



MALE INFERTILITY

GUIDE

# Imprint

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By Victory A.R.T. Laboratory Phils, Inc.

This eBook was created by <http://www.ivfvictoryphilippines.com/> in hopes of helping bring into light infertility questions and bring solutions for many couples and / individuals having a hard time conceiving.

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**Victory A.R.T. Laboratory Phils, Inc.** is part of the Hong Kong based Victory Group of A.R.T. Laboratories and is the pioneer IVF laboratory here in the Philippines. Established in and spearheaded by **Dr. Gregorio Pastorfide**, a re-knowned and internationally acclaimed OB-GYN, Victory continues to assist and provide infertility solutions using state-of-the-art equipment and an ever-growing and adapting medical team.

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We thank you everyone who visited our website for information regarding IVF. We have come a long way in providing articles to hopefully aid and support everyone thinking of undergoing the process.

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# Tests for Diagnosis of Male Infertility



When men suspect that the cause of infertility may be due not to their female partners but themselves, it necessitates investigation into the underlying cause. Anatomy plays a key role in the diagnosis of sperm production issues. Thus, a comprehensive investigation of the pertinent anatomical structures is warranted. The causes for decreased male fertility may be pre-testicular, testicular, or post-testicular in origin.

Pre-testicular means there may be a problem in the hormonal balance in your body because the hypothalamus and pituitary in the brain controls testis sperm and testosterone production. Tumors of the pituitary or other nearby structures inside the brain may result in decreased production of testosterone and sperm.

Testicular means there is a congenital or acquired reason for the testicles to not produce adequate numbers or normal sperms. An example of a tes-

ticular issue is varicocele, a disorder in which the pampiniform venous plexus in the scrotum is abnormally enlarged. The pathogenesis of this condition is similar to that of varicose veins, where defective valves within the inner walls of the veins allow for retrograde backflow of blood. Compression by an external structure, such as a tumor, scar tissue, or an adjacent enlarged blood vessel is another cause.

The condition impairs the supply of oxygen-rich blood and nutrients to the testes, compromising normal testicular function.

Testicular trauma is another anatomical issue that can lead to decreased sperm production. Since the scrotum is not surrounded by muscle, bone, or other protective structures, it is easily struck, hit or crushed.

Most testicular trauma injuries occur in the context of contact sport or hand-to-hand combat. Wearing an athletic support with a cup can prevent the occurrence of testicular trauma, and is recommended for men and boys engaging in contact and collision sports, as well as martial arts.

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Testicular torsion, in which the spermatic cord is twisted, obstructing the blood supply and causing ischemia, or injury due to lack of oxygen. Congenital malformations of the processus vaginalis account for the vast majority of cases that result in testicular torsion. This is known as the “bell-clapper deformity,” in which the testis is free floating within the tunica vaginalis of the scrotum.

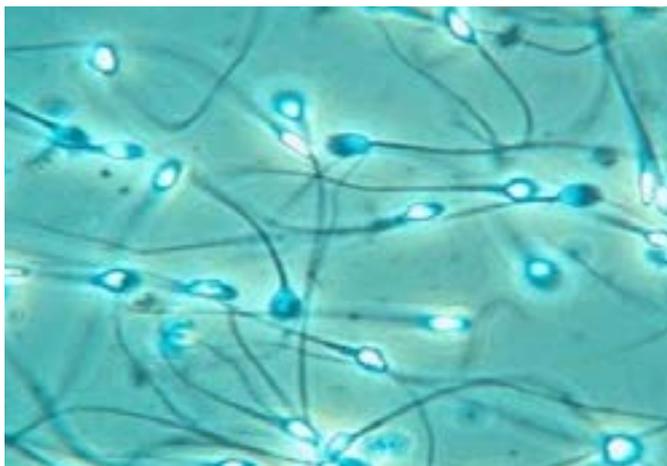
Post-testicular means there is an obstruction of the male reproductive tract that the sperm cells have to travel from the testis to the tip of the penis. These conditions include previous vasectomy, which can be reversed by another surgery. The ejaculatory duct may also be obstructed by congenital malfor-

mation or genetic defects.

