

Male Infertility

Peter Kolettis, MD discusses male infertility. He examines the latest treatment options available and when to refer to the specialists at UAB Medicine.

**Featured Speaker:****Peter Kolettis, MD**

Peter Kolettis, MD is the Director, Urology Residency Program.

[Learn more about Peter Kolettis, MD](#)

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Release Date: October 31, 2019

Expiration Date: October 31, 2022

Disclosure Information:

Dr. Kolettis has no financial relationships related to the content of this activity to disclose. Also, no other speakers, planners or content reviewers have any relevant financial relationships to disclose.

There is no commercial support for this activity.

Transcription:

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Melanie Cole (Host): Welcome. Today we're talking about male infertility. And my guest is Dr. Peter Kolettis. He's the Director of the Urology Residency Program at UAB Medicine. Dr. Kolettis, it's a pleasure to have you join us today. Tell us a little bit about infertility in general. What's the definition of it?

Peter Kolettis, MD (Guest): The definition of infertility is the inability to conceive after one year of unprotected intercourse.

Host: How common is this among men? We hear so much about women and infertility issues. Men don't really like to talk about this as much Dr. Kolettis. Is it pretty common in men?

Dr. Kolettis: Yes. So, about 15% of couples are infertile and, in those couples, about half will have some male factor either just a male factor or in combination with female factor.

Host: So, if it's a male factor, what are some of the types of issues that a man might have that could affect his fertility whether it's medications or stress or physiological conditions? Tell us about some of those issues.

Dr. Kolettis: Well the most common thing that we would identify in men that come for fertility evaluation is a varicocele

or dilated veins of the scrotum and that's something that we can treat. Other medications can be the cause of infertility such as chemotherapy for malignancy, testosterone treatment is something that we see a lot of men receiving currently and this can be a relatively common reason for men to have problems conceiving. Other types of problems can be related to obstruction or blockage after a vasectomy, would be the most common cause. And then there are a lot of problems intrinsic problems with the testicle with sperm production that can't be fixed so to speak but will cause fertility problems.

Host: So, where in that group that you just mentioned do lifestyles fit in? Because I'm just curious as to how for men, these kinds of things affect their fertility and actually their erection or erectile dysfunction.

Dr. Kolettis: Well they are two separate things. The things that can cause erection problems like diabetes or vascular problems don't cause fertility problems per se. So, they are really two separate things. Now men with diabetes could have other types of sexual dysfunction such as problems with ejaculation that could affect their ability to have a pregnancy, but it doesn't affect sperm production like other types of medical problems. Smoking can affect fertility. And stopping smoking could improve a couple's chance for getting pregnant and that's true on the female side as well. So, that's one lifestyle measure that if changed could improve a couple's chance for getting pregnant.

Recreational drugs should be avoided. Moderate alcohol is probably not a problem for fertility. Anabolic steroids are a big cause of infertility and they are really – they can really be thought of as like a high powered type of testosterone treatment when used as a drug for men with "low testosterone" can cause infertility as well. So, those are some of the things that affect fertility that are part of lifestyle.

Host: So then how is it evaluated, what tests do you typically run and who would a man see? Would they go to a reproductive endocrinologist? Would they go to fertility specialists right away? What do you tell your urology residents about getting these men into see them and then how is it evaluated?

Dr. Kolettis: Well we do a history and a physical exam and then for laboratory testing, we do two semen analyses. That's the initial laboratory testing and then depending on the results of those things, then we may do other testing. I'd say most practitioners that evaluate men for infertility are urologists, but it could be someone else who has knowledge and expertise in that area. The reproductive endocrinologists are on the gynecologic side and they will do the evaluation for the man's partner, but some reproductive endocrinologists are involved in the evaluation of men as well. So, that's the initial basic evaluation looking for a reason for the fertility problem, hopefully something that can be treated and then depending on the initial evaluation we may do other more advanced testing like hormone testing or genetic testing.

Host: Well then, tell us, once you've determined based on what other tests that you performed; how is it treated? What are some of the treatment options available to men in the event that you find infertility?

Dr. Kolettis: Well if a man has a varicocele and an abnormal semen analysis and has not been able to have a pregnancy then treating the varicocele would be accepted treatment. If a man has a correctable hormone problem, we would treat that. If a man has obstruction after a vasectomy, then that's a little different story. We know that when we first see the man, usually if he has had a vasectomy and we can treat that but treating the varicocele and then treating the endocrine problems would be probably the two most common things.

Host: Dr. Kolettis, how important is a psychological aspect of all of this when you are in treatment with a man and how important is it that both members of the couple be involved in the assessment and discussion of these results? Do you

find that men have issues discussing this or seeking treatment? What have you seen and what have some of your outcomes been?

Dr. Kolettis: Some men do have trouble discussing it but most men are motivated to have an evaluation and to try to understand better what the cause of the fertility problem might be and then get treatment. But like any other health problem, some people may be reluctant to talk about it.

Host: As we wrap up, what would you like other providers to know about male infertility and when they should refer to the experts at UAB Medicine?

Dr. Kolettis: Well we could see men at any stage of the evaluation whether they have had not testing and no examination done or if they have had some initial testing done that has shown some abnormalities or if the man just wants to get more information. So, we could see them at any, really at any point in their evaluation. Most urologists can do the evaluation as well starting with the exam and then the semen analysis testing and then any other testing after that, whatever he or she is comfortable doing and has the resources to do. But it's important to have both partners evaluated and it's important to do some screening of the man's partner if they come to the office together because sometimes there will be some potential female factors that we may be the first ones to inquire about and then it's important to have the man's partner get an evaluation done as well. And so, working as a team can be helpful to do that working with fertility specialists. The reproductive endocrinologists can be very helpful in getting the couple evaluated.

Host: Thank you so much Dr. Kolettis for coming on and speaking about treatment options available for male infertility. A community physician can refer a patient to UAB Medicine by calling the MIST line at 1-800-UAB-MIST. That wraps up this episode of UAB Med Cast. For more information on resources available at UAB Medicine, please head on over to our website at www.uabmedicine.org/physician (<http://www.uabmedicine.org/physician>). If you, as a provider, found this podcast informative, or you have patients you would like to refer, please share this podcast, please share on your social media and be sure to check out all the other fascinating podcasts in the UAB library. Until next time, this is Melanie Cole.

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