

# Madigan Army Medical Center Referral Guidelines

## Male Infertility

### Diagnosis/Definition

Approximately 15% of couples are unable to conceive after one year of unprotected intercourse. A male factor is solely responsible in about 20% of infertile couples and contributory in another 30-40%. If a male infertility factor is present, it is almost always defined by the finding of an abnormal semen analysis, although other male factors may play a role even when the semen analysis is normal.

The goals of the evaluation of the infertile male are to identify:

- Potentially correctable conditions
- Irreversible conditions which are amenable to assisted reproductive techniques using the sperm of the male partner
- Irreversible conditions which are not amenable to the above
- Life- or health-threatening conditions
- Genetic abnormalities

Please see referral guideline for “Vasectomy Reversal” for men seeking this treatment.

### Initial Diagnosis and Management

A couple attempting to conceive should have an evaluation for infertility if pregnancy fails to occur within one year of frequent, unprotected intercourse.

An evaluation should be done before one year if one or more of the following conditions are present:

- male infertility risk factors such as a varicocele, history of cryptorchidism, or history of torsion
  - female infertility risk factors, including advanced female age (over 35 years)
- the couple questions the male partner’s fertility potential.

The initial screening evaluation of the male partner of an infertile couple should include a reproductive history including

- duration of infertility and/or history of prior fertility
- childhood illnesses and developmental history
- systemic medical illnesses and prior surgeries
- sexual history including sexually transmitted infections
- gonadotoxin exposure including heat.

The initial evaluation should include

- two semen analyses separated by a time period of one month and preceded by abstinence for 72 hours
- serum follicle-stimulating-hormone (FSH)
- serum testosterone drawn between 8 and 10 am

Men with abnormal sperm concentration, motility, and/or morphology, men with varicoceles, or men with persistent fertility concerns despite normal laboratory values can be referred urology for further

evaluation. Please enter a consult for Male Infertility and instruct the patient to call Central Appointments to book their consultation.

Couples in which the female is over age 35 or there are known or suspected female factor should simultaneously be referred to the GYN infertility service. Please see GYN infertility referral guideline for additional information.

### **Ongoing Management and Objectives**

None.

### **Indications for Specialty Care Referral**

A full evaluation by Urology should be done if the initial screening evaluation demonstrates an abnormal male reproductive history or abnormal hormonal parameters or semen analysis.

### **Criteria for Return to Primary Care**

Patients will be referred back to primary care after full evaluation shows no demonstrable defects or after completion of evaluation and treatment results in desired pregnancy.

Last Review for this Guideline: **November 2009**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
Clinical Practice and Referral Guidelines Administrator