

North Cyprus Fertility and Genetics Institute

Thinking About IVF ?

Does your clinic offer
GENETIC TESTING?

**Repeated
Miscarriages?
We are here to help...**

**7 Tips for
SUCCESS**

**New Techniques in
PGD TREATMENT**

**Cryopreservation-
an IVF savings account**



EVERYTHING YOU NEED TO KNOW ABOUT IVF AND MORE...



Together,
We Can...

At North Cyprus Fertility Clinic, we offer:

-Conventional IVF - Blastocyst Transfer - TESA - PGD for single gene mutation analysis - PGD for family balancing - Endometrial biopsy - Egg and Sperm Donor IVF - Egg and Embryo cryopreservation - Controlled ovarian hyperstimulation and intrauterine insemination (IUI) - Ovulation induction - Hysteroscopy - HPV genotyping - Infectious disease and hormone testing - Semen analysis

NORTH CYPRUS FERTILITY AND RESEARCH INSTITUTE



About us

Life is about making choices. Making an informed choice about infertility treatment requires information and here we provide information about specific services offered at the North Cyprus Fertility Clinic. Our Clinic was established in 1998 and has given the chance to thousands of couples to have the baby they had been longing for. Our clinic is the very first IVF center in Northern Cyprus and the very first IVF donation center in the entire Turkish community in the world. Again, we are the very first

IVF center in the region with its own research institute. It is through our continuous research that we keep our success rates well above regional averages. In our donation cases, we have success rates that are above world averages. We are proud to offer our patients the latest technology in IVF treatment in a friendly environment. This brochure is aimed at providing information to those who cannot conceive a baby naturally and need treatment for this purpose. Our center is equipped with latest technological products and experts to ensure you get the results you want.

Our Awards

North Cyprus Fertility Clinic, and Dr. Savas Ozyigit have been awarded with numerous awards within the past few years due to their contributions to the medical field and the level of excellence offered in IVF services.



7 TIPS FOR SUCCESS

Even though each IVF treatment is different in itself, there are a number of measures that can be taken in order to maximize your chances of success. In some cases, things that might sound small could make a world of difference in IVF treatment. So let's be on the safe side and do our part:

1 INITIAL SCAN:

Have an ultrasound scan at your gynecologist's office. This is to make sure there are no fibroids or polyps in the uterus that could jeopardize your chances of success. Also, women who are not undergoing egg donor IVF treatment should make sure there are no cysts in the ovaries that could potentially affect their egg count/quality.

3 VITAMINS:

It is important that you take essential vitamins and nutrients prior to and during pregnancy. A supplement such as "pregnacare" includes Folic Acid, B6, B12 and Zinc supplements, which are proven to reduce the likelihood of a miscarriage and support healthy development of your baby. It makes sense to start using such a supplement at least a few weeks prior to your embryo transfer stage.

2 INVESTIGATION:

If you have previously had a number of miscarriages (with or without IVF), it makes sense to investigate the cause. In most cases where women have repeated miscarriages, there is a genetic reason behind it. Some gene mutations affect your blood circulation and cause you to have a miscarriage (especially up to 12 weeks). These genetic tests include testing for mutations in MTHFR C677T, MTHFR A1298C, Factor V Leiden (G1691A), Factor II (G20210A), and PAI I 4G/5G.

4 HORMONE TESTING:

For women undergoing IVF treatment using their own eggs, it is important that certain hormone tests are done prior to using any IVF medication. These hormone tests include:

FSH, LH, Estradiol and Prolactin. Based on these hormone test results, we will be able to assess your ovarian reserves and egg quality. Also, these results will be important in identifying your treatment protocol and the dose of medication that needs to be administered.

5 IVF FAILURES:

For patients who have had several failed IVF attempts, with no history of pregnancy, it makes sense to have an endometrial biopsy around days 18-21 of menstrual period. An endometrial biopsy will tell whether there is any condition that might prevent implantation and a successful pregnancy. There are also other infections that need to be checked for in this case. Certain immune deficiencies could also prevent you from having a successful pregnancy.

