

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/male-infertility-diagnosis-management/56784/>

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## Diagnosing and Managing Infertility in Male Patients

### Announcer:

Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll learn about the diagnosis and prognosis of infertility in male patients with Dr. Irene Su. She's the Director of the Reproductive Survivorship program at UC San Diego Health and a Professor in the Department of Obstetrics, Gynecology, and Reproductive Sciences at UC San Diego School of Medicine. Let's hear from Dr. Su now.

### Dr. Su:

So in heterosexual couples who are experiencing infertility, both partners should be evaluated at the same time. And so male partners are evaluated at the same time as their female partners, and that means doing a semen analysis and taking a good history, which is very similar to females, right? Understanding their sexual function, medical history, medication exposures, environmental exposures—all of these relate to the fertility capacity of a male partner.

So if in a history a male partner is found, for example, to smoke cigarettes, we know that decreases the fertility potential of sperm, and so we would talk about not having these types of exposures. In terms of if a sperm analysis is not normal, then generally these male partners are evaluated by reproductive urologists who will do blood tests to try to understand why the sperm test is not as normal as most of the population. And so depending on why, there are medical treatments, or if sperm count is very low, then it shifts that family's fertility treatment to largely IVF.

Said another way, when a male partner has low sperm count, sometimes that can be medically managed with medicines to improve the sperm count to the point of being able to have unprotected intercourse to become pregnant or intrauterine inseminations where ejaculations are washed and then put into the uterus at the time that a woman ovulates.

But for some men, counts are very low, and it isn't enough for unassisted conception or for IUIs—intrauterine inseminations. Those people would potentially be candidates for doing in vitro fertilization. And the reason for that is in IVF, because of a procedure called ICSI, which is intracytoplasmic sperm injection, that requires one sperm per egg. And so someone who has very low sperm count could grow their family through IVF-ICSI when it would be very hard to do that otherwise.

And finally, a proportion of males will not be able to make sperm, in which case for those individuals, we talk about other ways of building families—for example, using donor sperm, donor embryos, and adoption.

### Announcer:

That was Dr. Irene Su talking about how we can diagnose infertility in male patients. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!