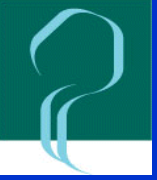


Was tun nach Vasektomie ??

Univ.Doz.Dr. Eugen Plas
Urologie Lainz - Wien

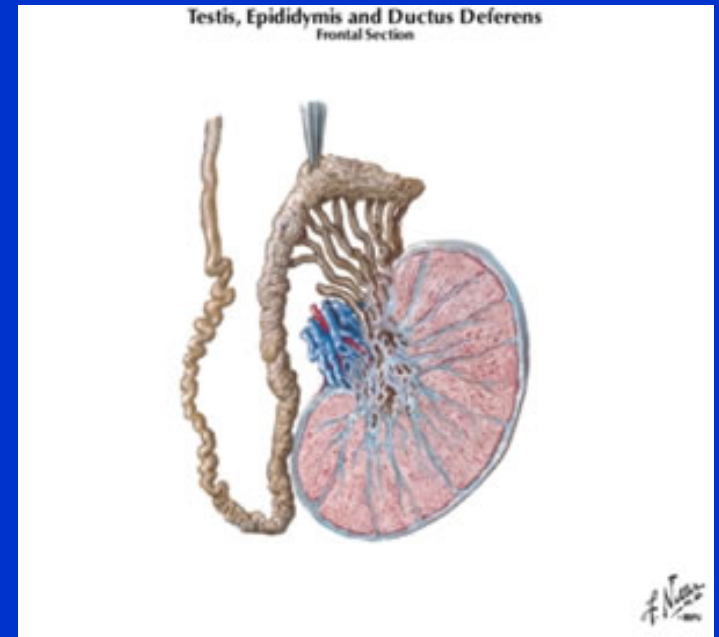
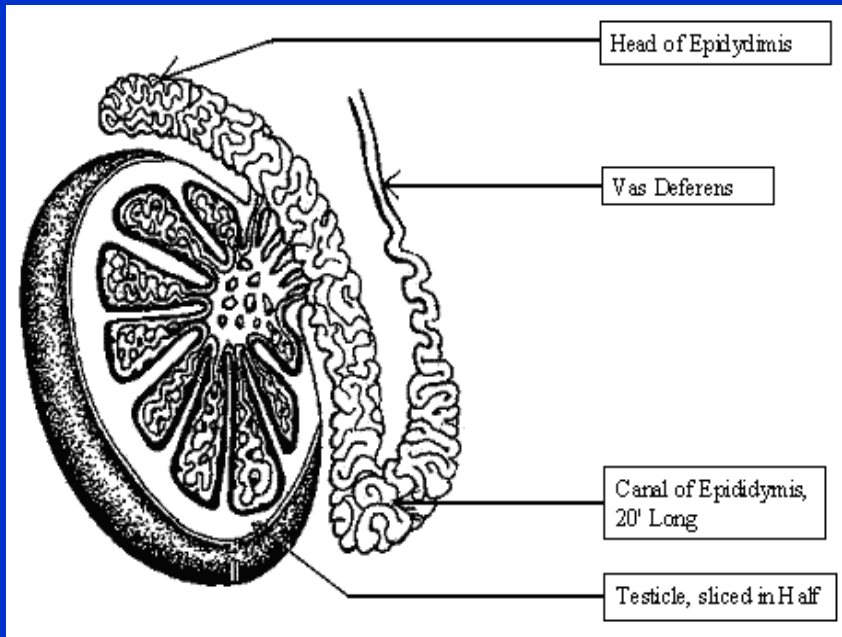


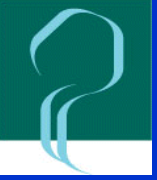
Ursachen der obstruktiven Azoospermie

- Idiopathisch
- Kongential
 - Duct. Deferens Aplasie / Atresie
 - Samenblasenverschluß / - aplasie
- Postentzündlich
 - Epididymitis
 - Rete testis Obstruktion
- Iatrogen
 - Operative Eingriffe im kleinen Becken / Leiste
 - Vasektomie



