EDITORIAL COMMENT

This manuscript underscores a few important challenges for the Urologist who treats fertility issues and performs microsurgery. My fellowship director, Dr. Robert Oates, would lament that it was amazing that *an*y vasovasostomy or vasoepididymostomy (V-E) worked at all, given how small the anastamosis is and how delicate and precise the suturing had to be. Nonetheless, advances in microsurgical technique have let to exceptional success rates for these procedures. A vasoepididymostomy is particularly challenging to perform, and the relative delay of sperm to the ejaculate in some successful procedures is well described. Additionally, the variable and unpredictable nature of timing of return of sperm to the ejaculate with vasoepididymostomy has been reported, and this novel description of two extremely unusual cases adds even more evidence to this finding. This may be due to prolonged edema at the anastamosis site, or simply a tenuously small anastamotic lumen that behaves erratically. In this manuscript, despite several negative semen analyses, the anastamosis proved to be sufficient to allow enough sperm to pass from time to time. Given this observation, the authors then argue that delayed PESA may be superior to what I would otherwise view as the standard of care: an epididymal or testicular sperm aspiration at the time of the initial V-E. They argue that PESA is less traumatic than the alternatives, allowing the perhaps tenuous V-E to still work in those rare but possible delayed anastamotic openings. They further argue that the delay in harvesting sperm may confer an advantage, given that it may be unnecessary altogether, but also it does not do anything to potentially disrupt the complex initial surgery. As mentioned, in nearly all cases, these connections are extraordinarily delicate. Given this small subgroup of patients described here, there is some credence to those who argue that PESA does play an important role, and reiterates just how complex and variable the vasoepididymostomy remains. We may need to council patients to not lose hope after a V-E for a much longer period that we initially thought.

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