Also, previous inflammation or infection of the genital tract can cause scarring, adhesions or obstruction. Sexually transmitted diseases may cause male infertility in the Philippines, especially since many cases go undiagnosed, untreated, or undertreated.

The treatment for male infertility will vary between patients, depending on the etiologies in question. Treatment may include assisted reproductive technologies, such as artificial insemination, in-vitro fertilization, microsurgical fertilization such as intracytoplasmic sperm injection, drug therapy and surgery.

## Anatomical Issues which can Cause Sperm Production Issues



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# How Sperm Assessments Are Done



Semen analysis is the assessment of the characteristics of a man's semen and the sperm it carries. This examination is performed as part of the process to evaluate the man's fertility, and is widely considered the most important diagnostic tool to investigate male problems with reproduction.

A semen analysis is commonly done for three reasons: to investigate infertility, to verify that a vasectomy was successful, and to test human donors for sperm donation. Thus, the most common parameters measured in this examination include sperm count, motility, morphology, and volume. Fructose level as well as pH are also commonly measured and used for clinical correlation.

In the Philippines, semen analysis is available at several diagnostic centers, hospitals, and other health care providers.

Preparation for a semen analysis requires that the patient refrain from any sexual activity that results in ejaculation for 2 to 5 days prior to the examination. Abstinence from sexual intercourse for more than 1 to 2 weeks may result in sperm with less activity.

Also, the use of alcohol, medicines, herbal supplements and recreational drugs must be disclosed to the physician conducting the test, since these factors may affect results.

The collection of a semen sample occurs through ejaculation into a sterile collection cup. While this may be accomplished through masturbation, some men may be uncomfortable with this practice or their religion may prohibit it entirely. Collection condoms, which are made from silicone or polyurethane, may be used as well, since latex is harmful to sperm.

Some latex condoms also contain spermicidal chemicals, also incompatible with sperm survival. Additionally, sperm samples from collection condoms have been found to have higher total sperm counts, improved motility, and more normal sperm.

The following table summarizes normal findings for semen analysis below:

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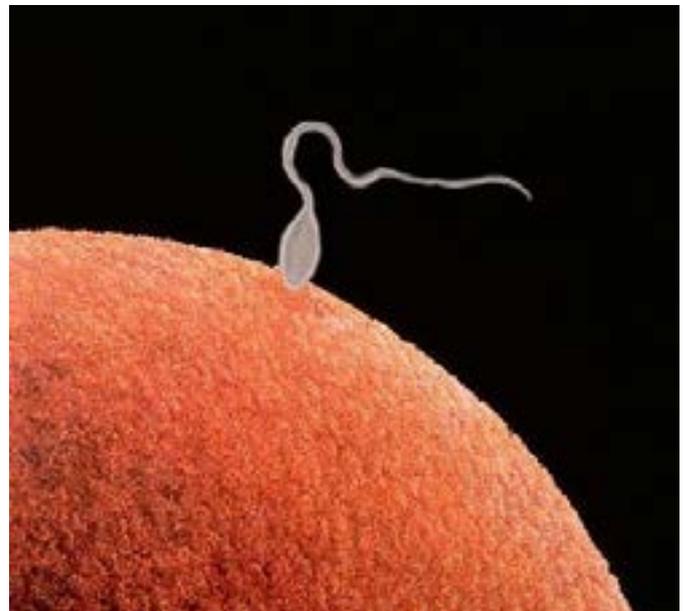
|                         |  |
|-------------------------|--|
| Sperm Concentration     | At least 15,000,000/ml.                                  |
| Total Sperm Count       | At least 39,000,000 per ejaculate.                       |
| Motility                | At least 50% (measured within 60 minutes of collection). |
| Vitality                | At least 60%.  |
| Morphology              | At least 4% of sperm cells in the sample are normal.     |
| Volume                  | At least 1.5 ml.   |
| Fructose                | At least 3mg/ml.   |
| pH                      | 7.2-7.8  |
| Liquefaction            | Within 60 minutes of ejaculation.                        |
| White Blood Cells (WBC) | None.  |