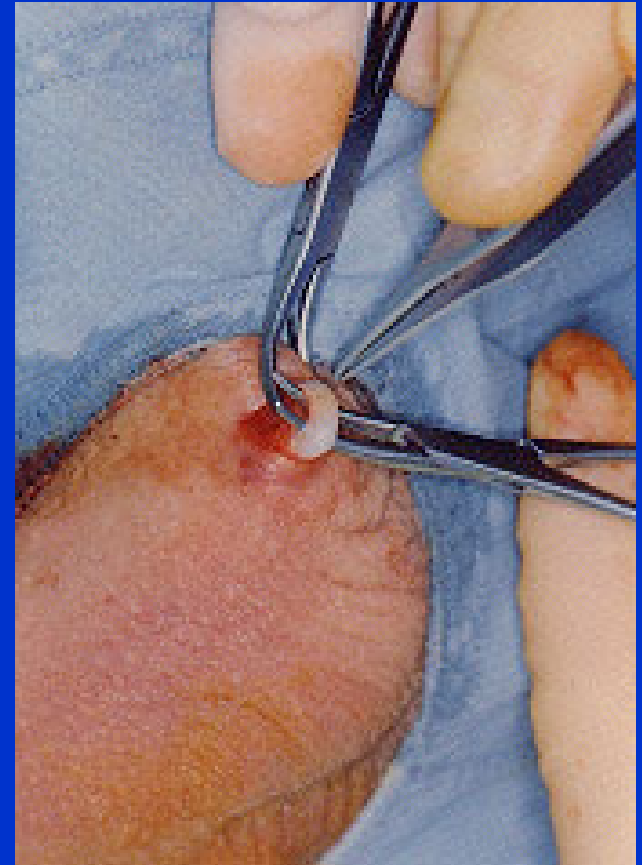
Anatomie





Non scalpel - Vasektomie

- Effiziente, sichere Technik
- **ABER:**
 - Vas nicht zu tief absetzen
 - Vasresektion nicht mehr als 1cm
 - Mehrfache Knoten am Absetzungsrand vermeiden



