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A message from the founder...

IVF London is built on the pillars of science and technology in reproductive medicine. As a scientist and an entrepreneur, I am passionate about our ethos: 'it's all about the journey'.

Our team pride themselves in living up to this expectation. At IVF London, we believe in offering affordable and personalised patient care, which combines elements of holistic therapies and emotional support to aid you in this journey. We believe very strongly in the mind and body balance which is pivotal in the wellbeing of any individual. Our highly experienced consultants are there to provide a very bespoke treatment plan to suit your needs. IVF London is proud to be a fully inclusive clinic that pledges to make your dream of parenthood a reality. It's the place where dreams are conceived...

Mr Alpesh Doshi
Clinic Director and Consultant Embryologist

Why choose IVF London?

- State-of-the-art Onsite Laboratory
- Specialist in Immune Therapies
- 24x7 Embryo Monitoring by Timelpse Technology
- Zero Waiting List Donor Egg Banks
- Artificial Intelligence Supported Embrylogoy
- Supportive Multilingual Team
- Electronic Witnessing to Eliminate Human Error
- Same-sex Motherhood Options
- Focus of Positive Wellbeing and Emotional Support
- Cost Effective Packaged Treatments

Consultants

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Mr Alpesh Doshi

Clinic Director/Consultant Embryologist

Dr Muhammad Fatum

Medical Director

Dr Arati Rama Rao

Consultant Fertility Specialist

Dr Baydaa Abdulrahim

Consultant Fertility Specialist

Dr Lisa Stradiotto

Consultant Fertility Specialist

Dr Parijat Bhattercharjee

Consultant Gynaecologist

Dr C P Lim

Endometriosis Consultant

Dr Anand Saggar

Consultant Clinical Geneticist

Dr Tet Yap

Consultant Urologist

Dr Jonathan Katz

Consultant Endocrinologist

The Clinic

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Waiting Area

Zen Room

Recovery Ward

Laboratory

IVF

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IVF is one of the primary treatments offered for couples experiencing infertility and is a more involved procedure than IUI as it requires stimulating your ovaries to produce eggs, retrieving your eggs, having an embryologist fertilise them with your partners sperm or donated sperm in a laboratory, followed by close observation of any developing embryos, until the optimum time for transfer which ensures only the best quality embryos are placed back into your uterus so that they can continue growing as with a normal pregnancy.

WHY?

If you or your partner have been diagnosed with a genetic, anatomical or hormonal fertility problem, you are likely to be offered IVF treatment as which provides a greater chance of success than other treatments.

Your consultant will advise if an IVF treatment pathway is appropriate for you, particularly if you or your partner have been diagnosed with any of the following;

- Fallopian tube damage or blockage
- Ovulation disorders including premature ovarian failure
- Endometriosis
- Uterine fibroids
- Impaired sperm production
- Unexplained infertility
- A genetic disorder

ICSI

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Intracytoplasmic Sperm Injection (ICSI) was introduced as a clinical level improvement to conventional IVF treatments. It involves carefully selecting only one single sperm of the best quality for injection into an egg to achieve fertilisation. This procedure is done using a high precision technique called 'micromanipulation'. The resulting embryo is then transferred back into the uterus to continue its development as with a normal pregnancy.