Sperm motility can be further specified according to motility grade, wherein the sperm cells are categorized into one of four categories:

- Grade a: progressive motility, swimming in a straight line.
- Grade b: progressive motility, but traveling in a curved or crooked path.
- Grade c: non-progressive motility, but tail movement is perceptible.
- Grade d: non-motile, non-moving sperm cells.

Semen analysis may be normal in men with abnormal sperm function, while men with poor results for semen analysis may successfully impregnate their partners.

If the results from a man's initial sample indicate subfertility (i.e. when two or more semen analyses have one or more variables below the 5th percentile), then two more semen assessments must be done for verification. The subsequent analyses must be done at least 2 to 4 weeks after each examination.



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# Fertility Drugs for Men



Reproductive specialists sometimes prescribed the same fertility drugs for sperm problems in men that women receive for ovulation problems.

Types of male fertility drugs:

If the male partner is facing male infertility as a result of abnormal hormone levels, the physician may prescribe any of the following treatment regimens:

1. Human chorionic gonadotropin (hCG): Injections of 1500 to 2000 IU of hCG three times a week for up to six months is the standard regimen for this treatment. During this time, testosterone levels will be monitored and the dosage is adjusted accordingly. The mechanism of human chorionic gonadotropin (hCG) is to stimulate the testes to produce testosterone and sperm.

2. Human menopausal gonadotropin (hMG) with hCG injections: If the sperm count has not increased after six to nine months of receiving regular hCG injections, the doctor may adjust the regimen to include human menopausal gonadotropin.

3. Recombinant human follicle stimulating hormone (rhFSH): Another option to boost the effect of fertility drugs is to incorporate recombinant human follicle stimulating hormone (rhFSH). Like hMG, rhFSH is added to the treatment regimen for hCG. Regimens of hCG with or without the other added hormones may require as long as two years of treatment for a

man to regain normal fertility.

4. Gonadotropin releasing hormone (GnRH): Male infertility as a result of hypogonadotrophic hypogonadism secondary to hypothalamic disease may warrant treatment with gonadotropin releasing hormone (GnRH).

This medication is delivered via a pumping device with an attached needle and catheter. The drug is delivered through the pump in precise, injected doses. Since this device requires that the patient wear the device on a daily basis, it can be a very difficult form of fertility treatment.

5. Clomid: As one of the most common drugs prescribed to increase female fertility, clomiphene citrate is another treatment option for male infertility. Clomid works for men by signaling the pituitary gland to produce luteinizing hormone (LH) and follicle-stimulating hormone (FSH), ultimately stimulating the testicles to produce testosterone and sperm.

The standard dose for men is one tablet of Clomid per day for three to six months. However, although Clomid is effective for women, Clomid has relatively low success rates for men.



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# How Men Must Prepare for IVF



Men and women have some consistent differences when it comes to dealing with their problems, and infertility is no exception. While women tend to be supportive and open about discussing the challenges they face with infertility, men are less expressive, and sometimes uninvolved in what their female partners are going through.

For many experts, such a lack of communication is not uncommon, since traditionally, assistive reproductive therapies are focused more on women than on men.

It is imperative for men in relationships who are dealing with infertility to have ownership of not only the problem, but also the process by which a solution can be achieved. Infertility as a disease is multifactorial, and can have a variety of contributing etiologies. Treatments and procedures can take their toll on the women undergoing them, and the men in their lives must be prepared to be as supportive as they can.

