

UTAH MEN'S HEALTH | Ahead of the Curve

MicroTESE HANDOUT AND POST-OPERATIVE INSTRUCTIONS

Non-Obstructive Azoospermia

Non-obstructive azoospermia is a condition of no sperm seen in the ejaculate in men **without** a structural abnormality preventing the sperm from reaching the ejaculate. This condition is diagnosed from physical exam findings, laboratory results, and semen analysis. Men with azoospermic semen analyses (no sperm seen) are often still producing sperm, but not at a rate high enough for sperm to reach the ejaculate. In cases like this, sperm can, in approximately 60% of cases, be retrieved for use with in vitro fertilization (IVF). The most reliable technique to retrieve sperm, if present, in cases of non-obstructive azoospermia is a microsurgical testicular sperm extraction or microTESE.

Microscopic Testicular Sperm Extraction

Microscopic testicular sperm extraction (microTESE) is a surgical procedure to obtain sperm from the seminiferous tubules of the testes. During this procedure, the patient is asleep as a result of a general anesthetic and the testicles are delivered through a small, midline scrotal incision. Microscopically, each testicle will be opened and the tissue examined for the tubules most likely to contain sperm. The tissue that is removed will be sent for processing to look for the presence or absence of sperm. If sperm is found, it will be frozen for use in later IVF (in vitro fertilization) procedures. As stated above, the chances of finding sperm in a patient with non-obstructive azoospermia is around 60%.

Risks of the procedure include bleeding, infection of the skin or testicle, damage to the blood supply resulting in atrophy or loss of the testicle with the possibility of requiring testosterone supplementation, inability to find sperm, transmission of a potential genetic cause of the infertility, known or unknown, to any offspring resulting from use of the sperm, as well as the risks of general anesthesia. Alternatives to microTESE for patients with non-obstructive azoospermia include sperm donation and adoption.

Post-Operative Care Instructions

Following the procedure, you will be informed of the presence or absence of sperm in the sample(s) taken by either your physician or the andrology laboratory. Most men do not have a significant amount of pain after the procedure, though pain medication will be prescribed.

- Take Ibuprofen 800mg every 8 hours and Tylenol 650mg every 6 hours around the clock for three days. Take provided narcotics only if needed. Ice for 20 minutes out of every hour will also help any pain.
- You can take any bandaging off and shower the day following surgery. No tub baths for one week.
- During the recovery period, use of a jock strap is recommended for scrotal support and avoidance of strenuous exercise for the first week is advised.
- No sex, masturbation, or lifting anything >25 lbs for one week.
- Contact our offices at (801) 587-1454 with any questions or concerns.