

Men's Health

Andrology is the study of conditions pertaining to health in the male. This involves such conditions as infertility, impotence and hormonal abnormalities.

As women get older they reach the menopause, which is the cessation of the menstrual periods. This is caused by a reduction in the secretion of the female hormone Oestrogen.

Although men do not have exactly the same relatively sudden cessation of normal hormone status, over a period of time the male hormone, (Testosterone) level decreases. This may result in reduced potency, mood changes, changes in distribution of body fat, increase in abdominal girth, enlargement of breasts, reduction in bone density, changes in lean body mass and sometimes night sweats.

Investigations

A number of blood tests may be carried out as part of investigations following physical examination and assessment by the Doctor. If it is determined that the patient has a Testosterone deficiency and replacement is desirable, it can be done in a number of ways:

- Oral medication
- Skin patches
- Injections.

The need for hormonal replacement is best determined by the individual Doctor and patient as testosterone replacement may have some side effects. The effects of hormone replacement may be monitored by various blood tests. Some Testosterone replacement medication can cause abnormal liver function tests.

Testosterone replacement may stimulate the loss of scalp hair and increase in body hair. It may increase the size of the prostate gland and aggravate bladder outlet obstructive symptoms. Testosterone replacement will not cause a prostate cancer to form but may stimulate a prostate cancer. Cholesterol and lipids, (fats) may cause a decrease in high-density lipo proteins and therefore may cause concern regarding cardiovascular effects. It may also decrease the amount of body fat and increase the lean body mass. The haematocrit, (amount of red blood cells) may increase. Testosterone replacement does not increase aggressiveness but because of the ability to improve thinking processes and reduced tiredness and irritability may make the patient calmer and less impulsive.

Infertility

In order for a couple to procreate it is necessary for successful fertilisation of the ova by the male sperm. In the investigation of an infertile couple the infertility in approximately fifty percent of cases is the result of abnormality in the male.

In evaluation of the male, attention is paid to whether the infertility is primary or secondary. Secondary means that the patient has already successfully fathered children and now is not able to, whereas primary means that the man has never been a father.

In investigation a history is taken from the patient regarding his development and the couple's history regarding intercourse.

Physical examination is carried out to ensure that there are no anatomical abnormalities or abnormalities of physical development. The key to investigation of infertility in the male is the examination of a semen sample, which is examined in the pathology laboratory. The sample is obtained by masturbation into a jar. The patient should have four days' abstinence of ejaculation and the specimen supplied to the laboratory within one hour of obtaining it.

Semen Analysis

Various parameters are looked at with regard to semen analysis. These include such things as the volume, the number of sperm, degree of motility of the sperm and sperm morphology, (their appearance - normal or otherwise) and the presence or absence of any abnormal cells, such as inflammatory cells. It must be emphasised that infertility should be managed as a couple as abnormalities on both sides may add up to potentiate the problem. Treatment of male infertility is then directed towards the correcting of the abnormality, whether through medication designed to stimulate sperm production, correction of the 'pipe work', such as reversal of vasectomy, (vaso vasostomy), and in some cases it is appropriate for in vitro fertilisation to be carried out through the appropriate IVF clinic.

In some cases it is not possible for a man to become a father, under which circumstances the couple may wish to consider artificial insemination by a donor or adoption, or the alternative of remaining childless.