6 INFECTIOUS DISEASES:

Prior to embryo transfer, it is vital that certain infectious disease tests are done on both parents. The purpose of these tests is to make sure the newborn does not receive any infection from his/her parents. Some of these test are routine tests, which most of you do not have, such as Anti-HIV, Anti-HCV. These can be done at our clinic prior to embryo transfer. However, some other test results, such as CMV IgG and Chlamidia might require the use of antibiotics for a certain amount of time prior to embryo transfer, therefore, it is important for the female patient to have tested for CMV IgG and Chlamidia once the IVF decision has been made.



7 AVOID STRESS:

One of the biggest enemies of IVF treatment is stress. Avoid stress as much as you can when going through IVF treatment. You can take up yoga classes, or join the gym or start a book club, anything that will help you avoid stress will add a couple of percentages to your chances of success.

MISCARRIAGE INVESTIGATION

Recurrent miscarriage is defined as the loss of three or more pregnancies. Recurrent miscarriage is a heterogeneous condition that has many possible causes; more than one contributory factor may underlie the recurrent pregnancy losses.

1 Genetic Factors

All couples with a history of recurrent miscarriage should have peripheral blood karyotyping performed. The finding of an abnormal parental karyotype should prompt referral to a clinical geneticist.

2 Cervical Weakness

Cervical cerclage is associated with potential hazards related to the surgery and the risk of stimulating uterine contractions and hence should only be considered in women who are likely to benefit.

3 Endocrine Factors

Routine screening for occult diabetes and thyroid disease with oral glucose tolerance and thyroid function tests in asymptomatic women presenting with recurrent miscarriage is uninformative.

4 Immune Factors

These can include

- Antithyroid antibodies
- Antiphospholipid syndrome
- Alloimmune factors

5 Infective Agents

TORCH (toxoplasmosis, other [congenital syphilis and viruses], rubella, cytomegalovirus and herpes simplex virus) screening is helpful in the investigation of recurrent miscarriage.

6 Inherited Thrombophilic Defects

Inherited thrombophilic defects, including activated protein C resistance (most commonly due to factor V Leiden gene mutation), deficiencies of protein C/S and antithrombin III, hyperhomocysteinaemia and prothrombin gene mutation, are established causes of systemic thrombosis.



Egg Donor IVF:

Egg (oocyte) donation IVF is the treatment option for couples with female infertility factor. In many instances, the female's egg production could be insufficient, egg quality maybe poor or the age of the patient does not allow her to conceive with her own eggs. This option is also explored when the female is already in menopause and unable to produce eggs. In this case, a healthy egg donor is chosen and her eggs are used to fertilize with the husband's sperm. The formed zygote is then transferred into the wife's uterus. An egg donor is the person who donates her eggs to be received by another woman who is not able to become pregnant with her own eggs. An egg donor needs to meet certain criteria. Practically, egg donor IVF treatment works very much like conventional IVF with the five step program, but only in this case, a young donor is selected to undergo the medication treatment. Once the donor's eggs are fully grown, they are retrieved to fertilize with the sperm. The rest of the steps are identical to those of IVF.

Sperm Donor IVF:

Low sperm count, poor motility, or abnormal morphology of sperm can make it very difficult to conceive using your partner's sperm. This is a procedure by which the egg of a female is fertilized, using artificial insemination techniques or IVF, with sperm from a healthy male that has been donated and kept frozen in a sperm bank. The resulting embryo may then develop into a fetus inside the uterus. This way, a couple gets a chance to conceive a child who has genetic traits of one of the parents and the mother can experience pregnancy.

TESA:

In cases where the epididymis does not contain any sperm, because of impaired sperm production, the method of TESA (Testicular Sperm Aspiration) or TESE (Testicular Sperm Extraction) may be used. TESE involves a surgical biopsy of the testis, while TESA is performed by sticking a needle into the testis and aspirating fluid and tissue with negative pressure.

