



Male Infertility

It is important to note that when dealing with infertility the Doctor is dealing with a couple, not just an individual patient.

It is usually best practice for the couple to attend and a full history is obtained from the male patient.

Important things to note

The duration of infertility

The timing of intercourse, the age of the patient's partner and whether the partner ovulates and if she believes that she does, how she knows she does. There are various kits available from chemists, which help identify ovulation in addition the change in cervical mucus may be of assistance or alternatively during the women's cycle the basal temperature taken in the morning tends to rise by 0.5 degrees. At the time of ovulation and falls when the menstrual period starts.

Any conditions referable to the male genital tract, including undescended testes, trauma, infection are relevant. A history of chest diseases and sinusitis may be associated with a number of courses available for fertility particularly in conditions known as Young's Syndrome.

Medication history can be important and the use of anti-hypertensive medication may act by interfering with ejaculation of potency.

Examination.

General medical examination including noting the androgenic features is important. Examination of the abdomen and inguinal regions must be carried out as well as the genitalia. Volume measurement of the testes may give a good idea of the possibility of testes producing sperm. The presence of a varicocele is best detected with the patient standing up. There is considerable debate as to whether surgical treatment for varicoceles is necessary to improve fertility.

Semen Analysis.

The ability for a man to father children depends on the presence of sufficient numbers of normal sperm of normal morphology being able to progress in a forward direction. To collect a sample 2-3 days abstinence of ejaculation is required. The specimen should be presented to the laboratory within an hour of production into a jar, which has been supplied by the laboratory as jars which are found at home are inadequate because of presence of possible cleaning materials such as detergents. The sample should be taken to the laboratory and kept warm in transit. It is best to have at least two samples of semen to work with.

Normal semen - volume greater than or equal to 2ml. PH 7.2 to 8.0 sperm concentration greater than or equal to 20 million per ml. Motility greater than or equal to 50% showing forward progression. Morphology greater than or equal to 30% of normal forms, white cells less than 1 million per ml. Seminal fluid is normally opalescent in colour. If it contains urine it may indicate bladder neck incompetence. If urine occurs in the seminal fluid then it rapidly renders the sperm immobile.

Endocrine Causes of Infertility

1. Pituitary tumours
2. Cushing's Disease
3. Hyperprolactinemia
4. Gonadotrophin secreting pituitary tumours, hypogonadotropic hypogonadism, haemochromatosis, anabolic steroid use, thyroid disease, diabetes (neurological and vascular) leading to ejaculatory disturbance and erectile failure.

Results of Treatment of Infertility

The results of infertility are designed to produce a live baby. Some couples are unable to produce children having normal intercourse and may be assisted by In vitro Fertilisation. Such treatments as intracytoplasmic sperm injection (ICSI) have been very effective. Sperm collected from the testis or other parts of the genital tract, may be used for ICSI. IVF is a specialist area beyond the scope of this site and the reader is referred to various texts on that subject.

ED Assessment

Download the following Erectile Dysfunction (ED) Assessment Questionnaire. These 5 questions could help you restore the intimacy of relationships. The answers to the Erectile Dysfunction assessment questions can help you determine the level and extent of erectile dysfunction and may indicate a need for treatment.

» [Download ED Assessment Questionnaire](#)