



The Bristol Centre for
Reproductive Medicine

North Bristol 
NHS Trust

Key Services Guide



Exceptional healthcare, personally delivered

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Welcome

We are proud to welcome you to our state of the art facilities at the Bristol Centre for Reproductive Medicine (BCRM), designed to serve the people of Bristol and surrounding areas to serve the people of Bristol, the South West, UK and abroad.

We have over 3 decades experience as well as consistently being in the top 10 fertility units in the UK. Working closely with GPs and referring specialists, our 60 strong team offers a broad range of diagnostic and treatment services to individuals and couples with reproductive problems.

This brochure introduces us and explains how we work. We also publish a range of booklets that focus on specific treatments in greater detail.

We look forward to being of help to you.

Valentine Akande

Lead Consultant for Fertility Services,
North Bristol NHS Trust



About Us

Our staff bring many years of experience and knowledge to the range of reproductive problems couples face and part of our success is due to this. We are very lucky to attract and retain some of the best staff in the field of infertility and they are able to provide you with a high degree of care and expertise.

Our aim is for 'our clients or patients' to be treated as unique individuals with support through their journey, either to help them achieve the family they desire or to come to terms with their infertility having explored all options.

Many of our specialists have a national profile – leading and participating in fertility related committees and other initiatives, as well as lecturing widely. Staying on top of new techniques, as well as leading new developments is central to our way of thinking as we constantly work to improve success. A number of our staff have been involved in developing fertility services in Bristol since the pioneering early 1980's when many pivotal fertility breakthroughs were made.

Our centre is NHS owned but our services are also available on a self funded basis. Any surplus funds are invested by NHS North Bristol Trust in research, teaching, training and patient care. We pride ourselves on providing the best possible care to all our patients.

You can find out more on our website at www.bristolivftreatment.co.uk

Success rates

Our results from ovulation induction, and assisted conception treatment, show they are fully effective. That is, they match or exceed the normal chances of achieving pregnancy and birth in fertile couples. For young fertile couples trying naturally, the normal chance of pregnancy per menstrual cycle is approximately 1 in 6. Our assisted conception pregnancy rate for the under 35s is over 40%.

Other methods offer varying degrees of success, depending on the cause and severity of the infertility problem(s) in each couple. We give our patients up-to-date, detailed results as they apply to them and their individual circumstances, to help them make choices.

Our latest, up to date results are available at www.bristolivftreatment.co.uk

Infertility

Most couples are able to choose if and when they become parents. For some, however, things are not so straightforward, with 1 in 6 couples consulting a specialist about difficulties in conceiving. The reasons can be complex, including problems with ovulation, blocked fallopian tubes, sperm production, fertilisation or implantation.

We are able to offer a wide range of treatments for these and other infertility conditions, including various methods of inducing ovulation and in vitro fertilisation (IVF). Sperm problems may require intracytoplasmic sperm injection (ICSI) or surgery to collect sperm directly from the man's testes. Some couples with sperm problems opt for donor insemination instead, while women with a premature menopause may require IVF using donated eggs.

Many of the choices facing couples having fertility treatment are difficult from an emotional angle, which is why skilled counselling is an important element of all our services.

In the end, conception is down to chance normally a possibility of 25% per ovulation cycle in young couples with normal fertility. This means that some apparently 'infertile couples' will have simply been unlucky and may not need treatment for later success.



Treatments

You will be given separate information most relevant to your condition but below is a summary of the main treatments we provide.

Ovulation induction (OI)

This is the provision of medication to start or support ovulation, which will assist couples to conceive naturally.

Intrauterine insemination (IUI)

This is the passing of prepared sperm directly into the uterus and fallopian tubes for fertilisation to occur. Intrauterine insemination can be stimulated i.e., fertility drugs can be used to produce more than one egg or unstimulated within a woman's natural menstrual cycle. Sperm can be from a woman's partner, or, if appropriate, from a donor.



Assisted conception techniques (IVF & ICSI)

Assisted conception means bringing eggs and sperm together when they can't do so naturally to help achieve fertilisation and consequently conception.

All assisted conception methods depend on collecting a number of eggs and using prepared sperm to ensure a sufficient chance of fertilisation. The main methods used are in vitro fertilisation: IVF (which means, literally, 'fertilisation in glass') and ICSI (which means 'intracytoplasmic sperm injection'), sometimes combined with SSR (Surgical Sperm Recovery). These latter treatments offer real hope of fatherhood to men with severe problems, including failure to produce more than a tiny number of sperm or inoperable blockage to sperm release.

