

COASTAL IVF

INTRAUTERINE PLATELET RICH PLASMA (PRP)



Platelet-rich plasma (PRP) is made from a small sample of your own blood. Platelets release growth factors that may help with tissue healing and regeneration. In intrauterine PRP, this concentrated plasma is placed inside the uterus with the aim of encouraging the endometrial lining to thicken prior to embryo transfer and pregnancy.

What is the endometrium?

The endometrium is the lining of the uterus. For an embryo to implant, the lining usually needs to thicken in response to oestrogen before progesterone is started.

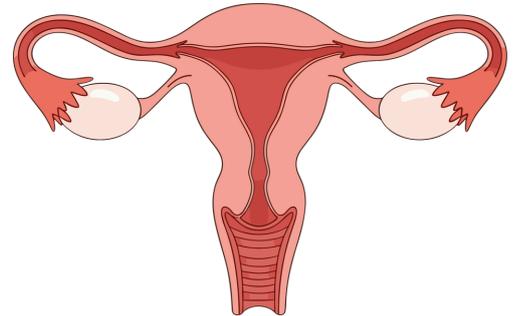
Rarely, patients have a lining that remains thin despite adequate oestrogen. Reasons may include:

- Previous uterine surgery or scarring (for example Asherman's syndrome)
- Prior long-term intrauterine device (IUD) use
- Previous infection or inflammation of the uterus

Why might PRP be recommended?

PRP may be considered if:

- You are planning a frozen embryo transfer (FET), and
- Your endometrial lining remains thin despite appropriate oestrogen treatment



PRP is not a routine treatment. It is used selectively when standard approaches have not worked.

How does PRP fit into my treatment cycle?

PRP is performed as part of a hormone replacement therapy (HRT) frozen embryo transfer (FET) cycle:

1. Oestrogen phase - You will take oral and/or topical oestrogen to stimulate the lining.
2. Ultrasound assessment - After about 2 weeks of oestrogen, an ultrasound checks endometrial thickness.
3. PRP procedure (**if lining remains thin**)
 - a. If the lining has not adequately thickened, intrauterine PRP is planned and performed.
4. Repeat assessment - About 1 week later, the lining is reassessed by ultrasound.
5. Next steps
 - If the lining has thickened sufficiently, progesterone is started and the frozen embryo transfer is scheduled.
 - If the lining remains thin, your clinician will discuss next options. In some cases, a repeat PRP may be considered.

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What does the PRP procedure involve?

- A small blood sample is taken from your arm.
- The blood is processed to concentrate the platelets.
- The PRP is placed into the uterus using a thin catheter, similar to an embryo transfer (this is a low risk and quick outpatient procedure with minimal discomfort and you can return to normal activities immediately afterwards)

What are the potential benefits?

- May improve endometrial thickness in some patients with chronically thin lining
- Uses your own blood, so no risk of allergy or rejection
- Generally low risk and minimally invasive

What are the limitations?

- PRP does not work for everyone. Evidence is still evolving, with small studies and variable results
- Improvement in lining thickness does not guarantee implantation or pregnancy
- PRP is considered an adjunct or add-on treatment and is not standard care

What are the risks?

PRP is considered low risk, but possible risks include:

- Light spotting, mild cramping or discomfort during or after the procedure
- Infection (rare)
- No response or inadequate improvement in lining thickness
- Because PRP uses your own blood, serious complications are uncommon.

Are there alternatives?

Depending on your situation, alternatives may include:

- Continuing or modifying oestrogen therapy
- Changing the FET protocol
- Surgical assessment or treatment of the uterine cavity (hysteroscopy)
- Proceeding without PRP, understanding the lower chance of success

Your clinician will discuss which options are suitable for you.

Key points to remember

- PRP is an optional treatment for selected patients with persistently thin endometrium.
- It aims to improve lining thickness but cannot guarantee success.
- If PRP does not result in adequate thickening, further steps will be discussed with you.
- Your care plan will be individualised based on your history and response.



Patient Consent Form - Intrauterine Platelet-Rich Plasma (PRP)

Purpose of treatment

I understand that intrauterine PRP is being offered to me because my endometrial lining has remained thin despite appropriate oestrogen treatment. The aim of PRP is to try to improve endometrial thickness prior to frozen embryo transfer. I understand that improvement in lining thickness does not guarantee implantation or pregnancy.

Nature of the procedure

I understand that PRP is prepared from a sample of my own blood. The PRP is placed into my uterus using a thin catheter and the procedure is similar to an embryo transfer and usually causes minimal discomfort.

Evidence and limitations

I acknowledge that PRP is not standard treatment for thin endometrium. The medical evidence is still evolving and some patients may not respond to PRP. A repeat PRP may be considered, but benefit is uncertain.

Risks

I understand the potential risks include: Mild cramping or discomfort, light vaginal spotting, infection (rare) and no improvement in endometrial thickness. Cycle cancellation may occur if the lining remains unsuitable.

Alternatives

I understand that alternatives may include continuing or modifying oestrogen treatment, changing the FET protocol, surgical assessment of the uterine cavity, proceeding without PRP and/or deferring embryo transfer. These options have been discussed with me, and I have had the opportunity to ask questions.

Financial consent

I understand that there is no Medicare rebate for intrauterine PRP and the procedure is self-funded. I am responsible for the full cost as outlined by the clinic.

Acknowledgement

I confirm that I have read and understood this information. I have had the opportunity to ask questions. I understand the benefits, limitations, risks, and alternatives. And I consent to intrauterine platelet-rich plasma (PRP) treatment

Patient: _____ Signature: _____ Date: ____ / ____ / ____

Partner: _____ Signature: _____ Date: ____ / ____ / ____

Doctor: _____ Signature: _____ Date: ____ / ____ / ____