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## Bruce R. Gilbert, MD, PhD, PC Newsletter

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### Greetings!

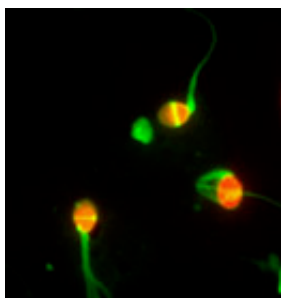
Welcome to our Newsletter! Our continued goal is to provide a forum for discussing exciting new developments, office research protocols and answers to frequently asked questions in male fertility, male and female sexual function and complementary approaches for Urologic disease.

I appreciate all the great suggestions I continue to receive. Please e-mail me any questions, comments or suggestions for future topics.

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### L-Carnitine Improves Sperm Motility...or does it...

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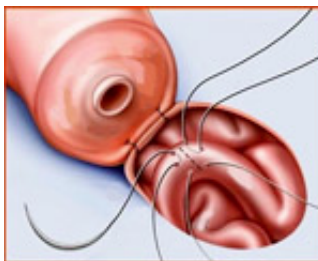
A very well designed placebo-controlled, double-blind randomized trial of the use of combined l-carnitine and l-acetyl-carnitine treatment in men with impaired sperm motility was just published in *Fertility and Sterility* by Lenzi and colleagues (click the link below for the full article). The work was supported through grants from Sigma-Tau the makers of Proxeed® the commercially available l-carnitine/ l-acetyl-carnitine product.

75% of l-carnitine in humans is derived from the diet with the highest concentrations found in the epididymis. The epididimal lumen is where sperm become motile and appears to parallel the increase in carnitine

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### Vasectomy Reversal...a Very Successful Procedure.

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I have received several e-mails asking how successful a vasectomy reversal procedure is...and, in particular, what my rate of success is.

First of all, there are many ways to evaluate success.

Surgical training, experience and technique are certainly paramount in determining success, but there are also other factors to consider. Whether a unilateral (single side) or bilateral (both side) connection can be made and where the connection is made (vas deferens to vas deferens or vas deferens to epididymis) are also extremely important. The surgeon rarely knows where the connection needs to be made until the time of surgery. Therefore, it is very important that the surgeon be expert in BOTH vasoepididymostomy (vas deferens to epididymis connection) and vasovasostomy (vas deferens to vas deferens connection). The consultation prior to the procedure is usually the time to discuss the various procedures and obtain a realistic 'success rate'.

In addition, the surgical outcome may be used to define success. For example, is there any resulting sperm in the ejaculate? Is there a normal amount of sperm with proper motility? Does the procedure result in a successful pregnancy with ejaculated sperm or does the couple require assisted reproduction efforts?

concentration. This is why l-carnitine and l-acetyl-carnitine have been investigated as potential stimulators of sperm motility.

This study involved 56 patients, 30 randomized to 500 mg l-carnitine/l-acetyl-carnitine (Proxeed®) and 26 to placebo. They were followed for two months prior to the start of treatment, treated for 6 months and followed for an additional 2 months after stopping treatment. Both the placebo and treated group had a significant increase in total motile sperm/ejaculate and forwardly progressive sperm/ejaculate. When the treated and placebo groups were further divided by sperm counts, only when total sperm counts were less than 5 million did the values reach significance.

If you just read the abstract you would certainly say that these dietary supplements should be used to improve sperm motility. However, both the placebo group and the treated group had an improvement in motility! It leaves you wondering whether the small improvements--less 3.5% increase in total sperm motility for treated group (1.7% for the placebo group) and 4.8% increase in forward motile sperm (2% for the placebo group) that they observed--is worth the \$350 to \$400 per month for the supplement! It might just be the follow up of a caring physician that makes the difference.

[A copy of the paper....](#)

## Quick Links...

- [Register for the Newsletter!](#)

Below is a list of my success ratios based upon the most recent 100 men I operated on and whom I have followed for at least a year.

These results are equal to the best reported in the field! Especially since many of these microsurgical procedures are for redos of unsuccessful procedures performed elsewhere.

The procedures reported below had an average duration of obstruction (time from the vasectomy to surgical repair) of 11.4 +/- 7.0 years with a range from 0.9 years to 33 years.

The % of men with sperm in their ejaculate within one year after the reversal varied with the procedure performed:

- Bilateral Vasovasostomy = 98%,
- Unilateral Vasovasostomy = 85%,
- Bilateral Vasoepididymostomy = 75%,
- Unilateral Vasoepididymostomy = 70%

[more information on Vasectomy Reversal... »](#)

## Height Requirements for Pilots



JL writes: I am a college student and wish to fly commercial planes. I am only five feet tall and I am wondering if it will be a barrier to getting a job.

The Office of Aerospace Medicine Guide for Aviation Medical Examiners (item 21) states "...Although there are no medical standards for height, exceptionally short individual may not be able to effectively reach all flight controls and must fly specially modified aircraft. if required, the FAA will place operational limitations on the pilot certificate."

It is probably best to check with the aviation school or commercial carriers to see if they impose height restrictions on the pilots they hire.

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- [Medical Practice Website](#)
- [New York Cryo Website](#)
- [Pilot Information](#)

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