European Association of Urology Guidelines on Vasectomy

RE: Guía clínica de la Asociación Europea de Urología sobre la vasectomía

Dear Editor,

First of all, please allow me to express my acknowledgement to the initiative to spread through the Journal of the Spanish Association of Urology (AEU) and the American Confederation of Urology (ACU), reviews and practice guidelines of particular interest from the European Association of Urology (EAU), as it is this clinical guide of the European Association of Urology on vasectomy.

I find particularly useful not only the physical translation, but also the fact that the publication in our journal will provide access, dissemination, and implementation of its content in the urologists of our 2 societies, and overall Spanish-speaking.

The scope of vasectomy is of special interest, perhaps not so much because of its importance as a health problem explicitly, but rather due to the high prevalence of social demand for this procedure, because of the importance of the result and the possible legal implications of finally not obtaining an infertile spermiogram.

It is for these reasons that I allowed myself to transmit this comment about the content of the heading 'Consequences of the semen analysis results.' In this section, it is indicated that given the persistence of motile sperm, or if there are more than 100,000 sperm per ml, they are understood to be immobile although it is not explicitly stated, controls must continue to show azoospermia ‘or fewer than 10,000 immobile sperm are obtained per millilitre and the seminal washout can be concluded’.

Detailed reading of the whole review suggests that this figure of 10,000 is but a slip, and that in fact the cut-off point has to be 100,000, as it is detailed in the original publication by Dohle et al., or in the references on which this recommendation is built, the review of the British Andrology Society or the work by Korthorst specially dedicated to this aspect.

It is true that this recommendation has a grade B and a level of evidence 3, which as Niederberger admits, it is unclear what impact it could have on a legal field, but it is equally true that it is the best available evidence to date and supported by the official publications of our societies EAU, AEU and ACU. Therefore, I allowed myself to think about this numerical contradiction and document it appropriately for the benefit of our clinical practice and legal support.

References

4. Korthorst RA, Consten D, van Rijben JH. Clearance after vasectomy with a single semen sample containing <100,000 immotile sperm/mL: analysis of 1,073 patients. BJU Int. 2010;105:1572–5.

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