



Fertility preservation is for women and men who decide to preserve their own genetic material to postpone their reproductive desires.



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FERTILITY
PRESERVATION



Fertility Preservation

Thanks to the progresses in fertility preservation, a patient with cancer is not condemned to renounce to future fatherhood/motherhood

For the woman, when there is a medical indication for fertility preservation, as occurs in cases of patients who need to receive oncological treatments, it's very important to act before starting chemotherapy or radiotherapy, because the effects of these treatments might seriously affect fertility. Preservation success will mainly depend on the rapidity of action. It's also very important to study each case individually, as ovarian stimulation might not be recommended in case of specific factors like patients presenting metastasis.

Thanks to progress in these techniques, women suffering from cancer are offered the opportunity of achieving their dream of being mothers once the disease is over.

In cases of women that wish to delay motherhood without a medical indication and for personal reasons, fertility preservation offers the possibility to have descendants in the future without having to renounce to use their own genetic material.

Unlike men, each woman is born with a limited number of eggs, which she's losing over the years. From the age of 35, only a 10% of the initial reserve is left. This is accompanied by a decline of egg quality, thus pregnancy chances in women are dropping due to age and over the years this decline is progressive.



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FERTILITY PRESERVATION TECHNIQUES FOR MEN AND WOMEN

For these reasons, it is therefore advisable to carry out fertility preservation when there is still an adequate ovarian reserve, that is, until the age of 35-38. In any case, even at more advanced age, each case must be evaluated individually.

Techniques with best results to preserve women's fertility are egg vitrification and embryo vitrification.

In both cases, a previous ovarian stimulation and subsequent retrieval of these eggs through follicular aspiration are necessary. Once the eggs are retrieved, the ones of good quality and mature can be vitrified. As concerns embryo vitrification, eggs are previously inseminated with sperm from the partner or from a donor, depending on each case, and subsequently the resulting embryos are vitrified.

As concerns fertility preservation for men who are going to receive oncology treatment or any other treatment that might affect their reproductive health, previous freezing of their sperm is carried out. Survival to freezing process of each sample will be evaluated, since this survival depends on each person, and according to its result, patient will be advised to freeze as many samples as possible before starting therapy, thus giving him the chance of enjoying fatherhood in the future.

There are other, not so medical, indications such as freezing semen sample before vasectomy or during assisted reproduction treatment when the male patient won't be present or even if he has difficulties in obtaining the sample in a specific moment.

In short, fertility preservation offers new options to achieve a pregnancy.