

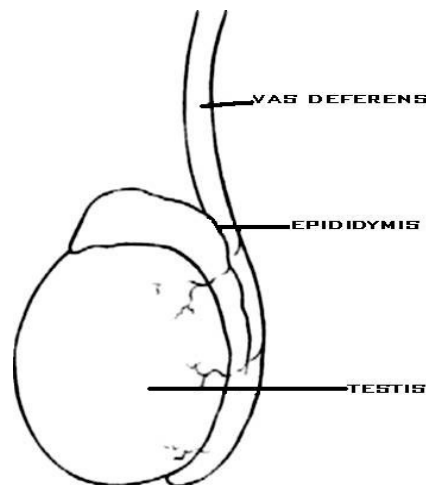


The Olive BRANCH Fertility unit PATIENT INFORMATION SERIES SURGICAL SPERM RETRIEVAL (SSR)

SSR is a technique for collecting sperm from a man's testicles. It is a minor procedure, carried out as a day case under heavy sedation.

Who needs SSR?

SSR is intended to help men who have no sperm in their ejaculate. This can be the result of a number of causes: a blockage in the vas deferens (the tube which carries the sperm to the penis); an absent vas deferens; or a blockage in the epididymis, (the structure connecting the testis to the vas deferens.) Most of these men produce healthy sperm in the testicles which can be retrieved by **SSR**. Unfortunately some men have testicles that fail to produce any sperm at all (this is called primary testicular failure) and **SSR** is not a suitable procedure for this condition.



Types of SSR

There are a few different types of **SSR** and the cause of the sperm problem will determine which procedure is most suitable for you:

PESA (Percutaneous Epididymal Sperm Aspiration)

PESA is a short, relatively painless procedure and requires no surgical incisions. A fine needle is inserted into the epididymis through the scrotum and fluid aspirated. This fluid is then inspected under a microscope for sperm count and motility. The procedure takes about 15-20 minutes.

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TESA (Testicular Sperm Aspiration)

TESA is performed if no sperm are found in the epididymal fluid. This is a short, relatively painless procedure and requires no surgical incisions. A fine needle is inserted into the testes and fluid aspirated is then examined for sperm similar to **PESA** procedure.

TESE (Testicular Sperm Extraction) / Testicular Biopsy

TESE / Testicular biopsy is performed if no sperm are found in the **PESA** and **TESA** procedure. A small incision is made into the testis itself. A small sample of testicular tissue is taken which is examined for sperm. This procedure will cause some pain and tenderness, however full recovery is expected within a few days. A course of antibiotics is generally recommended. If necessary, tissue will be sent to histology laboratory to obtain full biopsy report.

Effectiveness of SSR

The sperm retrieved are used on the same day if it is a fresh cycle of **IVF / ICSI** or sperm can be frozen. The freezing process does not affect their ability to subsequently fertilise an egg. However the sperm retrieved are usually low in numbers, may not be mature and therefore cannot successfully fertilise an egg using standard **IVF** (In Vitro Fertilisation) technique. Because of this, the embryologist will pick out a single sperm to inject into each egg and this procedure is called **ICSI** (Intra Cytoplasmic Sperm Injection).

If non-motile sperm are all that are available for selection, it is impossible to tell whether the sperm are alive or dead, so fertilisation rates will be adversely affected. In some cases there may be no fertilization at all.

It is also possible that no sperm at all will be obtained.

Possible Complications

SSR is a relatively low risk procedure. Possible complications include bleeding, haematoma (collection of blood in testis), infection and intravenous sedation risks.

Prior to your procedure

- You will be required to complete consent forms for the procedure, storage and subsequent use of your sperm. This is usually done during your assisted conception clinic appointment.
- Chewing gum and smoking is to be strictly avoided.
- If you are on any regular medication, please let us know.



After your procedure

Please wear reasonably tight fitting underpants rather than boxer shorts after your procedure. This will provide some support to your scrotum.

Showering is preferable to sitting in hot baths to prevent infection.

Sexual activity is **NOT** advised for a week after the procedure.

A follow up appointment in the clinic can be arranged prior to discharge to discuss further management

