

Testicular biopsy and testicular sperm extraction (TeSE and MicroTeSE)

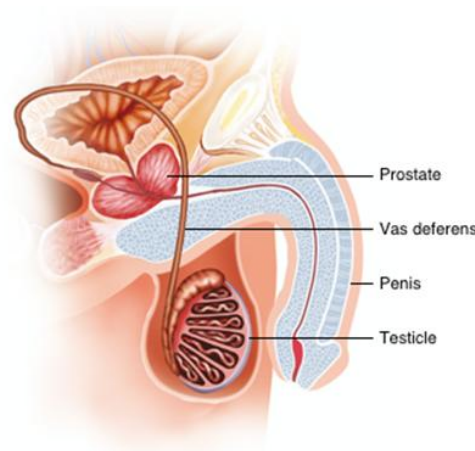
About sperm retrieval.

Male infertility can be caused by multiple issues. Sometimes it is necessary to extract tissue directly from the testicle to check for sperm, and/or harvest sperm that can then be used in assisted fertility.

A small incision is made through the scrotum and into the testicle. Tubules from the testicle are removed and sent to the laboratory to check to see if sperm are present. If present, the sperm can then be used for assisted fertility or frozen and stored until needed.

A testicular biopsy or testicular sperm extraction (TeSE) can be performed under local anaesthetic in our rooms or day surgery unit, or under general anaesthetic in a day surgery unit.

A micro testicular sperm extraction (MicroTeSE) can be performed in a day surgery unit under general anaesthetic. Tubules are collected and then checked at the same time, to confirm the presence of sperm using an intraoperative, high powered, microscope.



Why is a testicular biopsy required?

A testicular biopsy is performed to see if sperm is present and/or to retrieve sperm for assisted fertility.

What does a testicular biopsy involve?

Prior to the procedure the scrotal hairs are clipped. You will be required to have blood tests and confirm your identity.

If the procedure is being done under local anaesthetic, anaesthetic is injected into the scrotum. Local anaesthetic stings initially, but the discomfort soon settles.

We make a small incision into the scrotum and down to the testicle.

Tubules from within the testicle are removed and sent to the laboratory for analysis.

We close the incision with dissolvable stitches.

What is the recovery after a testicular biopsy?

Following the procedure, we recommend you take it easy for 48 hours.

Ice the area as soon as possible to reduce bruising and swelling.

Avoid strenuous activity and exercise for two weeks.

You may shower as per normal but avoid using soap, powder and creams to the area for 48 hours.

You may resume sexual activity when comfortable.

If you have sedation or a general anaesthetic, you will not be able to drive for 24 hours.

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What are the risks of a testicular biopsy?

The risks of this procedure include (but are not limited to):

Common risks (1/2 to 1/10):

- Swelling.
- Bruising.

Occasional risks (1/10 to 1/50):

- Infection in the surgical wound requiring further treatment.

Rare risks (1/50 to 1/250):

- Inadvertent damage to the testicle, epididymis or vas deferens.
- Atrophy (shrinkage) of the testicle.
- Chronic pain in the testicle or scrotum.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

Sperm for assisted reproductive technology can be obtained through:

- Percutaneous Epididymal Sperm Aspiration (PESA), performed by needle extraction.
- Testicular sperm aspiration (TeSA), performed by needle extraction.
- Testicular sperm extraction (TeSE), performed by open procedure.
- Microdissection testicular sperm extraction (MicroTeSE), performed by open procedure.

Your specialist will discuss which approach is best for you.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.

