

## **PENINSULAR CENTRE FOR REPRODUCTIVE MEDICINE**

### **INFORMATION FOR MEN SUBMITTING SEMEN FOR CRYOSTORAGE**

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The freezing and storage of semen is a procedure that is controlled in the UK by a statutory licensing authority called the 'Human Fertilisation and Embryology Authority (HFEA)'. As well as inspecting and approving the laboratory facilities and procedures the HFEA requires centres that freeze and store semen to adhere to a Code of Practice for counselling and obtaining consent from men who wish to submit samples for storage.

At the Peninsular Centre for Reproductive Medicine the procedure is as follows:

1. Men may either be referred by a doctor to the clinic with a view to storage or in the case of men wishing to store sperm prior to vasectomy may telephone the clinic for an appointment to go through the procedure with a member of the clinic staff. A copy of the form which would be used for the man's consent to the storage procedure would be sent with the appointment to give him time to consider it.
2. At the appointment the clauses on the consent form would be discussed and filled in, stating the maximum number of years for which the sperm should be stored, and specifying the purpose for which the stored sperm would be used - in this case to treat the female partner of the man in order to try to enable her to have a baby. The maximum period that sperm may be stored is 10 years, except for men undergoing treatment for cancer which may render them sterile in which case it may be kept for 55 years. Even in the latter case our clinic will normally only allow a maximum specified storage period of 5 years at any one time and the man would need to contact us to arrange to continue storage beyond that before the 5-year limit expires. After the specified storage period the sperm would be removed from storage and disposed of. The man may at any time change the terms of his consent with respect to the duration of storage by notifying the clinic.
3. The sperm is kept in sealed ampoules but adjacent to other samples and for this reason it would be necessary for the man to have a blood-test for HIV and Hepatitis B & C prior to storage. We would not normally be able to undertake storage if the test is positive. If a sample in the container was subsequently discovered to pose a risk of contaminating other samples it may be necessary to dispose of all the samples from all those who have stored sperm in the same container that may be at risk.
4. A container would be provided for the man to produce a semen sample and bring it to the clinic at an appointed time. The best quality samples are produced after two to three days' abstinence from ejaculation but not longer. The sample should be produced directly into the container (and especially not into a condom, which may contain spermicide) that should then be brought to the clinic within 1 hour. In rare cases of illness that may mean that the man is unable to produce a sample, arrangements may be made to obtain sperm by means of a minor surgical operation called 'T.E.S.E.'. Sperm obtained in this way can only be used for treatment in conjunction with in-vitro fertilisation (IVF).
5. The sample would be analysed to check it's quality and the aim would be to split it into fractions and store up to twelve separate ampoules. In some cases a man may be advised to bring a further specimen or specimens.
6. Even with apparently good quality samples it is sometimes the case that the sperm do not survive the freezing and thawing process well. There can be no guarantee that the use of the sperm would result in a pregnancy. There is also a risk that samples may be damaged or deteriorate due to circumstances beyond the clinic's control.

**7.** If and when the man and his partner wished to try for a baby using the stored sperm an appointment should be made with the clinic via his general practitioner. Treatment using the sperm might not be available on the NHS in some cases. Treatment is usually quite simple and involves the woman attending the clinic during her fertile period to have one or more ampoules of the thawed semen inserted by artificial insemination. In the absence of unsuspected problems on the woman's part and with a normally fertile man the chance of conception is about 8 - 10% per treatment cycle. There is no guarantee that the treatment would be successful.

**8.** Before sperm can be stored or used for treatment centers are required to take into account not only the request of couples seeking treatment, but also the welfare of any child which may be born as a result as well as that of existing children in the household or family. So far as our clinic is concerned this usually means that:

- treatment will usually only be offered to couples who are committed to a stable long-term relationship and who are prepared to consent to be the legal mother and father of the child or children resulting from treatment. In cases where a child is born from treatment performed posthumously the man would not be the legal father except that his name may be entered as the father on the birth certificate and the onus would be on the woman or couple undergoing treatment to provide written assurance to the satisfaction of Clinic staff of arrangements to ensure that the needs of that child for a father would be met;
- the man should undertake to make arrangements that the clinic would be notified in the event of his death or mental incapacitation;
- There should be no substantial risk that the child would inherit or contract a serious medical disease (e.g. Hepatitis or AIDS);
- The prospective parents should enjoy sufficiently good health such that the parental needs of a child could be met without serious difficulty;
- Neither prospective parent should be older than 60 years, and the recipient woman should not be older than 50;
- We would not be able, or prepared, to treat couples where there is a background on either side of child abuse or violence and couples must be prepared (if necessary) to give their consent for inquiries to be made of the police or social services to ensure that this is not the case. We are also required to obtain the consent of couples to consult with their General Practitioners in case there are any other factors which may have a bearing on eligibility for treatment;

**9.** Details about the storage and use of the sperm are kept highly confidential.

**10.** Counselling about the procedure, its implications and ethical issues surrounding it is available on request from an independent counsellor.