Surgical sperm recovery (SSR)

Blockages are bypassed by collecting the sperm with a fine needle from the narrow tubes (the epididymis) on the surface of the testis. In cases where the man is not producing enough sperm in the first place, the sperm can be obtained from tissue samples (biopsies), taken from inside the testis itself. SSR is done under a light anaesthetic. In some instances, severe sperm disorder or blockage to their release can be due to a genetic abnormality, which may carry a risk for the baby. Couples may therefore need some additional blood tests and advice before ICSI treatment is considered.

Electro ejaculation for spinal injuries

Although now being overtaken by the SSR techniques described above, modern electro-ejaculation methods continue to bring a dramatic improvement in the chance of fatherhood for paraplegic men. ICSI now greatly increases the chance of success for such patients, given that simple insemination of the collected sperm as used for many years usually failed to achieve pregnancy. This is because the sperm obtained often had poor motility due to complications associated with paralysis and confinement in a wheelchair.

Stages of treatment

Assisted conception treatments, such as IVF and ICSI (and less intensive treatments such as IUI and ovulation induction) involve several similar procedures.

1. The woman's own hormones may need to be temporarily suppressed, to avoid them interfering with their treatment. This is referred to as down-regulation.
2. The stimulation of the woman's ovaries to develop a number of eggs using fertility hormone injections. This is referred to as superovulation.
3. The monitoring of the development of the woman's egg sacs (follicles) by ultrasound scans to know when her eggs are mature and ready to be fertilised. In some circumstances the monitoring might also involve blood tests to measure the amount of oestrogen produced by the egg sacs.
4. The collection of sperm, for preparation in the laboratory.

These stages of treatment are all done as an outpatient.

For IVF and ICSI, the woman will need to be admitted to the centre for a morning, to collect her eggs under a short, light general anaesthetic.

For surgical sperm recovery, the man will usually be admitted for an afternoon, for collection of his sperm under a light general anaesthetic.

Embryos are transferred back to the woman's uterus (womb) as an outpatient procedure, although this is done in a special procedure room in our operating theatre suite. The embryo transfer is similar to having a cervical smear test done.

Our charging policy

If your treatment is funded by the NHS you will not be required to make any payments, unless you request items that are not normally funded by the NHS. Patients who are paying for treatment (self-funding) will be provided with a costed treatment plan detailing the charges likely to be incurred for their treatment.

The treatment cycle

Each cycle of treatment commences with a planning appointment with one of the IVF specialist nurses, to arrange a detailed schedule of events.

Achieving pregnancy through donated eggs or sperm

In certain cases, the use of donated eggs or sperm offers the best and in some circumstances the only way ahead.

For example, egg donation is needed for women who suffer a premature menopause. This condition affects 1 in 100 women by the age of 40 and 1 in 1000 women who are still in their twenties. It is also an important option for women with a high risk of passing on a serious genetic disease through their own eggs.

Egg donation is also the best hope to older women with pre menopausal ovarian failure. Thanks to great advances in treating childhood cancer, we are now seeing a growing number of surviving women who are cured and healthy, but infertile. We offer egg donation treatment up to the age of 45.

The ICSI technique has reduced the need for donated sperm in cases of men with severe sperm disorders. However, donated sperm may still be necessary when a man has a high risk of transmitting a genetic disease through his own sperm, or is producing no sperm at all. Donor insemination treatment is usually combined with IUI to increase the chance of success. Many couples may feel it is the right choice for them after careful consideration and appropriate counselling.

Assisted hatching

This technique thins the protective covering of the embryo just before it is returned to the woman's uterus. It is used for certain groups of women, in conjunction with IVF/ICSI, or for embryos which have been freeze stored, to improve the chance of the embryo implanting.

Freezing and storage of embryos

Additional embryos that are not transferred in a fresh cycle and are of a sufficiently high quality can be frozen for future use.

How can I be referred?

If this is your first fertility appointment we require a referral from your GP or consultant specialist, if however you have had treatment elsewhere or have a clinically confirmed need for assisted conception treatment then you may be able to self-refer, simply call **0117 323 2100**.

Once we have received a referral, we would expect to offer you an appointment within 5 weeks, in the intervening time we would then be able to co-ordinate any test results that will be needed for a full and comprehensive initial appointment.

