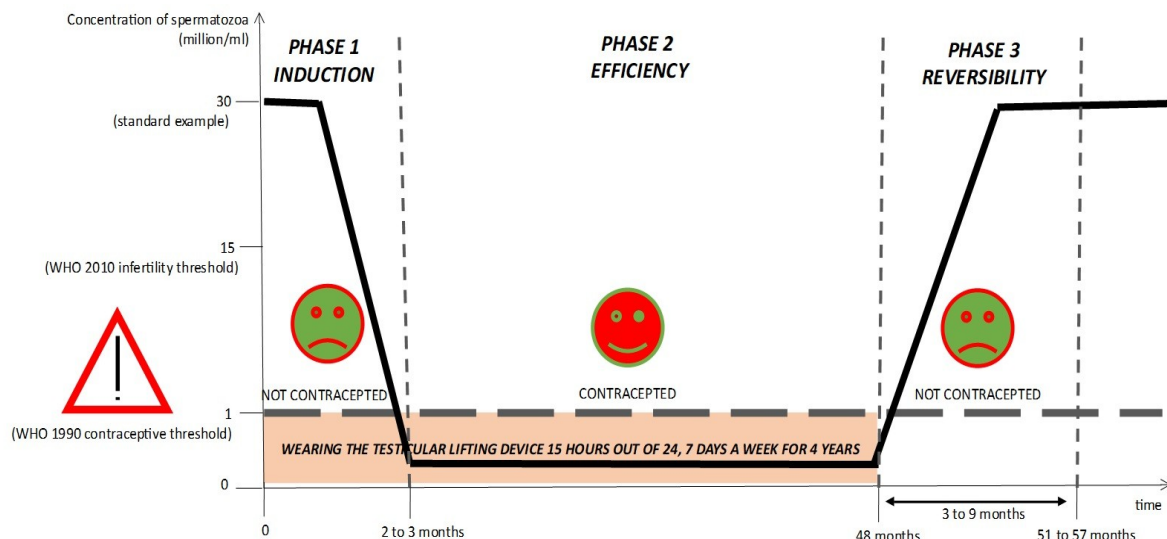


# GENERAL PRINCIPLE OF THE MALE THERMAL CONTRACEPTION (MTC) METHOD WITH TESTICLE LIFTING

## EFFECT OF TESTICULAR LIFTING DEVICE ON THE CONCENTRATION OF SPERMATOZOA OVER TIME

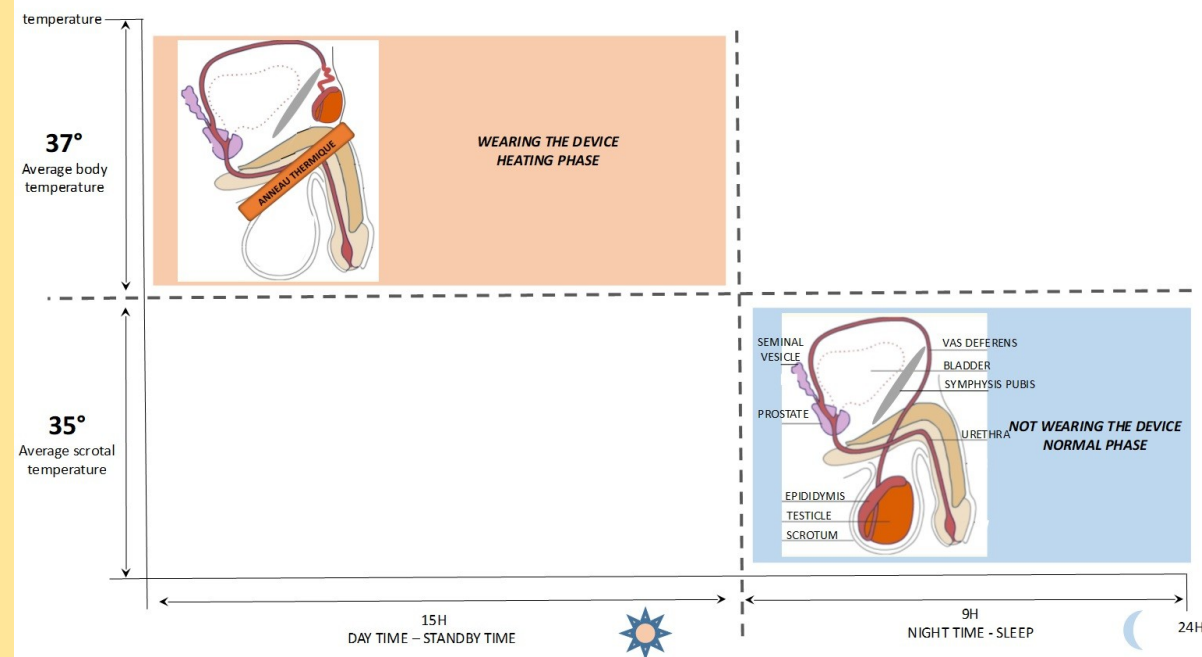


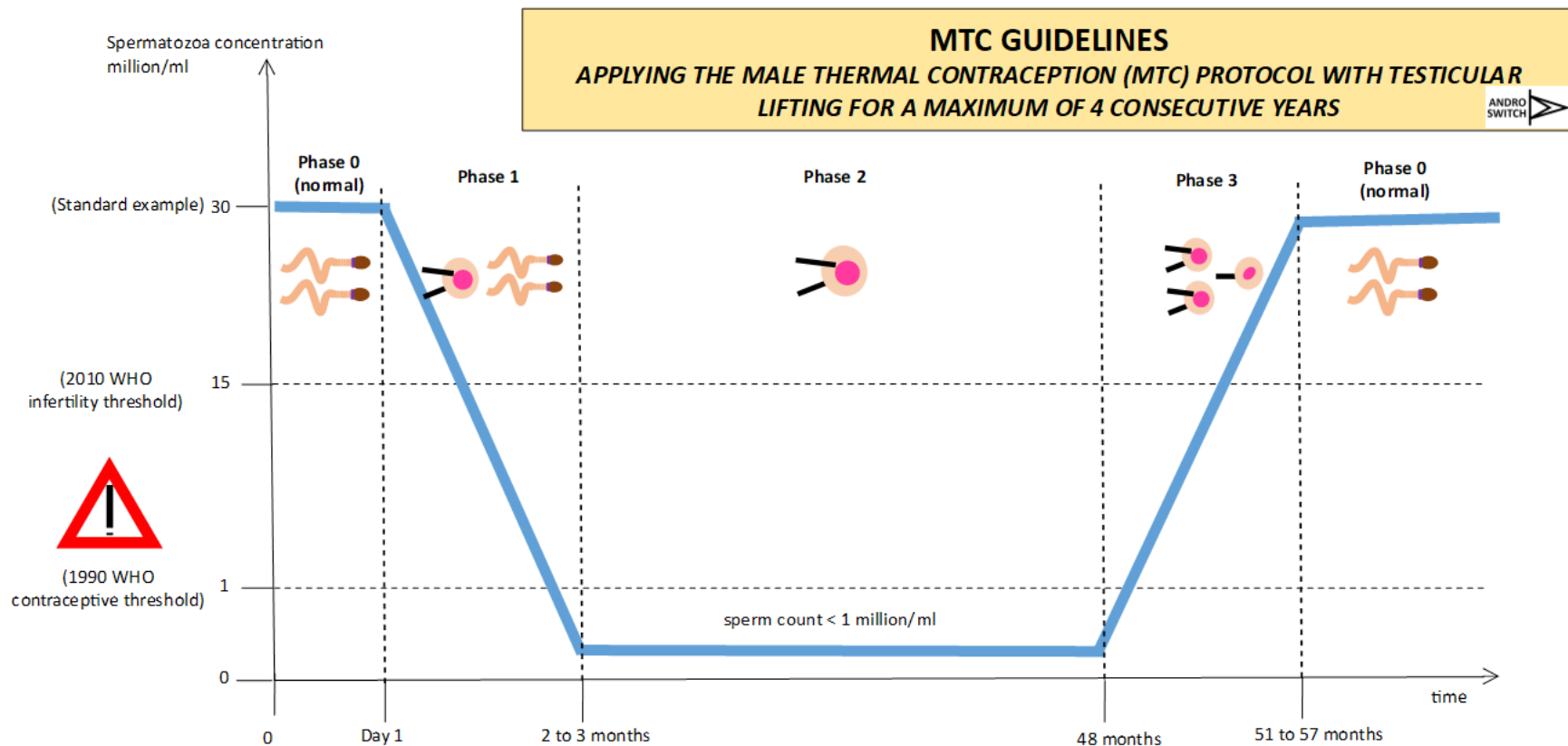
### REMINDER:

- Make an appointment with your general practitioner before you start practising MTC.
- Practising MTC and wearing the contraceptive ring will not provide any protection against sexually transmitted diseases (STD) or infections (STI), against which the condom is the only effective barrier.