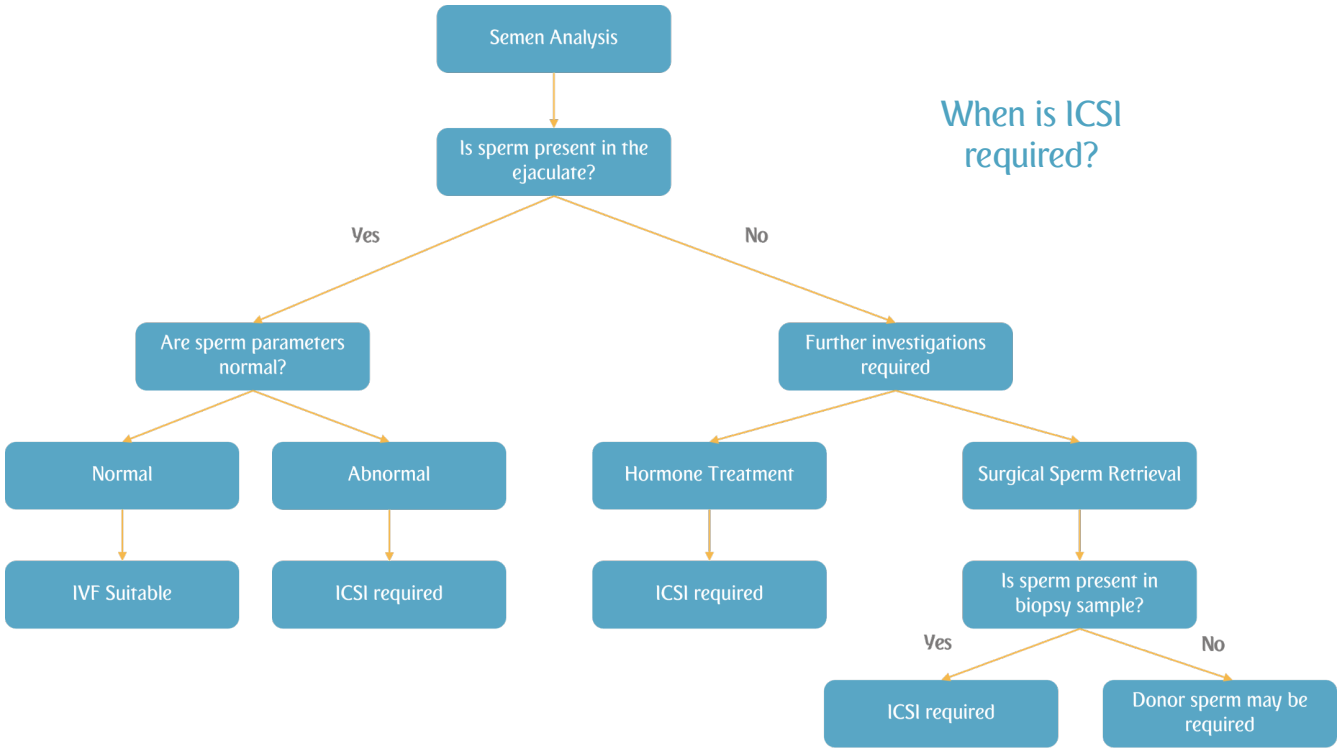
WHY?

ICSI is recommended when there is severe male factor infertility, including low sperm concentration, poor motility, blockages in the male reproductive tract or where there is a desire to get pregnant after having had a vasectomy. It may also be advised when the female has a very low yield of eggs during egg retrieval so as to directly improve the chances of fertilisation by clinical intervention. Your IVF London consultant may also recommend this enhanced procedure if a previous IVF treatment has resulted in a low fertilisation rate of eggs.

HOW?

The woman will be required to undergo ovarian stimulation to prepare her eggs for collection as in a traditional IVF treatment plan. The sperm from the male partner will then be processed, washed and inspected in our laboratory to select only one sperm which will then be carefully injected into a retrieved egg. The aim is to inject the most normal looking sperm with good progressive movement into each mature egg. In cases of surgically retrieved sperm ICSI or IMSI may be recommended to achieve fertilisation.

When is ICSI required?



