

## Dr. Ryan P. Smith: management of chronic orchialgia

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The 111<sup>th</sup> American Urological Association Annual Meeting 2016 (AUA 2016) was held successfully in San Diego Convention Center, San Diego, USA from May 6<sup>th</sup> to 10<sup>th</sup>, 2016. It is the largest scientific meeting to gather together urologists in the world and to provide latest advances in urologic medicine.

During the meeting, Dr. Ryan P. Smith (*Figure 1*) from University of Virginia Health System was the director of the course on The Role of Surgical Management in Chronic Orchialgia. We are honored to invite Dr. Smith for an interview on chronic orchialgia (*Figure 2*).

### Introduction

Dr. Ryan Smith is an Assistant Professor of Urology at the University of Virginia, specializing in Male Infertility. He attended medical school at the University of Virginia, School of Medicine and also completed his urology residency at the University of Virginia. He subsequently completed a fellowship in Male Reproductive Medicine and Surgery at the Baylor College of Medicine with Dr. Larry Lipshultz. Dr. Smith joined the UVA Urology staff in 2013. Dr. Smith has been an invited speaker on a variety of topics including male infertility, fertility preservation and testosterone therapy. He is fellowship trained in microsurgery and is a men's health advocate.

**TAU:** *Could you briefly review the most recent surgical developments in the management of chronic orchialgia?*

**Dr. Ryan P. Smith:** Chronic orchialgia is a challenging disease to treat and it is of paramount importance to initially rule out potentially reversible etiologies. One of the most important surgical developments in recent history has been the continued demonstration of vasectomy reversal to offer relief for post-vasectomy pain syndrome. Recent publications by Jarvi *et al.* and Fuchs *et al.* have shown reasonable success rates and long-term pain relief from post-vasectomy pain syndrome following vasectomy reversal. Microsurgical varicocelectomy can similarly be successful in

relieving pain when performed in the appropriately selected patient for chronic discomfort associated with varicoceles. Advancements in the technique of microsurgical spermatic cord denervation have similarly improved the efficacy of this treatment for men with chronic scrotal pain who respond appropriately to an in-office spermatic cord block.

**TAU:** *Do you think preoperative counseling, imaging, and evaluation is very important for patient with chronic orchialgia?*

**Dr. Ryan P. Smith:** Preoperative counseling is paramount as is managing patient expectations. Patients should have reasonable expectations for what to expect after surgery and this is dependent upon a thorough conversation with their physician. In most cases, it is not expected that the pain will completely resolve after surgery. Patient's expectations should be tempered to understand that although their pain may improve there remains a possibility that their discomfort may be unchanged or worsen after surgery. The fact remains that many patients are not good candidates for surgical intervention and may be best served by a pain management program.

**TAU:** *What's the common evaluation of chronic orchialgia?*

**Dr. Ryan P. Smith:** A thorough history and physical examination is crucial to the diagnosis and treatment of chronic scrotal discomfort. Evaluation algorithms have been proposed by Costabile *et al.* and Levine *et al.* These are similar in that they reinforce the importance of a history and physical exam. Urinalysis is reasonable in most patients and a urine culture is appropriate in those in which infection is suspected. While scrotal ultrasound is routinely used, the incidence of finding significant pathology is low.

**TAU:** *Any suggestion for young urologist to treat chronic orchialgia?*

**Dr. Ryan P. Smith:** For any urologist who is treating men



**Figure 1** Dr. Ryan P. Smith.



**Figure 2** Dr. Ryan P. Smith: management of chronic orchialgia (1). Available online: <http://www.asvide.com/articles/1071>

with chronic orchialgia, I would continue to emphasize a thorough history and physical exam to exclude reversible etiologies and highlight the importance of managing expectations in perioperative counseling for any patient in whom you're considering surgery.

**TAU:** *Why do you choose to get into the field of urology?*

**Dr. Ryan P. Smith:** There were a myriad of factors that drew me to urology. I chose to specialize in male infertility

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as I am passionate about helping couples who are struggling to have children. For me, there is no greater gift than the opportunity to help a couple bring a child into the world. Fertility is a barometer of men's health and men, in general, are not good about taking care of themselves. We have the opportunity to counsel them and help steer men on a course of health and vitality in the future.

**TAU:** *What would you like to choose as your career if not to be an urologist?*

**Dr. Ryan P. Smith:** If I was not a urologist, I would like to be a marine biologist. I really enjoy biology, teaching and research and considered being a marine biologist from when I was a child. I'm fascinated by the ocean and its wealth of life.

### Acknowledgements

On behalf of the editorial office of *Translational Andrology and Urology (TAU)*, the author would like to extend her gratitude to Dr. Smith for sharing his perspectives with us.

### Footnote

*Conflicts of Interest:* The author has no conflicts of interest to declare.

### References

1. Gao LM. Dr. Ryan P. Smith: management of chronic orchialgia. *Asvide* 2016;3:300. Available online: <http://www.asvide.com/articles/1071>

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