

# Patient Information

## Azoospermia or severe oligospermia

#### Introduction

This leaflet describes the treatment options available for men with azoospermia or severe oligospermia.

'Azoospermia' and severe 'oligospermia' are the words to describe an absence of sperm or very few sperms in the ejaculate. Various factors can contribute towards these conditions, some of which may be inherited.

## Isolation of sperm from ejaculate

Sometimes a few sperm can be isolated from the ejaculate, even if standard semen analysis has previously failed to find any sperm.

To find these sperm, the whole ejaculate is prepared using a method called a density gradient. This separates out any sperm present and concentrates them into tiny droplets. This droplet is then examined for the presence of sperm.

If no sperm are found, the droplet is further prepared to perform an even more thorough search for sperm.

Any sperm found can be frozen for future use in ICSI (Intra Cytoplasmic Sperm Injection). Consent forms for sperm storage must be completed.

If no sperm can be found, even following this final examination of droplets (now called long drops), the sample is said to be azoospermic (contains no sperms at all).

## **SSR (Surgical Sperm Retrieval)**

SSR allows us to take the sperm directly from the testis or epididymis. SSR can be used for men who have had a failed vasectomy reversal. It may also be suitable for men with spinal injuries and where there are problems with normal ejaculatory function.

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**Gynaecology** 

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Before the SSR you will be given intravenous (injected) sedation then a local anaesthetic will be injected into the scrotal skin. Sedation will make you sleepy but aware of what is happening.

A needle is used to suck small lengths of sperm producing tubes. These are then carefully dissected (cut up) under a microscope and any moving sperm found are cultured (grown) overnight then frozen. These sperm are later assessed to see if they are suitable and if so, the couple proceed to IVF (In Vitro Fertilisation) with ICSI.

If no sperm are found by the SSR procedure the final option for the couple is donor sperm insemination.

Azoospermic and severely oligospermic men attending the clinic do not have to accept all of these options. They can choose donor insemination at any stage. However, a thorough examination of the ejaculate is recommended before resorting to SSR.

#### **Contact information**

If you have any questions, please feel free to contact the fertility nurses via Mrs K Reddy's secretary on the number below:

#### **Cotswold Fertility Unit**

Tel: 0300 422 3128

Monday to Friday, 8:00am to 4:00pm Website: <a href="https://www.cotswoldfertilityunit.co.uk">www.cotswoldfertilityunit.co.uk</a>

### Gloucestershire Domestic Abuse Support Service (GDASS)

This is a county-wide service offering a variety of support programmes for women and men over 16 years old who are experiencing domestic abuse.

Tel: 01452 726 570

Monday to Friday, 9:00am to 5:00pm

#### **Domestic Violence Helpline**

Tel: 0808 2000 247 (24 hours) Email: <a href="mailto:support@gdass.org.uk">support@gdass.org.uk</a> Website: <a href="mailto:www.gdass.org.uk">www.gdass.org.uk</a>



#### **Patient** Information

#### **Further information**

**Human Fertilisation Embryology Authority (HFEA)** 

Website: www.hfea.gov.uk

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## Making a choice

# **Shared Decision Making**

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



# **Ask 3 Questions**

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

- 1. What are my options?
- 2. What are the pros and cons of each option for me?
- 3. How do I get support to help me make a decision that is right

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AQUA https://aqua.nhs.uk/resources/shared-decision-making-case-studies/