

## 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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