The timescale for starting treatments will depend on the treatment required. Visit our website at [Jess URL please if no waiting is shown] for up to date information.

What happens at my first visit?

Unless there is a request to see a particular centre specialist, we select the most appropriate one for your case. Whatever reproductive issues this involves, the first consultation normally lasts about one hour. For some patients more than one consultation may be required. When all investigations are complete, we will discuss your diagnosis and your treatment options, so you can make an informed decision on how, and when, you would like to proceed.

An ultrasound scan is often needed and is usually be done at the time of your consultation. Other special investigations, such as sperm tests, will be carried out before your consultation or explained and arranged for a later date. Any tests done beforehand by your GP or specialist are always helpful but may sometimes need to be repeated or updated.

Once treatment has been decided your cycle will be planned through our specialist nursing team, who will then be your main point of contact throughout your cycle of treatment. Egg collections are undertaken by a specialist doctor from BCRM and a consultant anaesthetist. Embryo transfers and intra-uterine insemination are normally undertaken by specialist nurses.

Questions surrounding technical, ethical and legal issues

Legal issues and selection of donors

Legal position

The Family Law Reform Act 1987 reflects the Warnock Committee's recommendations that when a married woman gives birth to a child following Donor Insemination (both she and her husband having consented to treatment), the child should be treated in Law as their child and the husband registered as its father.

What is the position regarding anonymity given changes to the law in 2005?

Very strict precautions are taken to protect the anonymity of both donors and recipients.

There is, however, a legal requirement for donors' names to be given to the Human Fertilisation and Embryology Authority (HFEA) to hold on its confidential information register. This is needed to be able to check back on unexpected developmental abnormalities, and for the offspring when grown up to check against possible related marriage.

Non-identifying information about donors is provided to recipients, for example eye colour, hair colour and blood group. The donor can also provide a letter setting out their occupation, interests, family details and why they chose to donate. Such information is often much appreciated by recipients and offspring. Anonymity of pre-April 2005 donors will remain protected by law and identifying information will not be released. However, if pre-April 2005 donors wish, they may be told if a pregnancy has resulted from their donation or they may re-register as identifiable donors at any time.

From April 2005 the legal regulations changed to allow identification of donors to their donor conceived children when they reach the age of 18 (or 16 if contemplating marriage). This requires all donors to be registered and to keep their HFEA data up to date, with their current address and contact details. Whilst the recipient will not be able to obtain these details, the information will be made available on application by the donor-conceived child at 18 (or 16 if contemplating marriage).

What is the situation regarding parental responsibility?

Unmarried couples need to be aware that 'legal father' status under the HFEA Act does not by itself confer legal rights to unmarried fathers. As is the case for naturally conceived children of unmarried couples, the father does not automatically have legal responsibility as the parent or guardian. This means that, for example, he would not be able to sign an operation consent form for his child. Since December 1st 2003, unmarried fathers therefore need to acquire parental responsibility. This can be done simply by registering the child's birth jointly with the mother after the child is born, by marrying the mother, or by applying to the court for a parental responsibility order under the Children Act 1989. For this last option, it is best to seek legal advice.

How do we select donors?

Donors must be between 18 and 45 years of age. Careful checks are made on their own medical history and their family's health. Blood tests are carried out to include checks for hepatitis B and C and for HIV, the virus which can lead to acquired immune deficiency syndrome (AIDS). This is in accordance with guidelines from the Department of Health.

Because each donor is used for such a small number of pregnancies, there is a negligible chance of marriage between two people conceived by the same donor. However, the possibility of any relationship can be checked anonymously from records held centrally by the HFEA when the time comes.

We aim to have a range of donors to match ethnic background as a priority and physical characteristics as closely as possible with both partners so that any resulting child will fit in with your family. There are several constraints upon us, however, as the HFEA restricts the number of families allowed by each donor. Blood type and cytomegalovirus status of the donor and the recipient couple also need to be taken into consideration and sometimes it is not possible to match as well as we would like. We are happy to discuss our donor selection process with you, but we hope you will understand that it is not always possible to match for every physical characteristic.

Counselling

Counselling is mandatory under legislation that controls all assisted conception treatments in the UK. This extends to all those potentially affected by donation – donors, recipients and for example partners.

We encourage you to explore and discuss your feelings with the nurse and counsellor you meet at your introductory appointment.

We can also arrange for you to see our counsellors at any time throughout your care with us. They are specially trained in dealing with personal problems and relationships.

