



JUSTIN HOUMAN, MD, FACS

The Male Fertility Guide/Checklist

What affects it. How to treat it.
What to ask your doctor.



SECTION 01

What Is Male Infertility?

Male infertility is the inability to achieve a pregnancy after twelve months of regular, unprotected intercourse due to a problem on the male side. It is not a character flaw or a sign of weakness. It is a medical condition with identifiable causes and effective treatments. A male factor is involved in roughly half of all infertility cases, and in twenty to thirty percent of couples it is the sole cause. If you are facing it, you are not alone and you do not have to simply accept it.

1 in 6

couples are affected
by infertility

50%

of cases involve
a male factor

90%+

of male infertility
is treatable

SECTION 02

The Real Cause: It Starts with Sperm

Healthy conception requires healthy sperm, produced over roughly seventy-four days and delivered through an unobstructed reproductive tract, supported by balanced hormones. In many cases male infertility is a correctable problem — a varicocele, a hormonal imbalance, or a blockage — rather than a permanent one. Sperm quality is also a barometer of overall health: the same factors that impair sperm, such as obesity, diabetes, and smoking, affect the whole body. Addressing them is rarely just about fertility.

Fertility Is a Window Into Your Health

If you are struggling to conceive, it is worth a full metabolic and hormonal workup. The same processes that lower sperm quality can signal diabetes, low testosterone, or cardiovascular risk. Evaluating fertility is not just about having a child — it can be an early warning that protects your long-term health.

SECTION 03

Common Causes of Male Infertility

Male infertility is rarely caused by a single factor. Most cases involve a combination of structural, hormonal, and lifestyle contributors:

- Varicocele — enlarged scrotal veins that raise testicular temperature
- Hormonal imbalance — low testosterone, elevated FSH or LH, high prolactin
- Obstruction of the vas deferens or epididymis
- Genetic factors such as Y-chromosome microdeletion or Klinefelter syndrome

- Prior infection, including sexually transmitted infections, mumps, or orchitis
- Exogenous testosterone or anabolic steroids, which shut down sperm production
- Lifestyle factors — smoking, heavy alcohol use, obesity, and heat exposure
- Idiopathic — no identifiable cause is found in twenty-five to thirty percent of men

SECTION 04

Understanding the Semen Analysis

The semen analysis is the cornerstone of the male fertility evaluation. The World Health Organization 2021 reference values offer a benchmark — falling below them does not mean you cannot father a child, but it does signal that further evaluation is warranted.

Parameter	WHO 2021 Reference	Why It Matters
Volume	≥ 1.4 mL	Low volume can indicate blockage or retrograde ejaculation
Concentration	≥ 16 million / mL	Counts below 5 million / mL warrant a full workup
Total Count	≥ 39 million	Total sperm per ejaculate is a key fertility predictor
Total Motility	$\geq 42\%$	Proportion of moving sperm in the sample
Progressive Motility	$\geq 30\%$	Sperm swimming forward, critical for fertilization
Morphology	$\geq 4\%$ normal	Shape assessed by Kruger strict criteria

Important: One Test Is Not Enough

A single abnormal semen analysis does not confirm infertility. Sperm parameters vary between samples depending on illness, stress, and abstinence. Dr. Houman recommends at least two analyses collected two to three weeks apart for an accurate baseline.

SECTION 05

Treatment Options: From First Line to Definitive

There is no single treatment for male infertility. The right approach depends on the underlying cause, your health history, and your reproductive goals. Treatments range from lifestyle optimization and medication to microsurgery and sperm retrieval. The key is finding what works for you.

Treatment	What It Is	Best For
Lifestyle optimization	Weight loss, targeted supplements, sleep, and toxin avoidance	First-line for every patient
Medical therapy	Clomiphene, hCG, or anastrozole to stimulate testosterone and sperm production	Hormonal imbalance, low count
Microsurgical varicocelectomy	Outpatient repair of a varicocele to improve sperm quality	Varicocele with abnormal sperm
Vasectomy reversal	Microsurgical reconnection of the vas deferens to restore sperm flow	Prior vasectomy or obstruction
Sperm retrieval (microTESE, PESA)	Surgical extraction of sperm directly from the testicle or epididymis	Azoospermia, failed therapy
IVF with ICSI	A single sperm injected directly into the egg in the laboratory	Severe male factor, retrieved sperm

SECTION 06

Lifestyle Changes That Actually Work

For men with correctable contributing factors, lifestyle changes can meaningfully improve sperm parameters within three months. These are not substitutes for medical evaluation, but they are powerful complements to any treatment plan:

