

UTAH MEN'S HEALTH | Ahead of the Curve

Testicular Sperm Aspiration (TESA) and Testicular Sperm Extraction (TESE) Patient Handout and Post-Operative Care Instructions

Testicular sperm aspiration (TESA) and testicular sperm extraction (TESE) are procedures performed for men who have adequate sperm production but, for some reason, this sperm is not present in the ejaculate or is not present in the ejaculate in optimal parameters. This is seen in men who have undergone a vasectomy, who are missing vas deferens, or have other functional abnormalities that prevent sperm from entering the ejaculate. The procedures can be done with local anesthetic, moderate sedation, or general anesthesia. They can be performed in the operating room or the clinic.

TESA

During a TESA, a small IV type needle and plastic tube are used to aspirate testicular tissue or epididymal fluid from your testicle to obtain sperm. This procedure requires no sutures as the small hole will simply close on its own. If we cannot easily get sperm utilizing this technique, we will proceed with TESE.

TESE

TESE is the surgical removal of testicular tissue to find sperm. A small, midline scrotal incision is made and a small amount of testicular tissue is taken from within the testis. This tissue sample is evaluated for the presence of sperm. Any sperm found will be utilized for in vitro fertilization (IVF) and/or frozen and stored for future use. Though it is impossible to predict the amount of sperm that will be found during the procedure, in many cases one TESE procedure will provide enough sperm for several cryopreserved vials of sperm.

RISKS

The risks associated with a testicular sperm extraction include bleeding and hematoma formation, infection of the skin or testicle, and the risks of general anesthesia (if used). Most men do well after this procedure with only mild discomfort.

Recovery/Post-Operative Care Instructions

Following the procedure, you will be informed of the presence or absence of sperm in the sample 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.
- Please call our offices at (801) 587-1454 with any questions or concerns.