STANDARD TREATMENT WORKFLOW (STW)

Male Infertility

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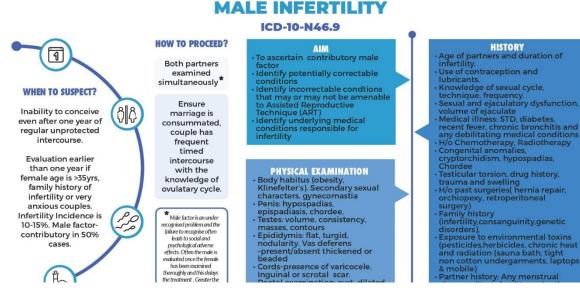
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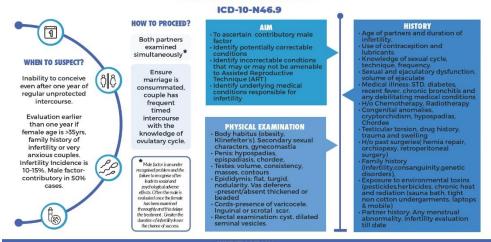


Standard Treatment Workflow (STW) for the Management of





Standard Treatment Workflow (STW) for the Management of **MALE INFERTILITY**



INVESTIGATIONS

- llected in sterile, medical grade plastic wide mouth containers. iperature and examined immediately >15 million/ ml. Sperm motility: >40% , Progressive > 32%, Sperm mo

DIAGNOSTIC CATEGORIES ACCORDING TO SEMEN ANALYSIS REPORT

Normal Semen Analysis Rule out sexual dysfunctions, Anatomic abnormalities, Female factor and unexplained

· History and Physical examination(PE)

Low volume semen: Incomplete Collection, Retrograde ejaculation, Ejac. duct obstruction, Cong. Absence of VasDeferens, Hypogonadism

Note: If a patient is unable to produce semen consider retrograde ejaculation and anejaculation. Need further evaluation.

 Azoospermia:
 Obstructive
 (Epiclidymalvasal)
 Nonobstructive: (Genetic, Chromosomal, Hormonal, CT/RT, Post torsion testes, white Company and Compan orchitis, Cryptorchidism, Idiopathic)

Oligo-astheno-teratospermia: Isolated Asthenospermia: Antisperm antibodies, Sperm structural defect, Hypogonadism Multiple defects Varioccele, Cryptorchidism, Genibal tract infection, Systemic illness, Prolonged abstinence, Drugs (Sulfasalazine, NFT, Colchiene, Chemotherapy, GnRh analogs, Spironolactone, Ketokonazole, Anabolic steroids, cocaine, alcohol. Chemicals: heavy metals, herbicides, organic solvents, fungicides, pesticides)

OPTIONAL INVESTIGATIONS

- y, Sperm function tests, Scrotal USC & doppler, TRUS, Genetic studies,

MANAGEMENT

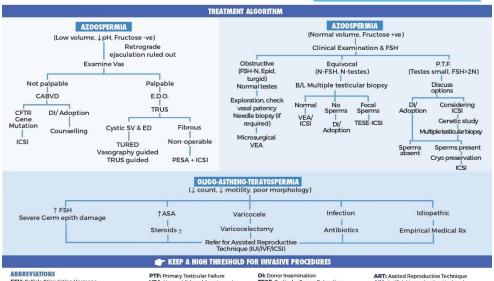
- Semen analysis Normal Semen report: (Rule out unconsummation, sexual dysfunction, anatomic abnormalities)
- Abnormal Semen report:
 Refer to Urologist/infertility centre
- Neter to Urologisty Intertuny certure
 Preventive measures: Avoid gonadotoxins, gonadotoxic drugs, smoking, tobacco, chronic heat, excess use of mobiles, Encouraging healthy life style: Nutritious diet, regular physical exercise, avoid stress, use of antioxidants and vitamins (Vft. C, Vft E, Zinc)
- Female partner to be evaluated by gynecologist Management of reversible nonsurgical causes (Infections etc.) and surgical cause i.e. varicocoele if
- surgeon available.

 For further evaluation refer to district/tertiary hospital.

DISTRICT HOSPITAL

- Hommonal assay and Testicular biopsy Management of sexual and ejaculatory dysfunction Management of Varicocele and Hypogonadotropic hypogonadism ART. AlH/AJD and counselling for adoption.

- Additional testing:TRUS, Genetic, ASA, Sperm function tests Advanced surgery: Microsurgical VVA.VEA, Variocoelectorry, TURED, Sperm retreival techniques, Cryopreservation and sperm banking Advanced ART:IVF-ET/IVF ICSI



ABBREVIATIONS
FSH: Follicle Stimulating Hormone
EDO: Ejaculatory Duct Obstruction
CABVD: Congenital Absence of Bilateral Vas

PTF: Primary Testicular Failure
VEA: Vasoepididymal Anastomosis
TRUS: Trans Rectal Ultrasonography
PESA: Percutaneous Epididymal
Sperm Aspiration
ASA: Anti Sperm Antibodies

Dt: Donor Insemination
TESE: Testicular Sperm Extraction
SV & ED: Seminal Vesicle & Ejaculatory
Duct
TURED: Trans Urethral Resection of
Ejaculatory Duct

ART: Assited Reproductive Technique
AIH: Artificial Insemination Husband
AID: Artificial Insemination Donor
ICSI: Intra Cytoplasmic Sperm Injection
IVF-ET: Invitro Fertiliztion - Embryo Transfer
GUTB: Cenito Urinary Tuberculosis

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an Individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information.

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