AQUA 21: APPROPRIATE MANAGEMENT OF OBSTRUCTIVE AZOOSPERMIA

STEWARD

AMERICAN UROLOGICAL ASSOCIATION

DESCRIPTION

Percentage of obstructive azoospermia patients managed appropriately

TYPE

Process

DATA SOURCE

Electronic Health Records: AQUA Registry Data

NUMERATOR STATEMENT

Patients who were managed by one of the following: Diagnostic biopsy/aspiration alone (only) and refer to male reproductive specialist OR Diagnostic testicular or epididymal aspiration with cryopreservation for IVF use OR Diagnostic testicular biopsy (needle or open) with cryopreservation for IVF use OR Vasal or vaso-epididymal reconstruction when appropriate (ie not CBAVD) OR TURED OR Discuss reconstruction/corrective (ie 4 and 5) vs aspiration/biopsy and cryo for IVF (ie 2 and 3)

DENOMINATOR STATEMENT

All patients with obstructive azoospermia

DENOMINATOR DETAILS

List Denominator Codes

DENOMINATOR EXCLUSIONS/EXCEPTIONs

RATIONALE

Proper management of obstructive azoospermia includes several treatment options. Obstructive azoospermia is present in 96% of men with an FSH <7.6 and a mean testis longitudinal axis >4.6cm. Thus, the FSH and testis volume should be measured in patients being evaluated for obstructive azoospermia. The seminal vesicles are responsible for the majority of the seminal fluid, which is alkaline. Thus, obstruction of the seminal vesicles at the ejaculatory ducts will result in a seminal fluid with an acidic PH. In the case of ejaculatory duct obstruction, the patient will typically have a low ejaculatory volume.
RISK ADJUSTMENT
No

INVERSE MEASURE
No

ALGORITHM

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