

Male Factor Infertility: From His Perspective

By Tamar Weiss

Most often when we think of infertility, we think of a couple unable to become pregnant as a result of some underlying medical problem with the woman. The picture of a woman desperate to have a child, and as a result under terrible emotional duress, may come to mind.

Often, it is overlooked how great a man's desire can be to have children and create a family of his own. Although infertility is a couple's issue ♦ something that they must deal with and work out together, individuals going through the methodical and uncomfortable testing and proceedings may be having a particularly hard time of dealing with infertility.



Those who have begun the process of fertility testing know that one of the initial procedures is to test the male. With approximately 15 to 20 percent of American couples failing to conceive after one year of trying, one half of these instances involve male factor infertility. Thus, it is not at all uncommon for men to have difficulty impregnating a woman.

All too often, men see male factor infertility as a blow to manhood ♦ as if their ability to fertilize a female egg is the defining element of their masculinity. In addition to this, some of the fertility tests and procedures that men undergo can be uncomfortable and even humiliating for them.

If this is not enough to juggle, infertility is extremely taxing emotionally and can be trying for the couple having to endure it. Perhaps a better understanding of the medical problems and procedures at hand would help both individuals in the relationship, and the couple as a whole, to deal with the upheaval of infertility.

How Testing Begins

Couples who have been trying unsuccessfully to conceive for one year may choose to begin fertility testing. If, however, the female partner is older than 30 or has a history of abnormal menstrual cycles, evaluation may be started earlier.

When diagnosing male factor infertility, the physician will take a complete medical history including previous illnesses, surgeries and hospitalizations along with use of recreational drugs, alcohol and tobacco. The history will also include questions as to possible exposure of environmental and occupational toxins. The physician will take a reproductive history including when sexual maturation began, risk of sexually transmitted diseases, how often intercourse takes place, problems with erection or ejaculation and use of lubricants, plus a family history. Then, a complete physical exam will follow. All of these questions and procedures will aid the doctor in diagnosing the specific causes of the infertility.

Dr. Jay Sandlow, assistant professor in the Department of Urology, University of Iowa Hospitals and Clinics ♦ says that infertility caused by drug, alcohol or tobacco use can be reversed. Dr. Peter Kolettis, assistant professor of urology at the University of Alabama at Birmingham, recommends that his patients who smoke and drink excessive amounts of alcohol cease such behavior and begin taking multivitamins with antioxidants in addition to 400 milligrams of vitamin E each day, in an effort to aid fertility.

The Physical Exams

One of the purposes of the physical exam is to identify whether a varicocele is present. This is an enlarged varicose vein in the scrotum. According to Dr. Sandlow, varicoceles are the most common cause of infertility among men. "These dilated veins around the testicles raise the temperature in both testes, causing a decrease in sperm count, motility (rate and direction of movement) and morphology (shape and size of sperm)," he says. Another common cause of infertility in men is obstruction, or blockage, of the pathways from the testes to the urethra.

Testing for both of these conditions may be uncomfortable for the patient. The physical examination, which aids in diagnosing varicoceles, is a careful palpation of the scrotum while the patient stands, lies down and bears down on his pelvic floor muscles while holding his breath. A difference in size between right and left testes may also indicate varicoceles. To see if there are blockages, a physician may perform a testis biopsy, radiologic and other tests.

The prognosis for these conditions is usually quite good. "Varicoceles can be repaired via outpatient surgery and result in pregnancy in up to 50 percent of couples," says Dr. Sandlow. "Bypass of obstruction can usually result in return of the sperm to the ejaculate (expelled semen), and have pregnancy rates that approach 60 to 65 percent."

Semen Analysis

Typically when male factor infertility is suspected, a doctor will order a semen analysis. According to the American Academy of Urology, this test is the "most informative test for male infertility." However, it is not completely conclusive, as "there is still some confusion as to what is required for adequate and healthy ejaculate ... and ... semen characteristics are not absolute predictors of sperm function."

Most specialists will require at least three semen samples in order to make an educated judgment about semen quality. The process entails a man ejaculating into a clean, dry container. *Scott, who was instructed to enter a cubicle and fill a plastic cup with semen, was terribly uncomfortable and self-conscious. He left the fertility clinic feeling humiliated. Although such feelings are quite common, he felt particularly degraded.

Most clinics will allow men who have an objection to doing a semen sample by way of self-stimulation to use other methods such as coitus interruptus (where the penis is withdrawn during intercourse) or by using a special perforated condom or one untreated with spermicide. Samples taken at home should be kept at body temperature and delivered to the doctor within one to two hours.

The purpose of the semen analysis is, primarily, to check:

- Semen volume: Volumes less than 1 milliliter or greater than 5 milliliters affect fertility.
- Sperm motility: Normal sperm will swim faster and straighter than abnormal sperm.
- Sperm morphology: Morphology is determined to be normal if more than 50 percent have an oval head, are between 3 to 5 millimeters long and 2 to 3 millimeters wide and have a mid-piece and tail.
- Semen viscosity: The amount of time it takes for semen to liquefy after it is ejaculated.
- General make-up of semen.

Abnormalities in any of these categories may suggest various infertility conditions.

Emotional Support

These are just a few common tests and indicated conditions that infertile men may suffer. Often, men will have to go through more grueling examinations and procedures. It is especially important, says Dr. Kolettis, for each individual in the couple to support whichever of them is undergoing a test or procedure at that specific time. These things can cause a great deal of emotional stress on individuals and couples, making it very difficult to remain positive and upbeat during fertility testing and treatment.

Dr. Sally Kope, a sex therapist and supervisor with a private practice in Ann Arbor, Mich., stresses that in order to keep a relationship positive during such a time, "It takes real determination, and many times a sexual relationship really suffers." She suggests taking a break from the basal thermometers for a while if there is a great deal of stress. Making couple time alone and having other interests outside of becoming pregnant are quite helpful.

Dr. Sandlow points out that treatments take time to work and a man's reproductive cycle is approximately three months, so that after any type of treatment there is ostensibly a three- to six-month period of improvement. He advises his patients to get back to having sex for non-reproductive reasons at this time. He says this is a great time to "return to non-stressful sexual activity."

Dr. Kope also points out that some couples are successful at putting a limit on the amount of time spent talking about infertility. This can help relieve stress as well. It is terribly difficult to avoid the pressures of conceiving while being in the midst of it, acknowledges Dr. Kope. She tries to reassure her patients that no matter what the outcome, there is life after infertility. Infertility support groups can be very helpful, she says.

Dr. Kope also suggests that people avoid very painful situations, such as baby showers and gatherings with many little children. Some people have no way of escaping these situations, though. *Shelly and Brian Keller, a couple faced with serious male and female infertility factors, both have siblings with many children. They found it painful to be around them and yet were unable to really avoid them.

Further, having already experienced a miscarriage of twins after IVF, reproductive treatments were exceptionally stressful for the couple. They decided to periodically take breaks from the timing, measuring and scientific approach to conception. Oddly enough, it was during one of their "breaks" that Shelly became pregnant, and she has since given birth to a beautiful little girl. Although many people do not get pregnant under such circumstances, taking breaks certainly seems to help deal with the stress.

Some individuals and couples prefer to try and keep hoping and looking forward to children whenever and however they arrive. The Kellers are living proof that even against the odds, anything can happen.