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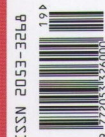
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JOURNEYS:
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THE FORGOTTEN
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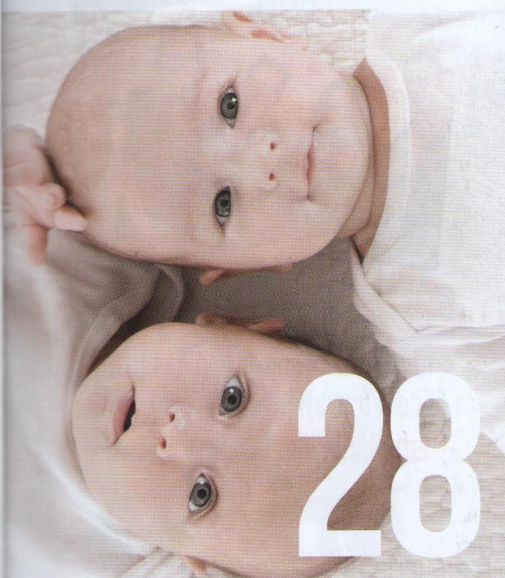
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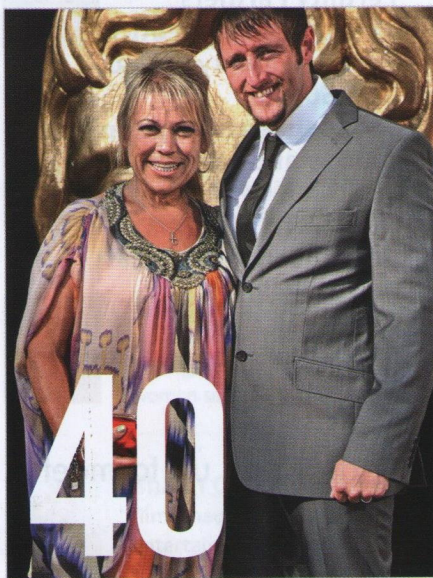
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A host of witty responses to the type of insensitive questions that most of us have had to face at some point or another

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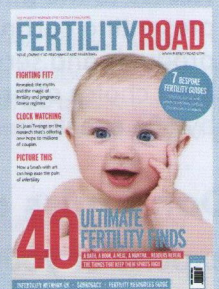
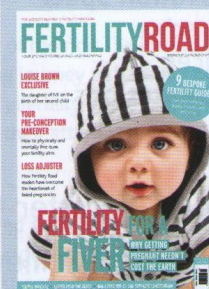


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Expert Witness

One sperm is all it takes



Some men are still being told they will never be biological fathers although the reason for their infertility may be treatable, according to Oliver Wiseman, consultant urologist at Bourn Hall, the world's first IVF clinic. He is one of only few fertility specialists with a urology background who focuses on male fertility.

The biggest breakthrough in male infertility came with a technique called ICSI (intra-cytoplasmic sperm injection) where a single, healthy sperm is injected directly into an egg during IVF treatment. Yet more than 21 years after the birth of the first ICSI baby, male infertility is still poorly understood and many non-specialists are unaware of the recent developments that can help men with little or no sperm become fathers.

We invited readers of *Fertility Road* magazine to put forward questions to **Mr Wiseman** regarding male fertility. Here are his responses.

Q: I have a low sperm count. Is there anything I can do about this?

Getting yourself healthier will boost your fertility as lack of sleep and stress can affect your hormone levels and being overweight will reduce sperm production. Smoking harms sperm and can reduce a man's sex drive.

Taking regular exercise and eating a healthy, balanced diet has many advantages as it helps maintain an ideal body weight, improves the health of the reproductive system and boosts the male fertility hormone testosterone.

Foods that are rich in antioxidants, vitamins C and E, and certain minerals such as zinc are particularly good, as these increase sperm count and motility (movement). These nutrients can be found in nuts, seeds, citrus fruits and green, leafy vegetables.

Q: I'm a keen cyclist but have been told

a hard bicycle seat and lycra cycling shorts are not good for my fertility. Is this true?

Yes, overheated testicles can temporarily lower sperm counts. So, best to avoid saunas, hot baths and tight underwear when trying to conceive.