The following is a list of suggestions on how men can help the women they love cope with in-vitro fertilization:

- Ask the assistive reproductive specialist as many questions as possible. This helps to understand the process to a much greater extent, and prepares the man for active participation.
- Do not feel ashamed or embarrassed if pregnancy does not happen right away.
- Resist feeling anxious about pregnancy. Remain positive for your partner through every step of the IVF cycle.
- Be an active participant in the process as possible. IVF cycles require preparation not only from the woman, but also from the man.
- Seek counseling and emotional support from other men as well as mental health professionals as often as desired. Although this can be done as a couple, men should not be intimidated about finding support on their own.
- Be selective about who knows about your fertility issues. Your and your partner's health is ultimately your own business, and having to retell stories about failures and disappointment can add to an already stressful situation.

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- Approach assistive reproductive therapy with an open mind.

Doing this would allay fears about failure of the IVF procedure, or about unexpected outcomes such as multiple births. Being open-minded also enables the man to manage expectations better.

Men should also take care of their own bodies and

minds. Eating healthy foods daily, avoiding alcohol and other vices can greatly boost nutrition and maintain normal male hormone levels.

Exercising at least five days out of every week for at least 30 minutes a day can mitigate depression and relieve stress. By ensuring their own strength, men can help and support women undergoing IVF, leading to greater IVF success.

## How to Support the Infertile Man



Couples who have to cope with infertility often have an uphill battle to climb, and coping is a very difficult task. They have to face many questions they can't answer on their own, let alone understand, since infertility is an issue with many variables. Infertility in the Philippines may be especially challenging to handle, with such a heavy cultural emphasis on building a family as an important facet of life.

Infertility is not something that can just go away or be cured by hard work. It requires medical diagnosis and treatment by a physician trained in assisted reproductive technology, as well as self-education, insight, and planning for coping mechanisms on the part of the patient.

Becoming educated about the procedures and treatments for male infertility, it is important to determine goals and limits before starting any therapy. By deciding in advance which procedures are acceptable not only medically, but also from a financial and emotional standpoint, then both the patient and his partner can plan their course of action.

Assisted reproductive technology can be very expensive, and medical insurance usually does not cover it. Additionally, since getting pregnant has many pitfalls, to be successful in achieving fertilization and pregnancy may require several attempts. Rather than continuing or repeating procedures that leave you emotionally and financially drained, it is important to manage expectations accordingly.

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By setting limits on other approaches to infertility, this reduces anxiety during treatment cycles, and feelings of despair if they fail.

Men and women often differ when it comes to talking about feelings. Across different cultures, men are usually less enthusiastic and verbally expressive, and do not usually counseling. Support groups where men can discuss these issues are available, and may be an effective means to cope before, during, and after treatment.

It is healthy for men to discuss their problems with infertility with other men, express frustration and grief during failed treatments. Keeping feelings to oneself such as guilt, anger, or despair can be damaging for them.

If support groups and counseling services are not attractive options, talking with friends and family about your feelings can make dealing with infertility much easier. Many times the best support comes from those closest to you.



Managing stress can make a significant difference in successful versus failed treatment for male infertility.

Stress-reduction techniques such as yoga and meditation, as well as exercise and massage, can improve not only the quality of your life, but increase your chances for success. Cognitive behavioral therapy, which trains the patient in relaxation techniques as well as stress management, may also improve semen quality.

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*When you feel like giving up,  
remember why you held on  
for so long in the first place.*

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  - Embryo and Blastocyst Freezing
  - Sperm and Testicular Tissue Freezing
- \* Frozen-Thawed Embryo Transfer (FET)
- \* IntraCytoplasmic Sperm Injection (ICSI)
- \* In Vitro Fertilization & Embryo Transfer (IVF-ET)
- \* IUI (Intrauterine Insemination)
- \* Hormonal Test including Pregnancy Test
- \* Micro Epididymal Sperm Aspiration (MESA)
- \* Testicular Sperm Extractin (TESE)
- \* Testicular Biopsy for Diagnosis of Male Infertility



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