Please read our 'counselling' leaflet for more information on the different types of counselling offered.

Ethical issues

Our fundamental ethical consideration in all infertility treatment is the welfare of the resulting children. It is our policy to review all referrals individually, with decisions always taken after due consideration. In some cases this might be following consultation with our senior management team. Infertility treatments are intended to alleviate the suffering of an adult couple but should not cause any undue risk for the offspring.


We have long applied a written code governing the acceptance of couples for investigation and treatment of infertility. The law related to licensed fertility treatments (such as IVF, egg donation and sperm donation) also requires us to take specific account of "the welfare of any child born as a result of treatment". We apply the same general principles to all couples we see, not just those having licensed treatments.

There are specific ethical issues involved in some aspects of infertility practice, particularly with the use of donor eggs or sperm. The most common ethical problems, however, arise as practical consequences of treatment.

Special ethical, as well as emotional problems arise which affect not only the infertile couple but the resulting offspring and the donor too. Great care is taken in the selection of donors on emotional, as well as purely medical grounds. The infertile couple needs help to give proper consideration to the particular issues involved. We therefore require the donor and the couple to attend a second consultation to cover the emotional aspects of their treatment.

The donor

Apart from considering the needs of the offspring, donors need to be well prepared to accept, without regret, that there may be children somewhere produced from their donated eggs or sperm that they may never know. This is of course unless the child wishes to know who his or her genetic parent is



when they reach the age of 18 years (or 16 if contemplating marriage), as is their entitlement, and makes contact. They cannot even think of themselves as ‘having’ children. That implies a sense of possession, which is lost, and emotional interest, which can hurt.

The recipient

Sperm donation requires extraordinary emotional commitment by the man to his child given that he or she is not genetically his own. Egg donation is perhaps not so challenging for the receiving woman because she is involved biologically by carrying her pregnancy and giving birth to her child.

Consent and change of mind

By law, donors must give valid written consent to the use and storage of their eggs and sperm, and of any embryos produced using their eggs and sperm. Consent is given by completing and signing a form supplied by the Human Fertilisation and Embryology Authority (HFEA). The “consent to use” form that they sign may be specific if the donor wishes. For the consent to be valid, the donor must have received adequate information about donation and must have been offered implications counselling before the form is signed. Consent may be withdrawn or varied at any time for eggs, sperm or embryos which have not already been used. There can be no further claim after that, as the carrying mother then becomes the mother by law.

Research

Research on extra embryos is an important issue, with donors having the right to refuse use of their embryos for such purposes. Should you take this view, we would hope you might agree to other types of research which would not involve fertilisation. Your written permission is required for any use to which your sperm might be put and you have the right to specify this on the consent form we ask you to sign.

HFEA regulations about information to be given to patients

The Human Fertilisation and Embryology Authority (HFEA) has a Code of Practice which all licensed centres must follow. This is regularly updated to take account of changes in the law and new developments in fertility treatment.

This Code of Practice is available online at www.hfea.gov.uk or as a hard copy from us on request.

In particular we would draw your attention to Part 5 of the Guidance section of the Code of Practice, which sets out the information to be provided for all patients before treatment or donation.

Suggestions and complaints

We aim to provide the best service possible to all our patients. Feedback from our patients is extremely important to us. It helps us improve the standards of care we offer and how that care is given. You are likely to be asked to complete and return one of our 'Patient Satisfaction' questionnaires at some time during your treatment and we very much appreciate the information this will give us.

We would also encourage you to let us know if you have any concerns, are dissatisfied with any aspect of your treatment, or have any suggestions about how we might improve our service. These could be passed on to any member of the staff at the Centre.

Any formal complaint can be made directly to the Manager of BCRM or through North Bristol NHS Trust Advice and Complaints (ACT) Team:

Advice and Complaints Manager, North Bristol NHS Trust, Frenchay Hospital, Beckspool Road, Frenchay, Bristol BS16 1JE



complaints@nbt.nhs.uk



0117 340 3741

You will receive a written acknowledgement, usually within two working days. A full response will usually be made within 20 working days of any complaint being received by the ACT Manager

If you prefer, you may contact the Human Fertilisation & Embryology Authority with any complaint at:

Human Fertilisation & Embryology Authority, 21 Bloomsbury Street, LONDON WC1B 3HF

Telephone: 020 7291 8200

A copy of our most recent HFEA inspection report is available via the HFEA website at

www.hfea.gov.uk

Frequently asked questions

Q. How long between consultation and treatment?

A. On receipt of your referral we will send you an appointment plus a list of any tests that you need to have done, sometimes to update previous tests, which need to be completed prior to the date of your first appointment.