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Treatment Pathways

Initial consultation
Investigations
Nurse consultation

Egg Freezing

- Ovarian stimulation
- Egg collection
- Eggs frozen

Eggs frozen for future use can be stored for up to 55 years with consent being renewed every 10 years

Intrauterine Insemination

- Tablets/hormones given to aid follicle growth
- Sperm prepared in lab
- Sperm sample inserted directly into uterus

IVF/ICSI

- Ovarian stimulation
- Egg collection and sperm preparation
- Fertilisation with IVF/ICSI
- Embryo culture
- Embryo transfer and/or embryo freezing

IVF/ICSI with PGT

- Ovarian stimulation
- Egg collection and sperm preparation
- Fertilisation with IVF/ICSI
- Embryo culture
- Day 5/6 embryos have 5-7 cells biopsied
- Embryos frozen while waiting for results
- Cells sent to genetics lab for testing (~ 2 weeks)
- Normal/unaffected embryo transferred

Donor Eggs

- Implications counselling
- Donor egg selection
- Recipient started on egg recipient cycle
- Donor eggs thawed
- Sperm prepared in lab
- Fertilisation with IVF/ICSI
- Embryo culture
- Embryo transfer and/or embryo freezing

Surrogacy

- Implications counselling
- Surrogate identified
- Meeting with lawyer
- Commissioning couple screened
- Ovarian stimulation
- Egg collection and sperm preparation
- Fertilisation with IVF/ICSI
- Embryo culture and freezing
- 3-month embryo quarantine
- Commissioning couple rescreened
- Surrogate prepared for frozen embryo transfer
- Embryo transferred into surrogate

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LGBTQ+ Treatment Pathways

Initial consultation
Investigations
Nurse consultation

Intrauterine Insemination with donor sperm

- Implications counselling
- Donor sperm selection
- Tablets/hormones given to aid follicle growth
- Sperm prepared in lab
- Sperm sample inserted directly into uterus

IVF/ICSI with donor sperm

- Implications counselling
- Donor sperm selection
- Ovarian stimulation
- Egg collection and sperm preparation
- Fertilisation with IVF/ICSI
- Embryo culture
- Embryo transfer and/or embryo freezing

Shared Motherhood (ROPA)

- Implications counselling
- Donor sperm selection
- Partner 1 screened as donor
- Ovarian stimulation for partner 1
- Egg collection and donor sperm preparation
- Fertilisation with IVF/ICSI
- Embryo culture and freezing
- Partner 2 prepared for frozen embryo transfer
- Embryo thawed and transferred

Female-to-Male Transition

- Implications counselling
- Ovarian stimulation
- Egg collection
- Egg freezing

Eggs frozen for future use can be stored for up to 55 years with consent being renewed every 10 years

Male-to-Female Transition

- Implications counselling
- Semen production
- Sperm freezing

Sperm frozen for future use can be stored for up to 55 years with consent being renewed every 10 years.

Please note that sperm can only be frozen if hormone replacement therapy has not commenced.

Same-sex Male Surrogacy

- Implications counselling
- Surrogate identified
- Meeting with lawyer
- Commissioning couple screened as donors
- Egg donor chosen
- Eggs thawed and sperm prepared
- Fertilisation with ICSI (eggs can be split between male partners
- Embryo culture and freezing
- 3-month embryo quarantine
- Commissioning couple rescreened
- Surrogate prepared for frozen embryo transfer
- Embryo transferred into surrogate

Timelapse Imaging

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There is a growing body of evidence time-lapse systems have a significant positive impact on success rates compared to traditional incubators. They generate images of the embryos every 10 to 15 minutes, creating a time-lapse video of embryo development. This enables our embryologists to analyse and identify any potential aberrations in embryo development that would be missed when using conventional incubation techniques. This helps us improve embryo selection for transfer, cryopreservation and biopsy.