Regular and prolonged cycling on hard bike seats can also affect the nerves and blood vessels to the genitals, by putting pressure on the perineum. I would advise you to consider a gel seat to cushion this part of the body.

Q: I am healthy but there's a history of cystic fibrosis in my family. Could that be a reason why we haven't been able to conceive?

Male infertility in an otherwise healthy person needs to be properly investigated as it may be the result of an underlying health condition that needs treatment. It could have



“Getting yourself healthier will boost your fertility as lack of sleep and stress can affect your hormone levels and being overweight will reduce sperm production. Smoking harms sperm and can reduce a man’s sex drive.”

a genetic basis which can be transferred to a subsequent child.

Sometimes a healthy carrier of cystic fibrosis may have a blockage or absence of the vas deferens, the muscular tubes that transport sperm from the testes towards the penis, which prevents sperm from exiting the body. In this case, sperm can be collected surgically but the patient’s female partner should also be tested for the disease so that the chances of the couple having a baby with cystic fibrosis can be discussed.

Q: The veins around my testicles are all swollen - they look like a bag of worms. Will that affect my fertility?

This condition is called a varicocele and it could affect fertility, as warm blood raises the temperature and reduces sperm production. However, often all that is needed is a small

operation to correct this, which may improve the sperm count and potentially restore natural fertility.

Q: I’ve heard about a blood test for male infertility. What does this show?

When no sperm are present in the semen, it is either caused by a blockage or the fact that no sperm are being produced by the testes. The latter could be as a result of a genetic condition or hormonal imbalance which can be revealed with blood tests.

The most widely known genetic test is karyotype analysis. This looks at the size, number and shape of the chromosomes to rule out conditions such as Klinefelters syndrome which is caused by an extra X chromosome.

I would also recommend a Y chromosome microdeletion blood test. There are three different types of microdeletion on the Y





chromosome. With one type, called the C microdeletion, there will be sperm being made in the testes, which may be able to be extracted through a small operation in half of cases. Sadly, in the other two types of Y chromosome microdeletion, there will be no sperm. Also, if a problem is detected with this chromosome, there is a chance it will be transferred to any male baby the couple may have and this needs to be discussed.

Both tests can be done at the same time.

“When no sperm are present in the semen, it is either caused by a blockage or the fact that no sperm are being produced by the testes. The latter could be as a result of a genetic condition or hormonal imbalance which can be revealed with blood tests.”



Q: I've been diagnosed as having no sperm in my ejaculate. Can anything be done?

In many cases, yes. For men with no sperm, for example those who have had chemotherapy, have small testes or abnormal hormone levels, it may be possible to retrieve sperm surgically.

If the cause of no sperm in the ejaculate is a blockage, a procedure called PESA (percutaneous sperm aspiration) may be performed. This involves inserting a needle into the scrotum to remove liquid from inside the epididymis, where sperm are stored after production in the testes. It takes about 20 minutes under local anaesthetic and can retrieve immature but viable sperm when none are found in the ejaculate.

A more invasive form of surgical sperm retrieval, required when there is poor production of sperm, called micro-TESE, involves removing small pieces of testicular tissue under general anaesthetic with the help of a microscope which is then inspected for the presence of sperm. This is possible even when each testis is very small.

I'm proud of the fact that Bourn Hall is one of the only clinics in the country to offer this treatment - our operating theatre is next to the embryology laboratory which means there is a dynamic interaction between the embryologist and the consultant during surgical sperm retrieval. I know immediately the quality and the quantity of the sperm that has been retrieved and can find sperm in 50% of these patients for whom the micro-TESE operation is applicable.

Q: I had a vasectomy in the past and want to have children with my new partner. What should I do?

Around 90% of 'obstructions' seen at the clinic are a result of a vasectomy or an unsuccessful vasectomy reversal.

I would always recommend that sperm are collected during the vasectomy reversal operation so there is an option for IVF if the reversal is not successful. If the man's partner is in her late 30s, the chances of natural conception are diminished even if the reversal is successful. In these cases, it might be best to aspirate the sperm in a procedure called a PESA, as described above, and proceed with IVF without reversing the vasectomy.

Very few sperm are required for IVF with ICSI, the procedure in which a single sperm is injected directly into an egg to fertilise it. This would save on cost and patient inconvenience and is an option which should be discussed with your consultant.