

SPERM PRODUCTION TO EJACULATION
FLUID FROM PENIS AFTER SURGERY/RADIATION
BANKING SPERM
SPERM RECOVERY FROM EPIDIDYMIS

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Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

SPERM PRODUCTION, ROUTE TO EJACULATION:

1. Testes (a pair) where the spermatozoa are generated
2. Epididymidis (another pair) the storage place for the sperm cells
3. deferent duct/vas deferens (another pair)
4. *Ampula of the deferent duct (another pair)
5. *Glandula vesiculosa/seminal glands (another pair)
6. ejaculatory duct (another pair)
7. *Prostate
8. several excretory ducts of the prostate
9. *Bulbourethral gland (Cowper's Glands – a pair)
- 10.*several urethral glands (aka Littre's glands)
- 11.Urethra.

All the following involved as the route to ejaculation, though several (asterisks) serve to provide their secretions to the ejaculate.

Read the following for suggestions to BANK SPERM prior to surgical removal of, or radiation to, the prostate gland: <http://tinyurl.com/k7zbt5a>

CAN SPERM STILL PROCESS AND BE RECOVERED FOLLOWING REMOVAL OF OR RADIATION TO THE PROSTATE GLAND?

We are talking about what happens when the prostate is removed or radiated and thus the route of sperm travel has been removed/blocked. It appears that sperm can still be produced in the testes and continued movement to the epididymis, but here is where we run into the problem. Sperm are still produced, but they can no longer reach the outside of the body, they eventually deteriorate and are reabsorbed. From what I gather, that sterility is only because the sperm have no way to travel in the normal manner. That appears to indicate that sperm may still be produced in the testes and make it to the epididymis, and if not “recovered” by some process, “deteriorate and are reabsorbed.” And that poses the question – as sperm is produced, is there a point in time when that sperm can be recovered from the epididymis for use in procreation before it deteriorates? And is there a manner in which sperm count can be measured from the epididymis?

This URL appears to indicate there is a recovery process but rather than “artificial insemination” is rather “intracytoplasmic sperm injection (ICSI):”

<http://tinyurl.com/kqrykhl>

As noted in the foregoing URL, this process of recovery requires the expertise of an infertility physician with the appropriate equipment. A listing of infertility physicians and locations can be reviewed here:

<http://ihr.com/infertility/provider/malereproduction.html>