

INFORMATION FOR MEN UNDERGOING TESTICULAR SPERM ASPIRATION (T.E.S.A.)

Techniques have been developed that allow living sperm to be removed directly from the testicles. These can then be used in conjunction with in-vitro fertilisation (IVF) and injected directly into eggs (intracytoplasmic sperm injection, or ICSI) to fertilise them. These techniques may be helpful in the following circumstances: men who have been born with or developed a blockage of the tubes which transport the sperm away from the testicles (including post-vasectomy); and men with disabilities which affect ejaculation.

The technique used in Exeter is 'Testicular Sperm Extraction (T.E.S.E.)', which is very similar to another technique known as Percutaneous Epididymal Sperm Aspiration (P.E.S.A). It is usually performed under local anaesthesia to make the testicles and scrotum numb, but an injection of a combined pain-killer/sedative is often also given. For this reason the man should not have had anything to eat or drink for at least two hours beforehand. Judgment may be impaired after an anaesthetic and the man will need to take note of the following: he should be driven home after the operation and not to drive for 24 hours, not to ride a bicycle, operate machinery including domestic appliances or cooker, take alcohol or sedatives, or make any important decisions within 24 hours of the anaesthetic and also to remain accompanied at all times for 24 hours.

An appointment is given for the man to attend the Fertility Clinic. Prior to this he will need to fill out a pre-anaesthetic questionnaire and to read but not sign consent forms, all these to be brought to the appointment. It is necessary also to bring a dressing gown and slippers as well as a pair of tight-fitting underpants to wear after the procedure to minimise discomfort. There is a short discussion to go over the procedure and sign consent forms; it may also be necessary for a blood sample to be taken for HIV, Hepatitis B & C testing and CV screening. After emptying his bladder the man lies down on the operating table in the operating theatre and an antiseptic solution is painted onto the scrotum. It is advisable for hair on the scrotal skin to be cut short at home prior to the procedure. Sterile sheets are arranged so that just the testicles are exposed, and the operator then gives an injection of local anaesthetic into the area to induce numbness. When the testicle is numb a fine needle is used to remove some of the tiny hair-like tubules from the testicle which contain the sperm. The procedure takes approximately 30 minutes and if there is some discomfort it may be felt high in the tummy or loin area.

The tubules may be examined straight away for the presence of sperm, but it may not be possible to tell until the following day whether it has been successful in recovering sperm since they may take several hours to swim out of the tubules. If sperm are found and if arrangements have been made it may then be possible to freeze the sperm with a view to using them to inject into his partner's eggs as part of in-vitro fertilisation (IVF) treatment. There can be no guarantee that sperm will be recovered from the procedure or that they would survive the freezing/thawing, however.

The man would need to remain in hospital for 1-2 hours after and tight underpants or a scrotal support should be worn for 24 hours. Aspirin should be avoided during this time since it may encourage bruising. If worried about swelling or tenderness Wynard Ward (01392 405232), the Clinic (01392 405051) or the patient's general practitioner could be contacted.