

Diversity, Equity, and Inclusion



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In this edition we reflect on Oocyte Cryopreservation, more commonly known as Egg Freezing...

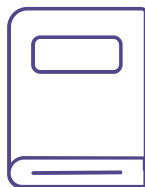
1 in 8 women are diagnosed with infertility. 1 in 4 women in surgery are diagnosed with infertility. This cannot be fully attributed to age alone.

Many women delay childbearing due to the stress, time constraints and financial constraints during residency. Residency tends to fall during the peak fertility of most women.

While age cannot fully explain the increased infertility rate in women in surgery, egg freezing can be a method of preserving future fertility. It gives many women the option of delaying childbearing and preserving future fertility.

Approximately 30% of women in the program have participated in egg-freezing during residency.

TOPICAL READS



Fertility Preservation

Publicly available information about fertility benefits for trainees at medical schools in the US

Improving Family-Building Support and Fertility Care Access

Psychosocial Burdens Associated with Family Building Among Physicians and Medical Students

Fertility knowledge and views on egg freezing and family planning among surgical specialty trainees

Knowledge and beliefs about oocyte cryopreservation for medical and social reasons in female students: a cross-sectional survey

CHALLENGES

The process can be financially, emotionally and mentally draining.

Average Costs

- One cycle of egg-freezing is \$3,000 - \$10,000.
- Annual storage fee of the oocytes is \$300 - \$1000 per year.
- Cost for egg-thawing and IVF is \$3000 - \$5000.
- These costs do not include the cost of medications. Medications cost an additional \$500 on average.

Average Duration

- Average cycle length is two weeks, with every other day to daily appointments for ultrasounds and lab work.
- These appointments (average 30- minute length) start at 6:30AM, which is often in the middle of daily rounds.
- At Northwestern, the waitlist for an initial appointment to discuss egg freezing is about one year out. From first appointment to egg-freezing is approximately three to six months.
- The date of the egg-retrieval is decided 36 hours ahead of the procedure.

Medications

- The medications are injected at home twice daily with up to three different medications. The medications are all from specialty pharmacy, which means home delivery.
- The medications are often timed to be given at very specific times, so it can be hard to coordinate the timing of the injections during busy days.
- The medication doses vary based on the daily lab work and ultrasounds.
- Side effects include: nausea, headaches, mood swings, dizziness, weight gain, and most seriously, ovarian hyperstimulation syndrome.

Procedure

The oocyte retrieval procedure is via a transvaginal approach under MAC anesthesia. The timing of the procedure is coordinated at a very specific time based off the medication timings. The procedure only takes 30 minutes, but side effects can last a few days.

Emotional Considerations

- It can be an emotionally taxing experience because it often feels as though a lot is riding on the egg freezing cycle. The reproductive endocrinology and infertility physicians can only predict the possible number of eggs that can be frozen at the start of the cycle. This number can vary widely, and everyone responds differently to the medications.
- There is a chance that a person will pay for the cycle and will not have any eggs frozen. There are no refunds in this. It can be devastating.
- With a resident budget and financial constraints, this may not be a process that they can pursue more than once.
- People can also feel alone in the process of egg freezing, as discussing fertility and childbearing can be taboo.

How can we support our residents?

- Be understanding if a resident is pursuing egg freezing
- Allow leave for appointments
- Be an open door for residents during the process



Reach out to Alyssa Brown, MD, PhD for an informal guide to egg-freezing