



## ELECTROEJACULATION

Information about your procedure from  
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/\\_userfiles/pages/files/Patients/Leaflets/Electroejaculation.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Electroejaculation.pdf)

### Key Points

- Electroejaculation is a means of obtaining semen (sperm) from patients who have problems with the natural mechanism of ejaculation (e.g. after spinal injury)
- Normally, the procedure is only undertaken with close co-operation from a local fertility unit
- The technique is only available in a limited number of specialist urology units

### What does this procedure involve?

Electrical stimulation of your prostate gland and seminal vesicles (sperm sacs) to expel sperm for fertilisation. We use the recovered sperm for **assisted reproductive techniques**; the exact technique will depend on sperm quality and discussion with the fertility unit.

### What are the alternatives?

- **No treatment**
- **[Surgical sperm retrieval](#)** – to get sperm from you using a needle puncture technique or by open surgical extraction from your testicles

### What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.


## Details of the procedure









- we normally carry out the procedure under a general anaesthetic
- we may give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we put a special electrical probe into your rectum (back passage); the probe is connected to a portable stimulator (pictured)
- when activated, the probe causes ejaculation and we then collect your semen for fertilisation
- we may put a catheter into your bladder through your urethra (waterpipe); this is usually removed the next morning



## Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Need for a catheter in your bladder through your urethra (waterpipe)	 Between 1 in 2 & 1 in 10 patients

No guarantee of sperm production		Between 1 in 2 & 1 in 10 patients
No guarantee that pregnancy will result even if sperm is produced		Between 1 in 2 & 1 in 10 patients
Temporary abdominal (tummy) discomfort due to the electrical stimulation		Between 1 in 10 & 1 in 50 patients
Severe muscle spasms due to the electrical stimulation		Between 1 in 10 & 1 in 50 patients
Infection in your urine requiring treatment with antibiotics		Between 1 in 10 & 1 in 50 patients
Autonomic dysreflexia (extremely high blood pressure with headache - only in patients with spinal cord injury)		Between 1 in 50 & 1 in 250 patients
Inadvertent damage to (or bleeding from) your rectum (back passage) requiring further surgery		Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

## What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is approximately 8 in 100 (8%); this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a “high-risk” group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

## What can I expect when I get home?

- you may get some discomfort in your penis, testicles or rectum over the first few days; this usually settles rapidly
- simple painkillers such as paracetamol should ease any discomfort you may have
- if you do have a catheter left in your bladder, we will arrange for you to have it removed
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy

## General information about surgical procedures

### *Before your procedure*

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

### *Questions you may wish to ask*

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

### *Before you go home*

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

### ***Smoking and surgery***

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0800 169 0 169**.

### ***Driving after surgery***

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

## **What should I do with this information?**

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

## **What sources have we used to prepare this leaflet?**

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

## **Disclaimer**

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

### **PLEASE NOTE**

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.