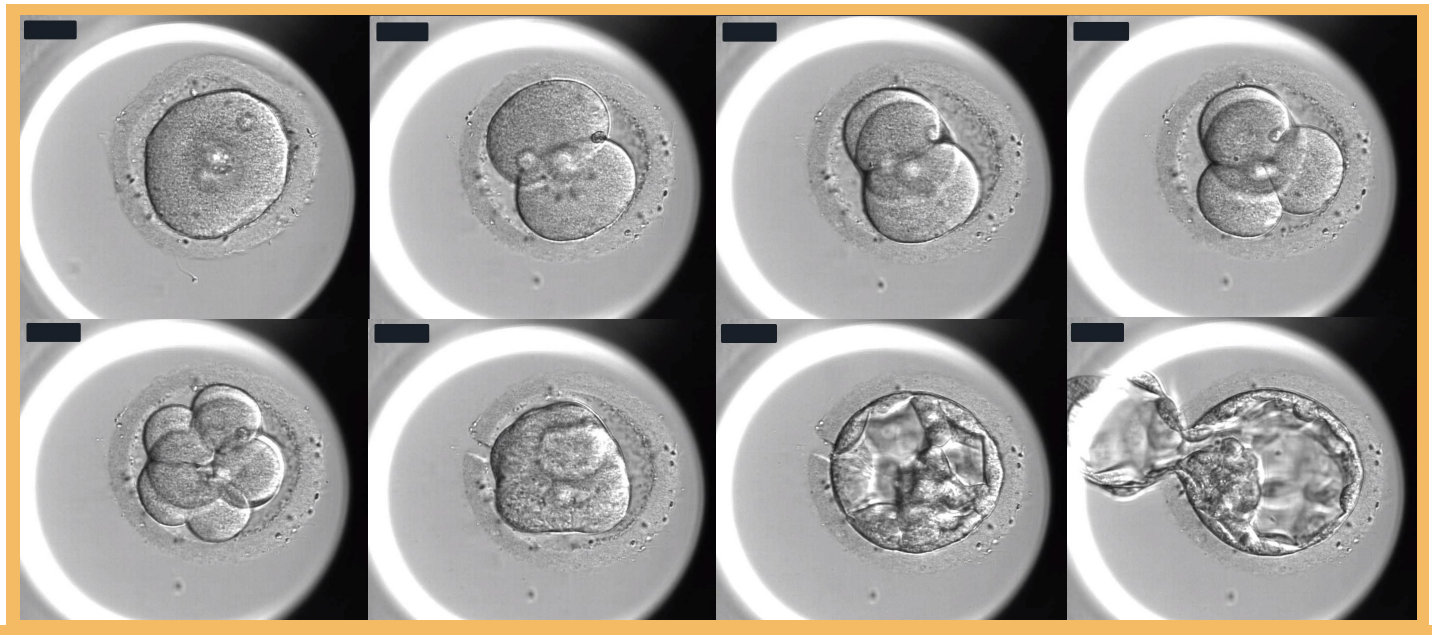
Uninterrupted culture of embryos ensuring stable environment

Allows embryologists to analyse every stage of embryo development

Provides 'real-time' footage of embryos and a continuous overview

Allows observation of key events to aid embryo selection for transfer

Embryoscope works hand in hand with artificial intelligent technology to give embryos a quality score



Embryo Assist AI

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IVF London has partnered with Fairtility™ to introduce artificial intelligence into the laboratory. Embryo Assist AI powered by CHLOE™ (Cultivating Human Life through Optimal Embryos) is a transparent AI-based decision support tool. Embryo Assist AI provides clinicians and patients with visibility into the clinical and laboratory data to help improve IVF outcomes.

Patients are able to watch a live feed of their embryos on their phones. The embryologists can then interpret these images for the patients when they receive their embryo updates. The algorithm that powers the AI has been trained on tens of thousands of embryos.

The AI starts scoring embryos from day 2 after fertilisation and provides a running score until blastocyst development. Along with the score, the embryos are also ranked to give embryologists more information on which embryo to select for transfer.

