

What is it?

This information leaflet will discuss male subfertility only.

This is a condition whereby you have been unable to conceive a child with your partner naturally despite regular sexual intercourse for at least a year.

This may be primary or secondary. Primary means you have never been able to conceive a child while secondary means you have been able to conceive with a previous partner.

What are the causes?

The causes may be due to male or female factors, a combination of both or no cause may be found. In 30-40% of cases, no male factors are found while in 20-30% of couples, no causes will be found.

Causes may include:

- Cancer treatments (surgery, chemotherapy, radiotherapy)
- Undescended testicles
- Problems with erections or ejaculation
- Previous hernia surgery
- Infections affecting the testicles i.e. mumps, sexually transmitted infections
- Injury or removal of the testicles i.e. torsion (testis twist), trauma
- Hormones problems i.e. low testosterone
- Genetic disorders
- Drugs: anabolic steroids, recreational drugs,
- Abnormalities of male reproductive tract i.e. varicocele, absence of vas

What can I do to improve the condition?

The most important thing you can do is to seek help from a medical specialist. However reducing stresses where possible, weight loss if overweight, smoking and recreational drug cessation may all be helpful.

We also advise your female partner should be reviewed by a specialist in female subfertility. We may be able to recommend a colleague.

How will I be assessed?

You will be seen in a clinic by an Andrologist who is a specialist in this area. A full history and examination will be undertaken to try to find the cause of your difficulty with conception. The following tests will be recommended:

- Blood tests to check hormones,
- Semen sample
- Ultrasound of the scrotum
- Urine test
- Other tests which may be required: MRI, genetic tests

What are the types of subfertility?

- Idiopathic: no cause found
- Due to a blockage
- Not due to a blockage

What options are available?

This depends on your type of subfertility.

- Hormone replacement
- Reconstructive options for blockages (see vasectomy reversal leaflet)
- Electro ejaculation

- Surgical sperm retrieval for assisted reproductive techniques ('IVF')
- Varicocele treatment (see leaflet on varicocele)
- Donor sperm
- Adoption

Electro Ejaculation

This is procedure under a general anaesthesia. A probe is passed into the back passage and an electrical current is used to stimulate ejaculation which is then collected and analysed for sperm which can be used for artificial reproduction. This procedure may be used in men with spinal cord conditions affecting normal ejaculation. You will be able to go home on the same day.

Surgical Sperm Retrieval

This is a procedure performed under a general anaesthesia. An incision is made in the scrotum and the tissue inside the testis is excised to analyse for sperm. The testis tissue may be excised using a microscope if the testis is very small or if the testis is believed to be under functioning. It may be necessary to extract tissue from one or both testicles. You will have dissolvable stitches. You will be able to go home on the same day.

Complications:

- Pain or discomfort in the scrotum
- Bleeding or bruising in the scrotum
- Shrinkage of the testis
- Infection needing antibiotics
- Need for hormone replacement therapy
- Failure to find sperm