PGD and Genetic Testing:

PGD (Pre-implantation Genetic Diagnosis) technology improves the likelihood of a successful pregnancy and birth for two distinctly different groups of patients. Couples with infertility related to recurrent miscarriage or unsuccessful IVF cycles and couples who are at risk for passing on inherited genetic disease to their offspring.

PGD genetic diagnosis is performed as a part of an In Vitro Fertilization cycle where multiple eggs are produced, retrieved from the ovaries and fertilized with the husband's sperm in the Embryology Laboratory. IVF is necessary to give us access to the embryo in vitro. At their earliest stage of development, one or two cells are removed from each embryo through a procedure called embryo biopsy. These cells are analyzed in the PGD Laboratory to determine which embryos are free of genetic abnormalities. This sophisticated and technologically advanced testing identifies which embryos are free of abnormalities and more able to achieve the patient's goal of a healthy baby. PGD can check for chromosome 13, 18, 21, X and Y abnormalities in its routine form. However, it can also be used to detect single gene mutations.

PGD genetic testing is also an option when families would like to select the gender of their baby for family balancing purposes. The embryo biopsy will not only allow us to select embryos that are free of genetic abnormalities, but will also allow us to determine the sex of the embryos. Once PGD is performed, the chance of having a baby of desired sex is very close to 100% once pregnancy is achieved. This process is also known as gender selection (sex selection) IVF.



Cryopreservation:

Embryo Cryopreservation (embryo freezing) is the freezing of “excess” embryos for use in future IVF cycles. This option is often explored by couples undergoing IVF treatment where the excess embryos that will not be transferred into the uterus are frozen for future use if the IVF attempt fails. Even when the IVF attempt does not fail and the couple is able to conceive, the frozen embryos can be used for the second pregnancy. The major advantage to using cryopreserved embryos in future IVF cycles is that the female does not have to undergo ovulation induction, which also dramatically reduces medication cost. Success rates are variable depending on patient characteristics and embryo quality.

Recent advances in the In Vitro Fertilization process have now allowed us to successfully freeze, store and later thaw and fertilize cryopreserved human eggs. Oocyte cryopreservation is aimed at three particular groups of women: those diagnosed with cancer who have not yet begun chemotherapy or radiotherapy; those undergoing treatment with assisted reproductive technologies who do not consider embryo freezing an option; and those who would like to preserve their future ability to have children, either because they do not yet have a partner, are not ready to have a baby yet but would like to keep this option for future, or for other personal or medical reasons.

Miscarriage Investigation:

Miscarriage is defined as pregnancy loss before 24 completed weeks of pregnancy. The occurrence of a miscarriage is a tragic loss for a couple trying to have a child and can be associated with significant psychological problems for the woman, their partner and family. Miscarriage is usually a single occurrence, and often followed by successful pregnancy. Recurrent miscarriage is defined as the loss of three or more consecutive pregnancies. Even after 3 consecutive losses, the chance of a successful pregnancy is over 60%. Most miscarriage occurs within the first 14 weeks of pregnancies. Maternal age and previous number of miscarriages are independent risk factors for a further miscarriage.

There are several causes of miscarriage that have been identified. These include chromosomal abnormalities, gene defects, hormonal problems, infection, immunological, uterine abnormalities, chronic maternal illness and environmental hazards. At North Cyprus Fertility Clinic, we offer all types of testing and investigation into repeated miscarriages and provide solutions to help minimize the chances of yet another miscarriage.

CONTACT US

LET'S MAKE
YOUR DREAMS
COME TRUE...



Call today for a free evaluation

+90 533 888 9955 - PGD and Genetics

+90 541 632 7372 - General Inquiries

0208 816 7668 - For Quotes

www.northcyprusivf.com



www.northcyprusivf.com

Address: 143 Bedrettin Demirel Avenue, Kumsal-Nicosia, Northern Cyprus

Phone: +90 392 227 9342, +90 392 229 1415

Fax: +90 392 228 7833

E-mail: info@northcyprusivf.net