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Bruce R. Gilbert,MD,PhD,PC Newsletter

In this issue

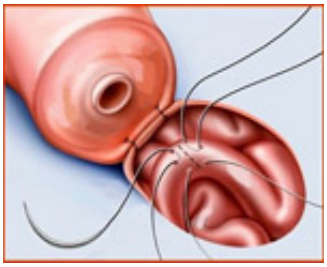
Greetings!

Welcome to our Newsletter! Our continued goal is to provide a forum for discussing exciting new developments, office research protocols and answers to frequently asked questions in male fertility, male and female sexual function and complementary approaches for Urologic disease.

I appreciate all the great suggestions I continue to receive. Please e-mail me any questions, comments or suggestions for future topics.

The views expressed are our own and may not be appropriate for your particular situation. Please discuss all information with your physician. In addition, references given are for illustrative purposes only and also need to be evaluated by your treating physician to see if they are applicable.

Vasectomy Reversal...it's all about experience...



The first question couples often ask when they inquire about a vasectomy reversal is how successful the procedure is and what factors determine its success.

To answer this question I must first start with another question: How does one define success of a vasectomy reversal? The mere presence of sperm in the ejaculate? The presence of a normal amount of sperm with proper motility? Does the procedure result in a successful pregnancy with ejaculated sperm or does the couple require assisted reproduction efforts?

Surgical training, experience and

Male Contraceptive Targets Immune Response

The field of male contraception has had limited growth. Condoms and vasectomies are presently the only options available. Most research over the past several years has involved hormones designed to suppress sperm production. Some of this work is now in trials. Recently, novel research has focused on an immune reaction to a protein produced in the male reproductive system. This work was first reported by the Associated Press in November 2004.

The method has been found to be effective "in experiments on male monkeys, most of which regained their fertility when the treatments were stopped." This work was reported recently in the Journal of Science.

The precise mechanism of "Immunocontraception" is still being worked out. However, early data suggest that the substance (eppin) works to prevent free movement of sperm out of the seminal fluid, which is a required step in the process of fertilization. "In the early studies male monkeys that developed a strong immune response to the protein were still

technique are certainly most paramount in determining success, but there are also other factors to consider. Whether a unilateral (single side) or bilateral (both side) connection can be made and where the connection is made (vas deferens to vas deferens or vas deferens to epididymis) are also extremely important. The surgeon rarely knows where the connection needs to be made until the time of surgery. Therefore, it is very important that the surgeon be expert in BOTH vasoepididymostomy (vas deferens to epididymis connection) and vasovasostomy (vas deferens to vas deferens connection). The consultation prior to the procedure is usually the time to discuss the various procedures and obtain a realistic 'success rate.'

More recently, cryopreservation (sperm banking) of retrieved sperm from the vas deferens, epididymis or even tissue from the testis, at the time of vasoepididymostomy (vas deferens to epididymis connection) has been routinely done to insure the availability of sperm should the couple decide to pursue IVF prior to sperm returning to the ejaculate.

Information on Vasectomy Reversal...

Quick Links...

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- Medical Practice Website
- New York Cryo Website

able to copulate but could not impregnate females, the researchers said."

"In the experiments, designed in the United States and carried out in India, seven of the nine males tested developed high antibody levels. Five of the seven recovered fertility once the immunization stopped. They were injected with eppin about every three weeks to maintain the immunization."

Whether the experiments in monkeys will translate to man is yet to be determined. However, the finding of reversibility is significant. Although a male hormonal contraceptive is closer to becoming commercially available, the use of these hormones occasionally results in irreversible male infertility. A truly reversible male contraceptive is really what is needed.

For Additional Information... »

From the InBox:Implanting a Testicular Prosthesis in a 3 year old...

EKL wrote: I have a 3 year old that had a orchidectomy when he was one due to a malformed undescended testicle. His urologist recommended a prosthesis be put in at this time, prior to his starting school. She said she would put a slightly larger one in so he can "grow" into it. His surgery was set for next week but was put on hold because the insurance company declined it. They stated there is no medical necessity for a 3 year old to have a testicular prosthesis inserted. They would consider a review of the case when the child becomes a teenager. My questions are: 1) Is implantation of a testicular prosthesis in a 3 year old "medically indicated?" 2) Are there psychological effects of not having two testes? 3) Are the complications of the procedure in a 3 year old different than those in an older child or an adult?

You have asked several important questions...not all of which have simple or clear answers.

1. Your insurance company's refusal to pay for the procedure because there is no "medical necessity" is their corporate opinion. There is no specific age at which implantation of a testicular prosthesis is indicated; it is a decision which should involve the patient, physician or, in the case of a minor, his

- Pilot Information

parents.

2. As it pertains to the "psychological effects" of having, or not having a testicular prosthesis...this is not a well researched area. A corollary question would also need to be addressed in your 3-year old son's situation. Does "a slightly larger one" or "oversized" prosthesis also have "psychological effects?"

3. There always could be complications that develop. I feel that implantation of a testicular prosthesis is a very safe procedure. Rare complications have included bleeding, infection, anesthesia risks and erosion of the device. I find the most common patient concern is their dissatisfaction with the position or size of the device, which might require a second operation to replace the device.

My personal preference is waiting until the patient has completed puberty prior to implanting a testicular prosthesis. This allows implantation of the appropriately-sized device and involvement of the patient in the decision.

Additional Information on Testicular Implants... »

email: bruce.gilbert@verizon.net
voice: 516-487-2700
web: http://www.BruceGilbertMD.com

Bruce R. Gilbert,MD,PhD,PC • 900 Northern Blvd. • Suite 230 • Great Neck • NY • 11021