Q. How long between starting treatment and egg collection?

A. Up to 8 weeks depending on your menstrual cycle dates and how you respond to the drugs.

Q. Why do I need to do another sperm sample?

A. This will depend on the laboratory that did your original tests and what tests were done. We will be doing more specific tests which are relevant for the type of treatment you may need.

Q. What pain medication can I take during treatment?

A. Paracetamol used according to the normal dosage instructions is safe, even in pregnancy. If paracetamol does not work we ask that you call for advice.



Q. Can I drink alcohol?

A. There is no clear evidence that small amounts of alcohol have any adverse effect on fertility treatments. We advise both partners to restrict their alcohol intake to less than 10 units each week during treatment. As the production time for sperm is up to 100 days, we suggest that men restrict their alcohol intake for about 3 months before treatment.

1 unit of alcohol = 1/2 pint beer, a small glass of wine or 1 measure of spirit.

Q. Can I use complementary medicine Chinese herbs, other herbal treatments, acupuncture or reflexology?

A. Whilst we do not have research to support the benefits of complementary medicines, we acknowledge that many people may want to use them. We would advise against the use of herbal treatments which we know can have an adverse effect, such as Agnus Castus, or treatments whose ingredients are unknown. Physical complementary treatments may be more acceptable, particularly if they reduce stress. We cannot accept responsibility for the effects for any of these treatments but advise that, if you are using them, you attend a qualified practitioner and inform them of treatments you are undergoing at our Centre.

We are unable to facilitate complementary medical treatment sessions at the Centre.

Q. Why do we need to fill in consents for each treatment?

A. HFEA consent forms: we will check with you at every treatment cycle what your wishes are relating to treatment and will only renew any relevant consent forms if you have changed your mind, e.g. relating to freezing of embryos.

'In house' consent forms: as some treatment options may vary from cycle to cycle, e.g. assisted hatching, we need to ask for new consent forms each time. We need to be absolutely sure of your wishes, to ensure the correct treatment is carried out.

Q. Do we both need to be present for all appointments?

A. For consultations and treatment planning appointments yes, as there may be specific issues or consent forms you will both need to be consider.

Both of you also need to attend the first monitoring appointment so we can check your wishes and the consent forms for that treatment cycle.

Q. What exercise is considered safe during treatment and early pregnancy?

A. Any exercise that is usual for you. Treatment is tiring and you may find your stamina and exercise tolerance are not up to your usual level.

Q. Can I fly?

A. Yes. There is no evidence that flying has an adverse effect on the outcome of fertility treatments.

Q. Can we have sex?

A. There is no evidence that sexual intercourse in the early stages of your treatment, or after embryo transfer or IUI, has any adverse effect. If anything, the limited information we have is that normal sexual intercourse may have a small beneficial effect. However, we would advise you to avoid sexual intercourse for 3-5 days before your egg collection or IUI treatment to improve the quality of the man's sperm.

Q. Can I have treatment at the dentist? Can I colour my hair? Can I go swimming?

A. Yes. There is no evidence that any of these activities can be harmful. However, we would advise women to avoid water skiing or using water slides during their treatment.

You should live your life as normally as possible during your treatment. It is important that you are relaxed and comfortable with yourself at this time and during any resulting pregnancy so that if you look back, you have no regrets about anything you might have done. Whilst we may advise a particular activity is safe (for example, to fly), if anything was to go wrong would you blame yourself, despite our reassurance? If you have concerns about any specific activity, please ask us.

Find Us

Bristol Centre for Reproductive Medicine is on the Southmead Hospital site behind the Cotswold Centre. The Centre is best accessed from the Monk's Park Entrance. Southmead Hospital is easily reached via the M5 and M4/M32 Motorways, by rail from both Temple Meads and Bristol Parkway Stations and by coach from the Bristol coach station.

Limited parking is available directly outside BCRM for patients on the day of operation, alternative pay and display parking is available on the hospital site. For an up to date map of Southmead Hospital visit www.nbt.nhs.uk/findus





How to contact us:



**Bristol Centre for Reproductive Medicine
North Bristol NHS Trust, Southmead Hospital
Westbury on Trym, Bristol, BS10 5NB**



0117 323 2100



www.bristolivftreatment.co.uk