ELECTROEJACULATION (EE) FOR FERTILITY TREATMENT OF MEN WHO CANNOT EJACULATE

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OBJECTIVE: We describe our experience over the last 27 years with Electroejaculation (EE) in neurologically impaired men or those who cannot ejaculate.

MATERIAL AND METHODS: We use a specially designed, electrically isolated rectal probe with a built-in temperature monitor with a shut-off at a preset temperature. FDA and CE Approved. Electrostimulation is applied for a maximum of ten minutes. Stimulation parameters range from 4-17 volts and 100-500 milliamps.

RESULTS: From 1988 to date, we have performed EE on 672 anejaculatory males and obtained ejaculates in all 672 for a success rate of 100%. Ninety-two percent of the subjects had sperm in their ejaculate. The subjects were men who had spinal cord injury (SCI), complications of pelvic surgery, surgical treatment for testicular cancer and other cancers, viral infections causing neurological damage, Multiple Sclerosis (MS), Spina Bifida, Diabetes, Idiopathic anejaculation caused by neurogenic or psychogenic conditions, failure to produce an ejaculate the day of collection for egg retrieval for IVF or ICSI. A recent and vital innovation in the use of this method of treatment is in adolescent or teenage boys with non-Hodgkin’s or similar diseases prior to their treatment of radiation and chemotherapy which renders them sterile. Collected samples were frozen for possible future use. The mean age range of men with SCI was 32.1 years of age (16-61 years). For the non-SCI group it was 38.5 years (25-53 years). Sperm was present in 92% or 618 of the men who ejaculated. No adverse effects were reported using this method of semen collection.

CONCLUSION: EE is an effective, safe, inexpensive and repeatable method of sperm retrieval in neurologically impaired males or those who cannot ejaculate.

Electroejaculation Unit: Seager Model 14

Various Rectal Probe Sizes (1” and 1¼” diam.)

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