

# MALE INFERTILITY

## Patient Fact Sheet

### Introduction

It is estimated that 15% of couples in the United States encounter a problem with fertility (inability to reproduce). In approximately 30% of couples, the infertility is related to the male partner and in approximately 20% of couples the cause of the infertility is a combination of both male and female factors. So, in approximately 50% of all infertile couples, a male fertility problem plays a role in the couple's inability to conceive. It is generally accepted that an evaluation of fertility problems should begin whenever the couple or patient expresses concern and that the male and female should be evaluated simultaneously.

A thorough health history, a physical exam, and a properly performed semen analysis are the cornerstones of the male fertility evaluation. The semen sample provides valuable information and is more than just the "sperm count." Multiple components are examined, including the amount (volume) of the ejaculate (fluid discharged during orgasm), the sperm count (density), the percent of moving sperm (percent motility), the speed (forward progression) and the shape of the sperm (morphology).

There are many causes of male infertility. It is estimated that between 30%-40% of men evaluated for infertility will be found to have a varicocele. A varicocele is a dilation or swelling of the veins that drain the testicle. A varicocele can occur on one or both sides, but is most common on the left. Abnormalities in hormone production may be another cause of male fertility problems. Infections, prior surgeries to the groin or pelvis, or a history of testicular trauma may all affect fertility. Recently, specialists in reproductive medicine have focused their attention on genetics and the role genetics may play in fertility.

### The symptoms that you might notice include

- No symptoms at all
- Decreased sex drive or libido
- Symptoms of varicocele include: scrotal discomfort, especially after standing for long periods, a swelling on one or both sides of the scrotum, or no symptoms
- Anger, frustration, and disappointment with the delay in conceiving a child

### Signs that your health care provider may find on examination

- Abnormal testicular size or shape, which may be related to hormonal causes of infertility
- Abnormal shape of the epididymis (tightly coiled tube that carries sperm from the testes to the vas deferens), which may be

related to obstruction or blockage of the epididymis or scarring from past trauma, infections, or surgery

- Absence or thinning of the vas deferens (tube that carries sperm from the epididymis to area where it leaves the body).
- If a varicocele is present, distended veins can be felt, or palpated, by the examiner. The examination should occur with the patient *standing*.
- Abnormal semen analysis, which may demonstrate one or more of the following: decreased number of sperm, decreased motility, decreased speed, abnormal shape of sperm

### Treatment

Treatment is aimed at the cause of the fertility problem. Varicoceles can be either surgically repaired or occluded during a radiology procedure performed by an interventional radiologist. If hormonal abnormalities are found to be the cause, hormonal replacement therapy may be prescribed. Surgical correction of obstruction is possible, if the cause is a blockage within the reproductive tract. Lifestyle changes may also be a part of the treatment plan. Decreasing the consumption of (or eliminating altogether) alcohol, tobacco, and marijuana will be recommended. Procedures known as Assisted Reproductive Techniques manipulate sperm in the lab in a controlled manner and have greatly facilitated pregnancy.

### Prevention

The concept of preventing infertility is new, with emphasis occurring only within the past 5 years. It is advisable that men develop an increased awareness of occupational hazards or exposures that may occur in the workplace. Occupational hazards include exposures to industrial organic solvents, lead, mercury, manganese, certain pesticides, and phthalates. Men should consider limiting or eliminating the use of alcohol, tobacco, and marijuana, all of which are implicated in affecting male fertility. Protection from sexually transmitted infections is important, as infection can cause scarring and blockages within the male reproductive tract. Avoiding the use of hot tubs is generally recommended to prevent overheating the testicles. Finally, it is important for parents of male infants to understand that undescended testicle (a condition that occurs in 3-5% of full term infants and 30% of premature infants) should be corrected early in life. Changes in fertility occur in a male child with the condition as young as 1 year of age. The optimal time for surgical correction of undescended testicle is as soon as possible after 6 months of age.

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