

# Male Infertility

## What you need to know if you are trying to have a child.

By Jill Case

When couples decide they are ready to have a baby, they often expect a pregnancy to occur pretty quickly, and when it doesn't, they begin to worry. The truth is infertility is usually defined as having unprotected sex for one year without becoming pregnant. If you have been trying for 12 months or more without conceiving, you and your partner may want to consult with a fertility specialist. *ATX Man* spoke with Dr. Kaylen Silverberg from Austin's Texas Fertility Center, who offered his knowledge and expertise on male infertility.

**ATX Man: When a man and woman begin to experience infertility problems, should they both go to a fertility specialist together for a consultation?**

**Dr. Kaylen Silverberg:** Infertility is a couple's disease. About a third of the time, it's strictly female, a third of the time, it's strictly male and a third of the time, it's both. Therefore, we like to see both members of the couple. I tell my patients all the time that infertility is a team sport. We like to see them together and treat them that way.

**AM: Do you figure out what tests you want to do based on an initial consultation, or do you have a common battery of tests that you run right away?**

**KS:** Everybody uses the same common battery, but you have to improvise based on the patient's history. For example, a man may have a history of scrotal trauma, or he may be a diabetic on insulin, so those things start raising different kinds of alarm bells, causing us to look in a direction that we might not look at routinely. Another example is a man who has had a vasectomy reversal. In addition to doing a sperm test, we would also want to check for the presence of anti-sperm antibodies.

**AM: The history is very important. You must spend a lot of time taking the patient's history.**

**KS:** Absolutely right. That's another reason why it's important that we see both members of a couple. There are a lot of issues that we uncover in a patient's



history that may cause us to focus on tests that we might not ordinarily order. Conversely, there are other things that would cause us to eliminate part of the evaluation that a patient might not need. What we do not want to do is a lot of unnecessary testing, so we individualize every diagnostic workup and treatment for every couple.

**AM: Why are men so surprised that so many fertility problems are caused by the male. Many men think it's a female problem. Is it a cultural thing?**

**KS:** That's exactly what I think it is. It's a cultural phenomenon. Women are the ones who spend most of their lives trying not to get pregnant. When you think about it, women are responsible for the overwhelming amount of contraception use in the United States. Precisely because women are responsible for almost everything in terms of contraception, people look at infertility as a woman's condition, a woman's disease. Guess what though? About half of the time, a woman can't have a baby because her husband or her partner doesn't have sperm, he has a low sperm count, he has antibodies or he has some other type of problem that makes conception difficult.

**AM: What tests do you do to determine if a male is having fertility problems?**

**KS:** A basic test we do is a semen analysis. We ask the man to have two to five days of abstinence and then we get him to collect a sperm sample. We evaluate the

sample for multiple different factors, including:

- Sperm count. It's not really a count, but rather concentration, the number of sperm per milliliter of ejaculate. A normal sperm concentration is 20 million sperm or more per milliliter of semen.
- Sperm motility, the percentage of sperm that is alive and swimming.
- Sperm morphology, the percentage of sperm that has a normal shape.

In addition, we examine the sperm for the presence of white blood cells, which might indicate an infection or inflammation. All that testing is included in the basic semen analysis.

If that's normal, we move on with the remainder of the couple's workup. If it's abnormal, then we'll typically get a physical examination performed by a urologist who specializes in male fertility. We ask them to check for several factors, including:

- Varicoceles, enlarged, varicose veins in the scrotum.
- Obstruction, a blockage in the tubes that carry sperm from the testicles to the penis.
- Problems with erectile dysfunction.

We will also check the man's hormone levels. We'll check their FSH (follicle stimulating hormone) and LH (luteinizing hormone) levels, as well as their testosterone level to make sure they are OK.

Some men come in and they are taking steroids. Steroids, especially anabolic steroids, can actually decrease sperm production, sometimes completely.

**AM: What are the most common causes of male infertility?**

**KS:** There are a lot of different causes of male infertility. The most common—and most frustrating—cause is idiopathic, which means that, despite testing, we can't identify the actual cause. Causes we can identify include:

- Anatomical issues (varicoceles, scrotal trauma, vasectomy reversal)
- Hormonal imbalances
- Lifestyle factors (smoking, drug use, steroid use, overuse of a sauna or hot tub, stress)
- Medical problems (diabetes, high blood pressure)

**AM: How do you usually treat male infertility?**

**KS:** We can sometimes treat male infertility with medications like Clomid, or anastrozole. Sometimes we use fertilization methods such as IUI (intrauterine insemination) or IVF (in-vitro fertilization). Some men need surgery to fix anatomic problems.

**AM: What are the emotional issues that can occur with male infertility?**

**KS:** Men, like women, often struggle emotionally with infertility. The difference is that, unlike women, they often won't admit it. Some men are uncertain about whether or not they actually want to have a child, but they won't be honest or upfront about it. We see men

in our practice who have no problem at all having sex at the beginning and end of a woman's cycle, but mid-cycle, when the woman is fertile, they report problems obtaining or maintaining an erection. Issues like these are usually easy to deal with, especially if these guys are willing to see one of the outstanding psychological counselors we partner with to help them. There are also support groups available for both men and women. We have nurses at Texas Fertility who actually facilitate support groups in our office, and they meet every month.

**AM: What is the most important takeaway for men about male infertility?**

**KS:** The most important thing to know is that male infertility, like infertility in general, is a curable medical condition. When you think about it, we can't cure diabetes, high blood pressure or even the common cold, yet infertility is usually curable. Studies show that the overwhelming majority of couples who walk in our door (85 to 88 percent) and stick with the plan will walk out with a baby.

*Dr. Kaylen Silverberg is a fertility specialist and medical director at the Texas Fertility Center. He is board certified in both obstetrics and gynecology, as well as reproductive endocrinology. He was recently honored by the American Fertility Association with the national Family Building Award, and he is recognized annually by the Best Doctors in America. To learn more about Dr. Silverberg, visit [txfertility.com](http://txfertility.com).*

## Common Treatments for Infertility Defined

In many cases, the treatment for cases involving male, female or male/female combined infertility is either IUI or IVF.

IUI (intrauterine insemination). During this procedure, the man's sperm sample is placed directly into the woman's uterus. This procedure is often recommended when the male's sperm count (or concentration) is low or if the couple has unexplained infertility. The procedure is sometimes combined with medications to stimulate the woman's ovaries.

IVF (in-vitro fertilization). This is a multi-step procedure that involves retrieving eggs from the woman and joining them with the man's sperm in vitro (in a laboratory). The fertilized egg divides, forming an embryo, which is then implanted into the woman's uterus.

AUSTIN RADIOLOGICAL ASSOCIATION

## Men's radiology at ARA - information for your best health

Austin Radiological Association is committed to bringing you the full spectrum of men's medical imaging. We offer prostate and testicular imaging, heart imaging, CT lung screening, bone density exams, screening for abdominal aortic aneurysm, treatment for varicose veins and varicoceles and much more. With 15 locations, it's easy to find ARA medical imaging services near you.

My family doctor found that the drug I was taking for acid reflux could deplete my calcium so he ordered the bone density scan at ARA. The people at the Georgetown clinic made me feel like they really care – practically like loving family.

~ Bill Chapman  
ARA bone density patient



SCHEDULING (512) 453-6100

[www.ausrad.com](http://www.ausrad.com)