ENDO *Queen*

FERTILITY TREATMENT AND ENDOMETRIOSIS

My fertility *journey*

My steps, my injections, my monitoring, my chart, and space to look after myself.



First name _____

HOW TO USE IT

How to *use it*

This booklet is yours. Write down what happens during your treatment cycle, to keep track and talk it through with your clinic team. Fill in only what helps you.

1. **At the start**, “My treatment and my contacts” and the steps ahead.
2. **During stimulation**, your injections and your monitoring scans.
3. **Egg collection, embryo transfer**: news from the lab, at your own pace.
4. **Every day**, your body and your mood. And a page to look after yourself.
5. **Whenever you like**, “What keeps me going”: your small wins, the people you count on, your breaks.

Every clinic has its own protocol. If a date or instruction from your clinic is different from this booklet, follow your clinic.

My treatment and *my contacts*

Booklet started on _____

Cycle number _____

- [ ] IUI (insemination)
- [ ] IVF
- [ ] ICSI
- [ ] Frozen embryo transfer (FET)
- [ ] Egg freezing
- [ ] With a donor
- [ ] NHS-funded
- [ ] Self-funded

Partner, if any, phone _____

What I know about my condition

Copy it from your reports.

- [ ] Endometriosis
- [ ] Adenomyosis
- [ ] Ovarian cyst (endometrioma)
- [ ] Deep endometriosis

Past operations (date, type) _____

Recent hormone treatment _____

Allergies _____

Other medicines _____

	Name	Phone
Fertility clinic		
Clinic 24-hour emergency number		
Consultant		
Fertility nurse, coordinator		
Counsellor		
Endometriosis specialist		
GP		
Pharmacy		

Useful numbers

999 · emergency, trouble breathing, very severe pain.

111 · urgent advice (Scotland: NHS 24 on 111; Northern Ireland: GP out-of-hours).

116 123 · Samaritans, distress, dark thoughts. Free, 24 hours a day.

UNDERSTANDING

The steps, *one by one*

1 Tests
Blood tests (including AMH), a scan to count follicles, a check of your tubes, and tests suited to your situation and family plans, including semen analysis when needed.

2 Consultation
Your treatment plan with the clinic team. Ask what is NHS-funded and what you will pay.

3 Stimulation
Hormone injections to grow follicles. How long, and which injections, depends on your protocol. The team checks how your ovaries respond with scans and, in some cases, blood tests.

4 Trigger
An injection at a precise time, which sets the time of egg collection or insemination.

5 Insemination or egg collection
Insemination: a few minutes. Egg collection: under sedation or general anaesthetic, about 30 minutes; then fertilisation in the lab.

6 Transfer
Fresh, 2 to 5 days after fertilisation, or later for a frozen embryo.

7 Pregnancy test
The "two-week wait", then a test on the date your clinic gives you.

Endometriosis, adenomyosis: what we know

- Operating on an ovarian cyst before IVF is not automatic: surgery can reduce the ovary's reserve. It may be discussed if you are in a lot of pain, or to make it easier to reach the follicles at egg collection.
- For deep endometriosis, it is mainly the pain that guides the decision to operate first.
- According to the European guideline (ESHRE, 2022), fertility treatment does not seem to make endometriosis worse.
- Hormone treatment before stimulation or before a frozen transfer may be offered. Guidance has changed: ask why, or why not.
- If your ovaries are badly affected, you can ask whether freezing your eggs would be useful for you.
- NICE (2026) now has a separate fertility pathway for endometriosis: ask your specialist what it means for you.
- Your chances depend on many things: your age, your ovarian reserve, the type of endometriosis, the rest of your tests. Only your team can talk about them for you.

My questions about these steps

Paying for treatment *and my job*

- **NHS funding**: NICE (2026) recommends that women under 40 who meet the criteria are offered 3 full cycles of NHS-funded IVF. NICE guidance may allow further cycles to be considered in some situations. Older age groups can get fewer cycles. This is a recommendation, not a guarantee of NHS funding: what is funded depends on your local ICB (or health board), and many areas fund fewer cycles. Ask your GP.
- In England, your **integrated care board (ICB)** sets local criteria, often including age, BMI, smoking and existing children.
- **Private treatment**: clinics set their own prices. Ask for a written quote including medicines, storage and any extras. For any add-on, ask: what is the evidence?
- Choose a clinic **licensed by the HFEA** (hfea.gov.uk).
- **Frozen eggs** can be stored for up to 55 years, if you renew your consent every 10 years.

- **At work** (Great Britain): there is no legal right to paid time off for IVF appointments. Acas advises employers to treat them like other medical appointments.
- From **embryo transfer**, you are protected like a pregnant employee. If the treatment doesn't work, this protection lasts 2 weeks after you are told the result.
- Northern Ireland has its own employment law.
- Advice: **Acas helpline 0300 123 1100**, Monday to Friday 8am–6pm (call charges may apply).

My treatment cycles

No.	Type (IUI, IVF, ICSI, frozen transfer)	Start	Egg collection or insemination	NHS-funded or self-funded	Notes

My time off work

Date	Appointment (scan, egg collection, transfer…)	How long	Paid, unpaid, holiday	Me or my partner

My local funding (ICB or health board): _____ · cycles funded _____

My injections *and treatments*

Note each injection when you do it. Write the dose prescribed by your clinic, exactly as it appears on your prescription or plan. Unsure about a dose, or missed one: call your clinic, don't try to catch up on your own.

