and thawing process.

Complete care for women

Our expertise in women’s services covers the full breadth of treatment for common and complicated conditions in fertility, gynaecology and maternity.

In addition to a comprehensive fertility service, we offer many specialist private gynaecology services and treatments covering multiple issues, such as recurrent miscarriage, reproductive medicine, uterine fibroid management and endometriosis.

St Thomas’ Hospital is also the site for Evelina London Children’s Hospital. It offers a uniquely joined-up private healthcare service for women and children from before birth and care of the unborn child through to maternity and post-care services for women and babies.



Further information

You can find some useful links and information on our website – www.guysandstthomasprivatehealthcare.co.uk.

Infertility Network UK

This national charity is the largest network in the UK for those experiencing fertility problems.

T: 01424 732361 (info)
T: 0121 3235025 (support)
E: info@fertilitynetworkuk.org
E: support@fertilitynetworkuk.org

Patient feedback

We aim to provide the highest standard of care and continuously strive to improve our services. Your feedback is very important as it helps us to maintain the high levels of service and satisfaction we provide to you.

If you have any concerns about your treatment or the care that you received, or suggestions for improvements, please talk to us and we will do everything possible to put things right.

Alternatively, you may wish to contact our Patient Advice and Liaison Service (PALS). PALS offers patients and visitors information, support and advice about the services at Guy’s and St Thomas’ NHS Foundation Trust. It can also give you information about the formal complaints process.

T: 020 7188 8803
E: pals@gstt.nhs.uk

Get in touch

If you have any questions or concerns about assisted conception and our services, please speak to a member of our team.

T: 020 7188 2300
E: acupersonalisedcare@gstt.nhs.uk

Nursing team:
E: ivf.nurses@gstt.nhs.uk

PGT team:
E: ivf.pgd@gstt.nhs.uk

Opening hours

We are open Monday to Friday: 8am to 4.30pm.

We have a team of dedicated nurses and administrative staff who are available on the phone during our opening hours. If you have to leave a message, we aim to return your call on the same day. We also have an on-call number for emergencies.

Contact us

Assisted Conception Unit

T: 020 7188 2300

E: acupersonalisedcare@gstt.nhs.uk

General enquiries (adult services)

T: 020 7188 5197

E: privatepatientenquiries@gstt.nhs.uk

**Assisted Conception Unit
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www.guysandstthomasprivatehealthcare.co.uk