Genetic Testing

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PGT-A

- Also known as aneuploidy screening
- Used to check the number of chromosomes in an embryo. A euploid (normal) embryo should have 23 pairs of chromosomes
- Enables the selection of a chromosomally normal embryo
- Next Generation Sequencing (NGS) is used for the testing of the embryos and is one of the most technologically advanced methods of genetic testing
- PGT-A does not guarantee a chromosomally normal embryo

Who would PGT-A be recommended for?

- Women over the age of 38
- People with a history of repeated implantation failure
- People with a history of repeated miscarriage

Genetic Testing

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PGT-M

- Also known as PGD
- Recommended for couples who have a history of a genetic disease in their family
- Requires a 'work-up' prior to embryo creation to ensure that condition can be tested for
- Karyomapping used to test for condition
- Process similar to PGT-A

PGT-SR

- Used in patients where there is a chromosomal structural rearrangement
- PGT-SR is appropriate for people who have had a child or pregnancy with a chromosomal rearrangement or if you or your partner are a carrier of any one of these three primary types of rearrangements:
  - Reciprocal translocations
  - Robertsonian translocations
  - Inversions

Treatment Add-Ons

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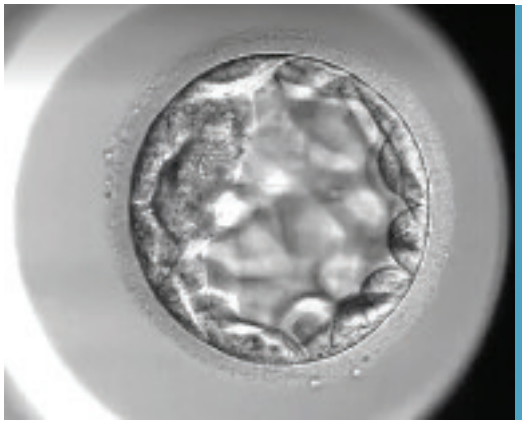
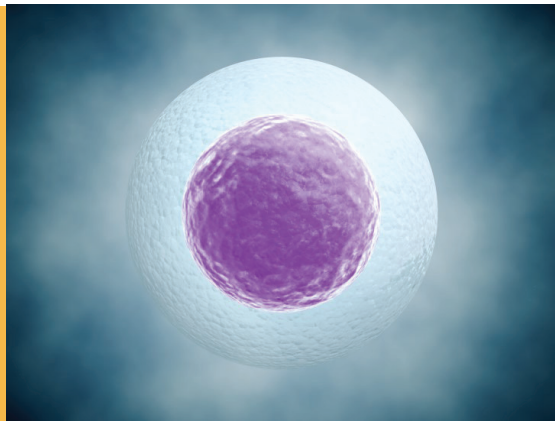


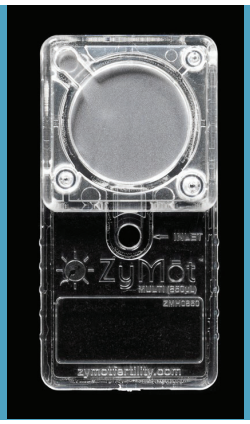
Embryoscope

- Allows uninterrupted culture of embryos
- Image taken of embryo every 10-15 mins creating time-lapse video
- Enables embryologists to analyse every stage of development

Calcium Ionophore

- Used following ICSI to aid egg activation
- Indicated in patients that have had previous low or failed fertilisation
- Can also be used to aid better blastocyst development



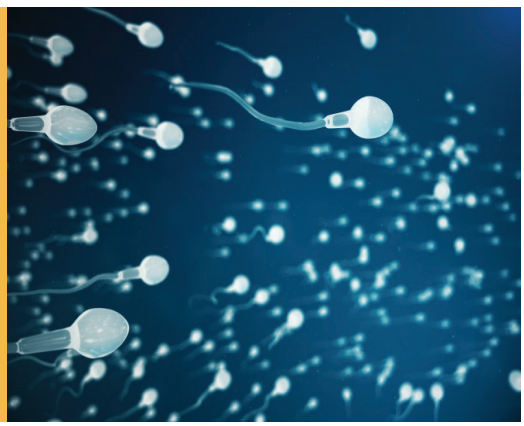


ZyMot

- ZyMot is a device, also called a chip, which can be used in the IVF laboratory to prepare and select sperm for insemination by intracytoplasmic sperm injection (ICSI)
- ZyMot relies on the sperm actively swimming through the membrane filter in the chip, demonstrating motility