Date	Stimulation day	Medicine	Prescribed dose	Planned time	Actual time	Site (tummy, thigh, side)	Given by	Reaction	✓

Trigger injection

Medicine, prescribed dose _____

Date _____ · exact time confirmed by the clinic _____

Egg collection or insemination on, at _____

Fasting before egg collection, only as your clinic tells you:

_____

Other treatments (tablets, pessaries, patches)

Medicine	Prescribed dose	When	From	To

My *monitoring*

At each appointment, the team looks at your follicles on the scan and your hormones in the blood test. Ask for the numbers if you want to note them: they are used to adjust your treatment, they don't tell you on their own whether the cycle will work. Write the unit too: depending on the lab, oestradiol may be in pmol/L or pg/mL.

Date	Stimulation day	Right ovary: follicles and sizes (mm)	Left ovary: follicles and sizes (mm)	Lining (mm)	Oestradiol value and unit	LH value and unit	Progesterone value and unit	Change decided	Next appointment

What the team explained

My questions for the next appointment

Cycle starting _____ · *temperature, treatments, blood tests*

Day of cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Date																															
Morning temperature (°C), optional · when you wake up. On its own it doesn't tell you whether the stimulation is working or whether you're pregnant: what counts are your tests and your clinic's instructions																															
37.5																															
37.4																															
37.3																															
37.2																															
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Treatments · write the name, tick ✓ each day you took it																															
_____																															
_____																															
_____																															
_____																															
Bleeding · + ++																															
Pain 0 to 10																															

My blood tests, in order · One row per result (oestradiol, LH, progesterone, hCG…). Copy the unit written on the report: depending on the lab, oestradiol may be in pmol/L or pg/mL. Only compare results in the same unit. The numbers help your team adjust your treatment; they can't be read on their own.

Date	Test	Result	Unit

Date	Test	Result	Unit

Date	Test	Result	Unit

News *from the lab*

The number of eggs and embryos can change at each step in the lab. Results vary from one cycle to another. Your team will explain what yours mean for you. Note the news here, at your own pace.

Insemination

Date _____ · time _____ · instructions _____

Egg collection and lab

Date	Eggs collected	Mature	IVF or ICSI	Fertilised	Embryos day 2–3	Blastocysts day 5–6	Transferred	Frozen

Transfers

Date	Fresh or frozen	Embryo day	Number	Preparation (name, prescribed dose)	Pregnancy test date

After egg collection

Pain 0 to 10 · day 0 _____ 1 _____ 2 _____ 3 _____

- ☐ Bleeding
- ☐ Fever
- ☐ Antibiotic prescribed

The pregnancy test

Date _____ · result _____

Next test on _____

How I feel

_____

_____

My body *and my mood*

Date	Pain 0 to 10	Where	Bloating 0 to 3	Feeling or being sick	Diarrhoea	Short of breath	Morning weight	Bleeding	Tiredness 0 to 3	Mood	Painkiller (name, time)

Keep an eye on · a slightly swollen tummy, mild discomfort and tiredness are common during stimulation and after egg collection: note them and tell your team.

Call your clinic or 111 as soon as possible if

- tummy pain with bloating;
- feeling or being sick;
- feeling faint;
- bleeding from the vagina, or brown watery discharge;
- pain when pooing or weeing;
- coughing up blood.

Call 999 or go to A&E if

- difficulty breathing;
- chest or upper back pain;
- very thirsty and weeing much less;
- swelling in part of your body;
- pain on one side of your lower tummy, or at the tip of your shoulder.

Don't drive yourself to A&E.

Your endometriosis pain may change during treatment: tell your team. Don't take ibuprofen or similar painkillers without checking with your clinic. Around a third of women have mild ovarian hyperstimulation (OHSS), usually in the week after egg collection. Never feel you are wasting the clinic's time.

FOR ME

What keeps *me going*

No pressure to be fine: hard days count too. This is where you keep what does you good, whatever the result of the cycle.

My small wins

Date	What I managed, however small

For example: an injection I gave myself, a step done, an appointment where I dared to ask my questions.

The people I can count on

How I treat myself after a step

My moments of rest

A phrase that helps me

AND YOU?

Looking after *yourself, and each other*

Fertility treatment means weeks of waiting, appointments and hope. Tiredness, sadness, anger or wanting a break are common reactions. You have the right to ask for help: from your clinic, a counsellor, the people close to you.

What did me good

What was hard

What I need, and from whom

For my partner: what I am going through

After the cycle: what I take away

What I'd like next, with no need to decide today

Follow-up appointment requested on _____

If you feel you can't go on

116 123 · Samaritans, free, 24 hours a day. The people close to you can call too.

Official information: hfea.gov.uk (Human Fertilisation and Embryology Authority). Ask your clinic about seeing a fertility counsellor. For information: Fertility Action (fertilityaction.org) · Endometriosis UK (endometriosis-uk.org).

Sources: HFEA (IVF, risks of fertility treatment, egg freezing, response to the NICE fertility guideline 2026), NHS (IVF risks), gov.uk (NHS-funded IVF in England, 2025), Acas (IVF treatment, 2026), ESHRE guideline endometriosis 2022. Checked in October 2026; rules can change, check with your clinic.