

Male Infertility Summer 2014

## 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 twelve 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 to find out more about male infertility.

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

**Dr. 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.

**AW:** 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?

**Dr. Silverberg:** 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 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.

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

**Dr. Silverberg:** Absolutely right--that's why we do the same thing for both men and women. There are a lot of things in a patient's history that cause us to look at things that we might not ordinarily look at, but

there are other things that would cause us to eliminate part of the evaluation that the patient might not need. What we do not want to do is a lot of unnecessary testing so we individualize every treatment regimen and every treatment diagnostic mode for every couple.

AW: 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?

Dr. Silverberg: That's exactly what it is. It's a cultural phenomenon. Women are the ones who have to spend all this time trying not to get pregnant. When you think about it, women are responsible for the overwhelming amount of contraception in the United States. The problem with that is that 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? A lot of times a woman can't have a baby because her husband or her partner doesn't have sperm, or he has a low sperm count, he has antibodies, or he has some other type of problem that makes conception difficult.

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

Dr. Silverberg: 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 the sperm. We evaluate the sperm for multiple different factors, including

- Sperm count—(it's not really a count, but a measure of concentration) the number of sperm/milliliter of ejaculate. A normal sperm concentration is 20 million sperm or more/milliliter
- Sperm motility—the percentage of sperm that are alive and swimming
- Sperm morphology—the shape of the sperm
- Sperm maturity
- Sperm volume

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

If that's normal, we're pretty satisfied with it. If it's abnormal, then we'll typically get a physical examination performed by an urologist who specializes in male fertility. We ask them to check for:

- 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) to make sure they are okay.

Some men come in, and they are taking steroids. Steroids, especially androgenic or anabolic steroids, can actually decrease sperm or cause the body not to produce sperm at all.

AW: What are the most common causes of male infertility?

Dr. Silverberg: That are a lot of different causes of male infertility. Actually the most common reason for of male infertility is idiopathic, which means that there's no real viable cause. Causes we know about include:

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

AW: How do you usually treat male infertility?

Dr. Silverberg: We can sometimes treat infertility with medication like Clomid. Sometimes we use fertilization methods such as IUI (intrauterine insemination) or in-vitro fertilization, and, finally, some men need surgery to fix their problem.

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

Dr. Silverberg: First, some men just don't want to have a child, and they won't be honest or up front 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, they become impotent. We send them to psychological counselors to help them deal with that issue.

There are also support groups available. We have nurses who actually mediate and facilitate support groups in our office, and they meet every month.

AW: What is the most important "take away" for men about male infertility?

Dr. Silverberg: The most important thing to know is male infertility, like infertility in general, is a curable medical condition. We can't even cure the common cold, but infertility is usually curable. The overwhelming majority of couples who walk in our door (85-88%) will walk out with a baby.



Dr. Kaylen Silverberg is a fertility specialist at Texas Fertility Center. He is board-certified in both Obstetrics & Gynecology, as well as Reproductive Endocrinology. He was recently honored by the American Fertility Association with the Family Building Award, and he is recognized annually by the Best Doctors in America.

To learn more about Dr. Silverberg, go to [www.txfertility.com](http://www.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 with unexplained infertility. The procedure is sometimes combined with medications to stimulate the woman's ovaries.

IVF (In Vitro Fertilization)—this is a five-step procedure that involves retrieving an egg from the woman and joining with the man's sperm in vitro (in a test tube). In vitro, the cells form an embryo, which is then implanted into the woman's uterus.