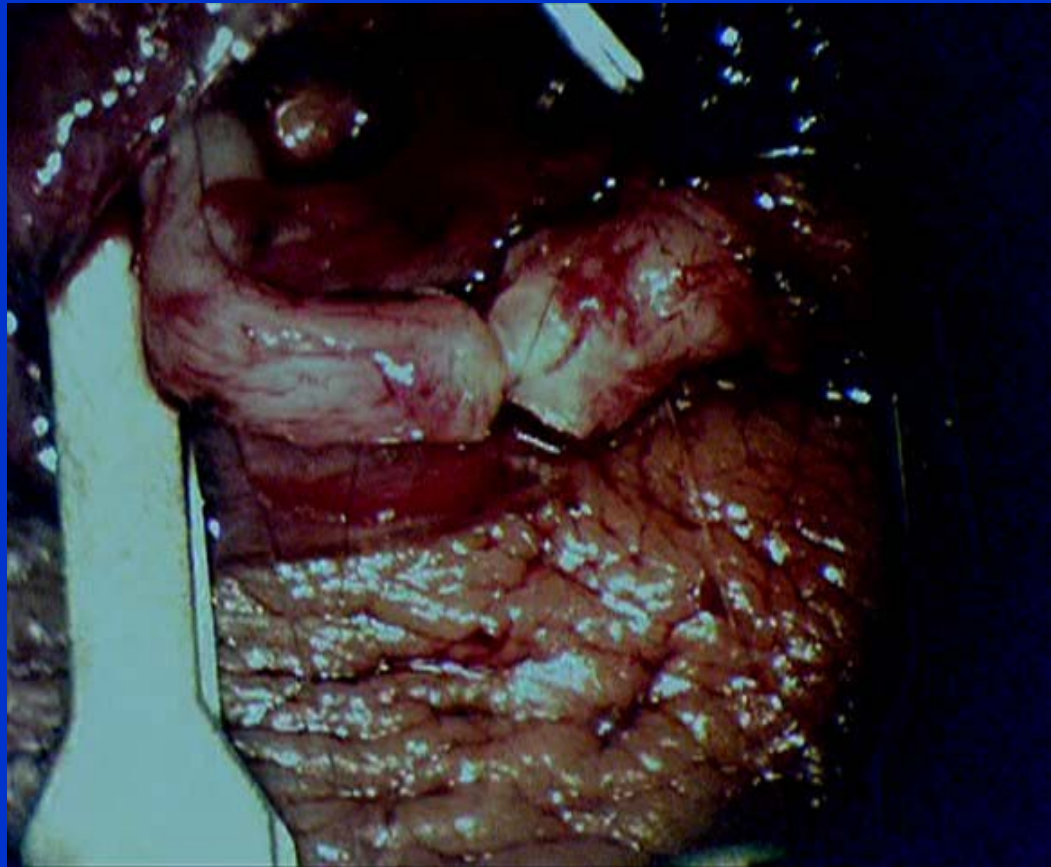


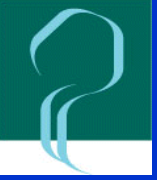
Therapie obstruktiver Azoospermie

- MESA / PESA
- TESE
- **Vasrekonstruktion**
 - Lupenbrille ????????????
 - **Mikrochirurgie**
- Kryokonservierung



Mikrochirurgische Vasovasostomie





Rationale für VV oder TV

- Positives Spermogramm postop 60 - 97%
- Schwangerschaftsrate 45 – 75%
- Komplikationsrate < 5%

Zeitdauer nach Vasektomie

		1992	2002
< 3a	Durchgängigkeit	97%	
	SS- Rate	76%	
3 – 8a	Durchgängigkeit	88%	
	SS- Rate	53%	
9-14a	Durchgängigkeit	79%	74%
	SS- Rate	44%	40%
> 15a	Durchgängigkeit	71%	87%
	SS- Rate	30%	36%
> 20a	Durchgängigkeit		75%
	SS- Rate		27%



THE BEST INFERTILITY TREATMENT FOR VASECTOMIZED MEN: ASSISTED REPRODUCTION OR VASECTOMY REVERSAL?

Fábio Firmbach Pasqualotto, Antônio Marmo Lucon, Bernardo Passos Sobreiro, Eleonora Bedin Pasqualotto and Sami Arap

In men with prior vasectomy, microsurgical reconstruction of the reproductive tract is more cost-effective than sperm retrieval with in vitro fertilization and intracytoplasmic sperm injection if the obstructive interval is less than 15 years and no female fertility risk factors are present. If epididymal obstruction is detected or advanced female age is present, the decision to use either microsurgical reconstruction or sperm retrieval with in vitro fertilization and intracytoplasmic sperm injection should be individualized.

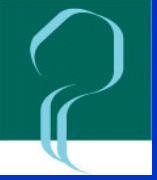
Sperm retrieval with in vitro fertilization and intracytoplasmic sperm injection is preferred to surgical treatment when female factors requiring in vitro fertilization are present or when the chance for success with sperm retrieval and intracytoplasmic sperm injection exceeds the chance for success with surgical treatment.



Economic implications of assisted reproductive techniques: a systematic review*

L.Garceau¹, J.Henderson^{1,3}, L.J.Davis¹, S.Petrou¹, L.R.Henderson¹, E.McVeigh²,
D.H.Barlow² and L.L.Davidson¹

BACKGROUND: Approximately one in six couples experiences problems with their fertility at some point in their reproductive lives. The economic implications of the use of assisted reproductive techniques require consideration. Herein, the health economics research in this area are critically appraised. **METHODS:** Multiple strategies were used to identify relevant studies. Each title and abstract was independently reviewed by two members of the study team and categorized according to perceived relevance. The selected papers were then assessed for quality and data were extracted, converted to UK pounds sterling at 1999/2000 prices, tabulated and critically appraised. **RESULTS:** A total of 2547 papers was identified through the searches; this resulted in 30 economic evaluations, 22 cost studies and five economic benefit studies that met the selection criteria. The quality of these studies was mixed; many failed to disaggregate costs, discount future costs or conduct sensitivity analyses. Consistent findings included the following: initiating treatment with intrauterine insemination appeared to be more cost-effective than IVF; vasectomy reversal appeared to be more cost-effective than ICSI; factors associated with poor prognosis decreased the cost-effectiveness of interventions. **CONCLUSIONS:** The cost-effectiveness of different interventions should be considered when making decisions about treatment. Future economic appraisals of assisted reproductive techniques would benefit from more robust methodology than is evident in much of the published literature to date.



Was tun nach Vasektomie ??

- Wann war Vasektomie ?
- Urologische Erkrankungen ?
- Hormonstatus ?
- Wie alt ist die Partnerin ?
- Gynäkologische Erkrankungen ?
- Was möchte das Paar ?
- Kryokonservierung ?