



A SHORT GUIDE TO YOUR FUTURE OPTIONS

Egg freezing

Plan ahead. Keep it personal.

Egg freezing stores unfertilized eggs for your own possible future use. It does not require sperm at the freezing stage, and it does not guarantee a pregnancy or a baby. It is different from donating eggs. [1,2]



Eggs, explained simply.

From today's appointment to future use



Talk & make a plan

01

Discuss your goals, health, timing and expected response with a fertility specialist. If cancer treatment may affect fertility, ask about preservation before treatment starts, when possible. [2,3]



Grow & collect eggs

02

Hormone shots, ultrasounds and blood tests prepare eggs for collection. Stimulation often takes about 8-14 days. A timed trigger is followed by needle retrieval, usually with sedation. Arrange a ride home. [4]



Freeze & store

03

Mature eggs are rapidly frozen using a method called vitrification, then stored. Not every egg collected will be suitable to freeze. Review storage arrangements and consent choices. [2,3]



Use them later, if needed

04

IVF (in vitro fertilization) means fertilizing eggs with sperm in a lab. Frozen eggs are warmed first. An embryo may be placed in a uterus. Not all eggs survive or become embryos; not all embryos lead to a baby. [1-3]

Eggs today do not equal a baby tomorrow.

Freezing, warming, fertilization, then possible pregnancy: each step has uncertainty. Ask for results that fit your age and the clinic's experience, not a guarantee. [2]



THE QUESTIONS THAT MATTER

Make a plan with realistic expectations.

Does age matter?

Yes. Younger eggs generally have better potential. Age when eggs are frozen matters. Freezing does not remove later-life pregnancy risks. More than one collection cycle may be needed. [1,2]

Is it right for everyone?

ACOG does not recommend routine freezing just to delay childbearing. ASRM accepts planned freezing as an ethical choice with informed counseling. Discuss alternatives, costs and uncertain long-term outcomes. [1,2]

What might I feel?

Bloating, injection-site soreness, tiredness, mood changes and cramping can occur. Follow your clinic's advice about recovery, contraception and exercise. [5,6]

Know the risks

Ovarian hyperstimulation syndrome (OHSS) is an excessive medicine response that can become serious. Retrieval risks include bleeding, infection, injury, ovarian twisting and anesthesia complications. A cycle may be cancelled for safety. [4-7]

Ask before you start

- What is realistic for my age and health?
- How many cycles might I need?
- What are your frozen-egg live-birth results?
- What are all costs, including later IVF?
- What happens if I do not use my eggs?

[2,3]

Check the whole plan

Confirm coverage, ongoing storage fees and future-use rules in writing. Ask about after-hours help. Take time to decide. [2,4]

Know when to get help

Contact your clinic urgently for sudden or worsening belly pain, rapidly increasing swelling or weight, ongoing vomiting, trouble drinking or less urine. For trouble breathing, fainting, heavy bleeding or other severe symptoms, seek emergency care. Do not rely on a portal message. [5,6]

Questions are welcome.

rcadonors.com

Speak with your RCA team. Use your clinic's urgent-care instructions for symptoms.

SOURCES - TAP A TITLE TO READ MORE

[1] ACOG: Having a Baby After Age 35 (reviewed Apr 2025).

[3] ASRM: Fertility preservation: medical indications (2026).

[5] ASRM patient education: IVF: What Are the Risks? (2023).

[7] ASRM: Repetitive oocyte donation (2020).

[2] ASRM: Planned oocyte cryopreservation (2023 opinion; published 2024).

[4] ASRM patient education: Assisted Reproductive Technologies (patient booklet).

[6] ASRM patient education: Ovarian Hyperstimulation Syndrome (2023).

Original RCA summary; not an ACOG/ASRM publication or endorsement. General education, not individual advice or consent. Sources checked October 9, 2026.