PICSI

- Physiological intracytoplasmic sperm injection
- Involves placing sperm with hyaluronic acid (HA)
- Sperm that bind to HA are selected for injection
- Helps to select mature sperm with better DNA



Treatment Add-Ons

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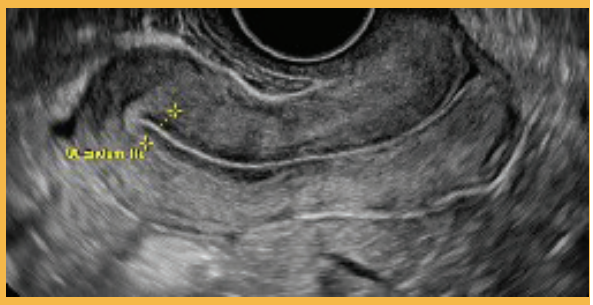
EmbryoGlue®

- Allows uninterrupted culture of embryos
- Image taken of embryo every 10-15 mins creating time-lapse video
- Enables embryologists to analyse every stage of development

Endometrial Scratch

- Lining of uterus gently scratched using thin catheter
- Localised 'injury' can cause uterus to start 'repair reaction'
- May increase chances of embryo implantation



Endometrial Testing (ERA, EMMA, ALICE)

- Biopsy taken from uterus at time of mock embryo transfer
- Cells assessed to determine window of implantation (ERA) Results will determine timings for subsequent embryo transfers. EMMA and ALICE tests focus on the microbiology of the endometrium

Intralipid Infusion

- Raised natural killer cell activity can act against embryo implantation
- Intralipid infusions can help to lower the activity of natural killer cells
- Can also be used in cases of repeated miscarriage/ implantation failure

Treatments for same-sex couples

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You will be offered support from our counselling team prior to any treatment to help you understand the emotional and legal issues in order that you are completely comfortable and confident with your decision to proceed

Our laboratory team will help you find a suitable donor from our collaborating European, American and UK sperm donor banks. The matching of donors can be done with your specific requirements

If suitable we would always start with the mildest approach to treatment such as Intrauterine Insemination (IUI) using donor sperm. The procedure involves placing donor sperm closer to the egg at the time of ovulation in the hope it is fertilised.

In some cases IVF (using donor sperm) may be more appropriate and offers a higher chance of pregnancy compared to IUI. Any resulting embryos are then transferred into your uterus to continue development as a pregnancy.

If you are in a same-sex relationship and wish one partner to donate her eggs and the other partner to carry the pregnancy then 'shared motherhood' is an option that provides both partners the intimate experience of a shared maternal role when starting a family.

Treatment for Single women

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Donor insemination (DI) may be recommended as an effective treatment for single women who desire a start a family.

We will help you get started as a sperm recipient (via donation) process unless you already have a donor in mind. You will begin by reviewing donor profiles which enables you to select which donor may be the best 'fit' for you. IVF London only use donors in accordance with stringent HFEA criteria. This means that donated sperm will usually be provided by men between the ages of 18 and 41. Sperm donors will have been required to undertake a series of health tests/screening, including HIV and hepatitis, to ensure that they do not pass on any serious diseases or medical conditions to you or your baby

Sperm Donation and the Law:
Sperm donor is only able to create 10 families within the UK. The donors identifying information must be given to the HFEA for its confidential register. When a donor-conceived person becomes 18, they are able to contact the HFEA and request the identifying information for their sperm donor


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