

What tests do I need prior to fertility preservation?

If you decide to proceed with FP, your doctor will refer you for the following:

- Blood tests including: Anti-Mullerian Hormone, Full Blood Count, Rubella immunity status, Hepatitis B, Hepatitis C, HIV and Syphilis screening
- An ultrasound scan of your reproductive organs
- Sperm test, if applicable
- Any other tests that your doctor deems necessary based on your condition

What should I discuss with my doctor?

- **Cancer risk:** Apart from congenital cancer syndromes or pregnancy exposure to certain cancer treatment, there is no evidence to suggest there will be an increased cancer risk in the offspring.
- **Pregnancy risk:** Treatment of cancer during pregnancy may cause harmful effects to the fetus. However, for patients who have completed their cancer treatment, there is no evidence to suggest an increased risk of congenital malformations or miscarriage as a result of the prior treatment.
- **Burden of disease:** Patients should always discuss with their doctor on their condition and the risks versus benefits of fertility preservation.



Contact us

KKIVF Hotline: 6394-1694

(Monday to Friday 8.30am to 5.00pm,

Saturday 8.30am to 12.00pm)

Or email your queries to kkivf@kkh.com.sg

Useful telephone number

Central Appointments

6294-4050



KK Women's and
Children's Hospital
SingHealth

100 Bukit Timah Road
Singapore 229899
Tel: 6-CALL KKH (6-2255 554)
Fax: 6293-7933
Website: www.kkh.com.sg
www.facebook.com/kkh.sg



KK Women's and
Children's Hospital
SingHealth

Fertility Preservation - What You Need To Know



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What is Fertility Preservation (FP)?

In recent years, major advances have been made in the treatment of cancer in children and adults. Many cancer survivors go on to lead a normal life. Some cancer treatments however, may lead to the loss of fertility (the ability to have a child).

Fertility preservation involves treatment to help a patient retain his/her fertility potential so that they have a chance of having their own off-spring in future. There are now different treatment options available to preserve fertility.



Who needs FP?

Fertility preservation is a treatment option for patients with a medical condition or who are about to undergo a treatment that may reduce their fertility potential and affect their chances of conception in future.

One common example of a medical condition requiring fertility preservation is cancer, whereby both the disease and the treatment may harm the patient's fertility potential.

How will my fertility be affected?

- **Surgery:** Fertility can be affected by the surgical removal of the uterus or gonads.
- **Chemotherapy:** The effects depend on the type of drug and the dosage. The toxic effect on fertility may be temporary or permanent.
- **Radiation:** Radiation in the pelvis can destroy the survival of eggs in the ovaries.
- **Other cancer medications:** Hormone therapies used to treat certain cancers, including breast cancer in women, can affect fertility. However, the effects are often reversible. Once treatment stops, fertility may be restored.

What are the options available?

For Female:

(a) In-Vitro Fertilisation (IVF) and Embryo Freezing

- A procedure that involves obtaining your eggs from your ovaries and fertilising them with your husband's sperm to create embryos. The embryos are then frozen and stored for future use.
- This will be suitable if you are married and in a stable relationship. The process requires around two weeks. Couples may be eligible for Government grants. There will be yearly fees for the storage of the frozen embryos.

(b) In-Vitro Fertilisation (IVF) and Egg Freezing

- A procedure that involves obtaining eggs from your ovaries. The eggs can then be stored and frozen for future use. This option is suitable for all women who have had their puberty.

- The process requires around two weeks. There will be yearly fees for the storage of the frozen eggs.

(c) Ovarian Tissue Freezing

- A procedure that involves a surgery to remove some ovarian tissue or an entire ovary for freezing and storage. This can be done via key-hole or open surgery. This option is suitable for patients who have not undergone puberty yet or are not able to delay their cancer treatment.
- There will be storage fees for the storage of the frozen ovarian tissue.

For Male:

(a) Sperm Freezing

- A simple way to preserve fertility with a generally high success rate. Specimens are collected through masturbation. Multiple collections (two to three) with a 48-hour abstinence between collections is ideal. It is also best to collect before treatment begins.
- There will be yearly fees for the storage of the frozen sperm.

(b) Testicular Tissue Freezing

- This method is currently still considered experimental and is not offered in our centre.