- Regular aerobic exercise — improves sperm count and testosterone independent of other treatments
- Weight loss — even a modest five to ten percent reduction improves sperm quality in overweight men
- Quitting smoking — one of the most significant modifiable risk factors for poor sperm health

- Eliminating testosterone therapy and anabolic steroids — these are a leading reversible cause of azoospermia
- Reducing alcohol to fewer than five drinks per week — heavy drinking suppresses sperm production
- Avoiding heat — hot tubs, saunas, heated seats, and laptops on the lap all raise scrotal temperature
- Targeted supplements — CoQ10, zinc, folate, selenium, and vitamins C and E support sperm quality

SECTION 07

How Male Infertility Is Evaluated

A thorough evaluation should include a detailed medical and reproductive history, a focused physical examination, and targeted laboratory testing. Do not accept a referral straight to IVF without a proper male workup. Understanding the root cause leads to better treatment — and can spare your partner unnecessary, costly procedures.

- Hormonal panel — testosterone (total and free), FSH, LH, estradiol, and prolactin
- Fasting glucose and HbA1c to screen for insulin resistance and diabetes
- Scrotal ultrasound to evaluate for varicocele or structural abnormalities
- Genetic testing — karyotype and Y-chromosome microdeletion panel when indicated
- Post-ejaculatory urinalysis if retrograde ejaculation is suspected
- Sperm DNA fragmentation testing in selected or recurrent cases

Pro Tip: The 90-Day Rule

Sperm take roughly seventy-four days to mature, so any change you make today shows up in a semen analysis about three months from now. Begin lifestyle changes and supplements early, and retest after a full sperm cycle to measure real progress.

SECTION 08

Questions to Ask Your Doctor

Male infertility deserves a thorough evaluation, not a quick referral to assisted reproduction. Use these questions to make sure you are getting the care you need:

Q: What is causing my infertility?

Push for a root cause, not just a referral to IVF. The answer can reveal a correctable condition and changes your treatment plan significantly.

Q: Should I be evaluated for a varicocele?

Varicocele is the most common correctable cause of male infertility. Ask whether a scrotal ultrasound has been done or is recommended for your case.

Q: Is my testosterone level a factor?

Low testosterone affects sperm production and should always be checked. Importantly, testosterone therapy itself causes infertility and should never be used to treat it.

Q: What treatment do you recommend first, and why?

Understand the reasoning. A good specialist explains why a particular treatment fits your situation rather than defaulting to the most aggressive or most profitable option.

Q: What happens if my sperm count is zero?

Azoospermia does not mean zero chance of biological children. Depending on the cause, sperm can often be retrieved surgically and used with IVF. Ask if you are a microTESE candidate.

Q: Should my partner and I be evaluated together?

Male and female factors often coexist. Simultaneous evaluation prevents delays, reduces cost, and gives the most complete picture before any treatment decision.

WHY DR. HOUMAN

Why Dr. Houman's Approach Is Different

Male infertility is one of the most underdiagnosed conditions in men's health, often dismissed with a quick referral to IVF and no real investigation. Dr. Houman takes a fundamentally different approach: finding the cause, and giving you the best possible chance of natural conception before turning to assisted reproduction.

Fellowship-trained subspecialist

Dr. Houman completed fellowship training in male reproductive and sexual medicine, giving him expertise in the full spectrum of fertility treatments that most general urologists do not offer.

Comprehensive root-cause evaluation

Every patient receives a thorough workup including a hormonal panel, scrotal ultrasound, and genetic screening when indicated. Infertility is treated as the medical condition it is.

Microsurgical expertise

Dr. Houman performs microsurgical varicocelectomy, vasectomy reversal, and sperm retrieval (microTESE, PESA, MESA) — the full range of surgical options for correctable and obstructive causes.

Full treatment spectrum

From lifestyle optimization and hormonal therapy to surgery and IVF coordination, Dr. Houman offers every evidence-based modality and tailors each plan to the patient and his partner's timeline.

Collaborative, couple-centered care

Dr. Houman works directly with reproductive endocrinologists and IVF centers to coordinate seamless care for both partners and align treatment timelines for the best outcomes.

Published research

Dr. Houman's research in male reproductive health has been published in leading peer-reviewed journals, including the Journal of the American Medical Association.



JUSTIN HOUMAN, MD, FACS

Ready to take the next step?

Male infertility is common, treatable, and nothing to be ashamed of.
The right specialist can find the cause and build a plan that works for your life.

Book a Consultation

www.HoumanMD.com/contact

Website: HoumanMD.com

This guide is intended for educational purposes only and does not constitute medical advice.
Please consult a qualified physician before making any medical decisions.