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/surgical-management-of-infertility/56782/

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Surgical Management Approaches for Infertility

Announcer:
This is *Clinician's Roundtable* on ReachMD, and on this episode, we'll hear from Dr. Irene Su, who'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. She'll be talking about surgical management approaches for infertility. Here's Dr. Su now.

Dr. Su:
There's surgical management for both males and females with infertility.

For males, surgical management is indicated for those who have non-obstructive azoospermia. So what that means is that there's no sperm in the ejaculate, but there is potentially a little bit of sperm production in the testes. And so reproductive urology colleagues can go into the testes to find the sperm surgically. It's also possible that someone who has had sterilization who's male, that can be reversed through surgery. And then finally, there are folks who are born with obstructive vas deferens. So for example, individuals with cystic fibrosis don't have a connection from the tubules in the testes out into the ejaculatory duct, in which case, sperm extraction from the testes is able to get sperm to be able to be used for IVF.

On the female side, surgical management is used when there is a uterine factor. So for example, a uterine septum that's related to having multiple miscarriages can be corrected. Sometimes folks who have had uterine surgery can have scar in the uterus, in which case, we go in and correct that hysteroscopically.

Fibroids are benign muscle balls in the uterus that happen in nearly one in two women over our reproductive life. Most fibroids do not impact fertility, but it's been demonstrated that fibroids that distort the shape of the inside of the uterus decrease the fertility rate as well as increases miscarriage rate. And so for these, submucosal fibroids—submucosal simply means that you can see them distorting the inside of the uterine cavity—there are surgical approaches to remove them depending on how big the fibroid is and how much of it is inside the uterine cavity. This ranges from being done hysteroscopically—which means taking a telescope with a camera, going through the cervix, and then going into the uterine cavity to shave the fibroid down—to being done in an open procedure through the abdomen robotically or laparoscopically. In terms of the fallopian tubes, sometimes because of prior sterilization or other factors, the tubes are blocked, so it's possible to do tubal reanastomosis or other surgeries to open blocked tubes.

Finally, a prevalent but still so understudied condition is one of endometriosis, which is where the lining of the uterus doesn't only stay inside the uterus, but sometimes in our pelvis. Females with endometriosis can experience significant pelvic pain, especially during their periods. It is thought from literature going back two, three decades now that ablating or surgically correcting the endometriosis that's inside the pelvis increases fertility by a little bit. And that is an option for women, although many modern fertility treatments, for example, in vitro fertilization, significantly improve fertility rates over that surgical management.

Announcer:
That was Dr. Irene Su talking about how we can manage infertility surgically. 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!