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Editorial Open Access

How Much is Too Much

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For those of our colleagues who make Andrology their profession, I wonder what the cost, emotional cost of our recommendations/treatments are. The patients we see come in with an extremely high level of anxiety. Anxiety which can be a result of the first encounter with a health professional, an urologist of all doctors, what type of exam they will have to endure, feelings of inadequacy as the person whose fault it is that the couple cannot conceive. We ask them to do semen analyses in facilities outside their homes. We ask these overall healthy males who have never had to do blood work to do just that.

Add to the male's anxiety is his significant other's anxiety. Will they ever be able to conceive? Are the problems my husband/partner has so severe that our dream of starting a family is over?

We receive the patient's testing and it turns out there are severe male factor issues. With the advent of ICSI and mico-TESE, it almost does not even matter. We go on to recommend surgical intervention. After all we only need to find 12 sperm.

We do our micro-TESE and no sperm is found. Maybe as backup we have sent off tissue for cytological and/or pathologic evaluation. The cytology/pathology comes back as severe hypo-spermatogenesis or maturation arrest. We see the patient in follow up. They have physical pain from the surgery. He and his wife are likely distraught because of the TESE results.

We now tell the couple that based on the cytology or pathology there may in fact be a good chance that if we go back in we can find sperm. A second scrotal procedure. A second chance at failure. If you tell the patient and his significant other we have a 2% chance of finding sperm, that 2% sounds like a sure bet. By the way, if we are successful then the couple has to come up with $15,000.00 for ICSI.

We do our second procedure and once again, no sperm. What have we put this couple through?

Managing expectations in the office setting is extremely important. But we all know that regardless of how hard we try to make patients believe that the probability of success is low, patients do not listen. They have likely been to other doctors who have told them there is no chance. Then they saw you. You gave them a chance. That low probability has become a reachable goal.

In this age of medicine where we can always do one more thing, are we doing our patients a disservice? We are dealing with people. Data is data and means absolutely nothing to a couple for whom we have not achieved success. For a couple who may have been better off spending their time, money, and emotional currency on adoption.

I believe we honestly think we have counseled our patients well. But we really have to make a patient believe that the possibility of not succeeding is a real possibility. That back up plans should be made. It is hard for us as physicians to admit defeat or the possibility that when faced with a problem that we cannot fix it. We are trained to succeed.

I do not know what the right answer here is. Our ability to help men with severe male factor issues obtain biologic pregnancies has never been greater with the advent of ICSI and the subsequent development of micro-TESE. But in our counseling we must temper our enthusiasm with a healthy dose of reality. To prepare our patients for all the potential outcomes is our job and responsibility.

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