

REPLY BY AUTHOR

I agree fully with the reviewer's position that vasectomy reversal, especially vasoepididymostomy (V-E), is not only a technically challenging procedure, but that its sequelae with respect to time to patency and possible conception, are often difficult to predict making counseling a delicate matter. In addition to these physiological uncertainties one must also include practical information including local law, insurance contracts and hospital facilities. In The Netherlands, elective (non oncological) cryopreservation of semen is not reimbursed and would thus amount to a large financial burden. Most patients therefore elect not to preserve their semen and prefer, if necessary, percutaneous epididymal sperm aspiration (PESA), a minimally invasive outpatient procedure under local anesthetic. In a situation where facilities and finances pose no impediment, collection and preservation semen during V-E is an elegant and non traumatic approach as semen can be harvested when the epididymal tubule is microdissected and opened prior to anastomosis with the vas deferens. I would thus not venture to suggest that PESA is superior to sperm aspiration at the time of initial surgery. I was until recently actually quite certain that the trauma and subsequent fibrosis caused by PESA would preclude any chance of subsequent sperm passage through the seminal tract. The two patients described above show that this is apparently not always the case, perhaps requiring us to adjust the information we provide to couples when they consider PESA accordingly.

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