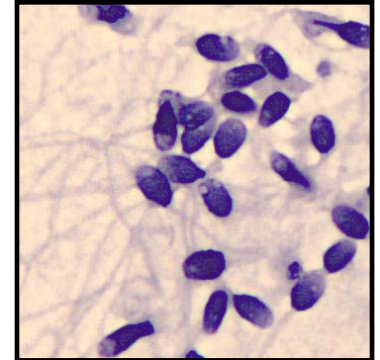


### Post-Vasectomy Reporting of Semen Analysis

We have reviewed our procedure and reporting for post-vasectomy samples. After consulting the experts in the field and reviewing the literature we concluded the following:

- It is recommended that 100,000 or fewer non-motile sperm/ml be used as the cut-off that men can rely on for vasectomy as contraception<sup>1</sup>.
- More men achieved azoospermia or severe oligospermia (less than 100,000 sperm/ml) by 12 weeks (95%) irrespective of the number of ejaculations, than after 20 ejaculations. The risk of pregnancy with less than 100,000 non-motile sperm/ml is extremely low and by 24 weeks 99% have less than 100,000 sperm/ml<sup>2,3</sup>.

Based on the above, LifeLabs will be reporting the sperm estimate per ml. Motility will be reported as previously (motile or non-motile)<sup>4</sup>. This change will be implemented on Friday, December 16, 2011.



#### References:

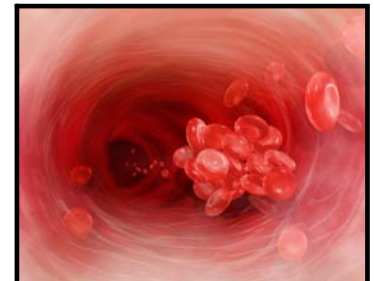
1. Labrecque M, Barone MA, Pile J, Sokal DC. Re: How little is enough? The evidence for post-vasectomy testing. J Urol. 2006;175(2):791-2. Letter to the Editor.
2. Barone MA, Irsula B, Chen-Mok M, Sokal DC and the Investigator study group. Effectiveness of vasectomy using cautery. BMC Urology 2004;4:10.
3. Barone MA, Nazerali H, Cortes M, et al. A Prospective Study of Time and Number of Ejaculations to Azoospermia After Vasectomy by Ligation and Excision. J Urol. 2003;170(3):892-6.
4. World Health Organization. WHO Laboratory Manual for the Examination and Processing of Human Semen, 5th ed. Geneva: World Health Organization; 2010, p46.

*Dr. Suseela Reddy, Hematopathologist*

### D-Dimers

The presence of D-Dimers indicates that thrombin generation has occurred. Besides thrombosis, a positive result may be seen in association with trauma, hematoma, infarction, infection/sepsis, inflammation, surgery, pregnancy, malignancy, and autoimmune disease. Several studies have demonstrated the high negative predictive value of the D-Dimer assay. Negative D-Dimer results are sufficient to rule out deep vein thrombosis (DVT) and pulmonary embolism (PE) in patients with a low clinical probability; therefore, ultrasound testing can be omitted from the diagnostic work-up for DVT.

Apart from thromboembolism, the D-Dimer test is also used to aid in the diagnosis of disseminated intravascular coagulation (DIC). Recent literature suggests that D-Dimers may be used to guide cessation or the re-initiation of anticoagulant treatment.



**A positive result is considered a critical result and the ordering physician should be contacted immediately.** LifeLabs would like to request ordering physicians to be available or have an on-call delegate to receive critical results such as these. Please ensure that an after-hours phone number is always provided on the requisition form. It is LifeLabs' policy to recommend to patients to go to the emergency room if the ordering physician cannot be reached.

*Dr. Ekram Zayed, Head: Hematopathology*

# NEW Oral Anticoagulants

Two new ORAL anticoagulants are now available: Pradax™ (dabigatran etexilate) and Xarelto® (rivaroxaban). The characteristics of these drugs are summarized in the table below.

Characteristics	PRADAX™ (dabigatran etexilate)	XARELTO® (rivaroxaban)
Mechanism of action	<ul style="list-style-type: none"> <li>Interacts directly with active site of thrombin</li> <li>Does not require the natural physiological inhibitor antithrombin</li> <li>Is distinct from heparin, low-molecular-weight heparin, and fondaparinux</li> </ul>	Is a direct Factor Xa inhibitor
Dosing frequency	Once or twice daily	Once or twice daily
Onset of action	2 hours	2.5 to 4 hours
Half-life	14 – 17 hours	5 – 9 hours
Drug and food interactions	Minimal	Minimal

### Both new anticoagulants:

- DO NOT require regular monitoring.
- DO NOT have a specific antidote, and management of serious bleeding complications or acute reversal of anticoagulation for urgent surgery can be problematic.

It is recommended that INR (PT) and PTT not be used to monitor the effect of these new oral anticoagulants.

*Dr. Ekram Zayed, Head: Hematopathology*

## Hemosiderin Testing CHANGES

The Medical Services Commission (MSC) has deleted the fee code for urine hemosiderin testing. As a result, this test will no longer be available at LifeLabs.

*Dr. Ekram Zayed, Head: Hematopathology*



**Burnaby Reference Laboratory**  
3680 Gilmore Way, Burnaby, BC, V5G 4V8

**Victoria Reference Laboratory**  
#3201 – 4464 Markham Street, Victoria, BC, V8Z 7X8



1-800-431-7206  
www.lifelabs.com

Editor-in-Chief: Dr. Colette Pienaar

LifeLabs BC is proud to be the First  
Laboratory in Canada to achieve  
ISO 15189:2007 Accreditation



As required by the CPSBC, LifeLabs is accredited by the:



Diagnostic Accreditation Program