## WEARING CYCLE OF THE TESTICULAR LIFTING DEVICE OVER ONE DAY 15 hours out of 24, 7 days a week





WEARING THE DEVICE (15 h/day, 7/7)					
EFFICENCY (Sperm count < 1 million/ml)					
USING A DIFFERENT CONTRACEPTIVE METHOD					Planning a pregnancy
					Not planning any pregnancies
COMPLETE REVERSIBILITY (Normal seminogram according to the 2010 WHO standards)					
MEDICAL MONITORING general practitioner – andrologist	+	+	In case you forgot to wear the ring or wore it irregularly, continue applying the protocol and use another contraception method for one month, then do a seminogram.		
SEMINOGRAM The test is done in a laboratory and 100% reimbursed with a prescription	✓	✓✓	Monthly check for 6 months, then quarterly		

Make an appointment with your general practitioner before you start practising MTC. In case of doubt or of unusual signs, see your doctor.






Practising MTC and wearing the contraceptive ring will not provide any protection against sexually transmitted diseases (STD) or infections (STI), against which the condom is the only effective barrier.

If your sperm count does not comply with the 2010 WHO standards and/or if you present any of the following contraindications: Testicular descent anomalies (cryptorchidism, ectopia) that have been treated or not; inguinal hernia, treated or not; testicular cancer; sensitivity alteration in the pubis, groin, penis or scrotum areas; strength decline in the hands; severe obesity: body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>; grade 3 varicocele; intra-scrotal nodule; significant hydrocele; cutaneous filariasis; elephantiasis; topical cutaneous infections in the penis, scrotum, groin and pubis areas; contact dermatitis in the penis, scrotum, groin and pubis areas; penile edema. Ask your general practitioner for advice before you start practising MTC.

2 seminograms 3 weeks apart must show a sperm count < 1 million/ml in order to confirm the efficiency of the protocol application.

As long as your sperm count is > 1 million/ml, use another contraception method.

For monthly and quarterly checks, you won't need to see your doctor. You both get the results and they get back to you if necessary.

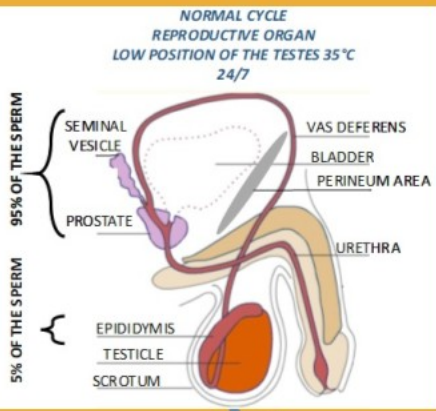
LEGEND	
NORMAL SPERMATOGONIUM AND SPERMATOCYT 1 & 2	
ABNORMAL SPERMATOGONIUM AND SPERMATOCYT 1 & 2 (ALTERED DNA)	
NORMAL SPERMATID	
ABNORMAL SPERMATID (ALTERED CHARACTERISTICS)	
NORMAL SPERMATOZOON	



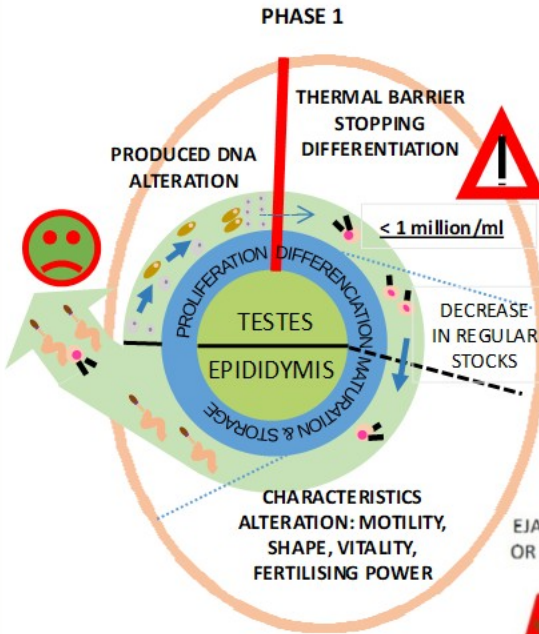
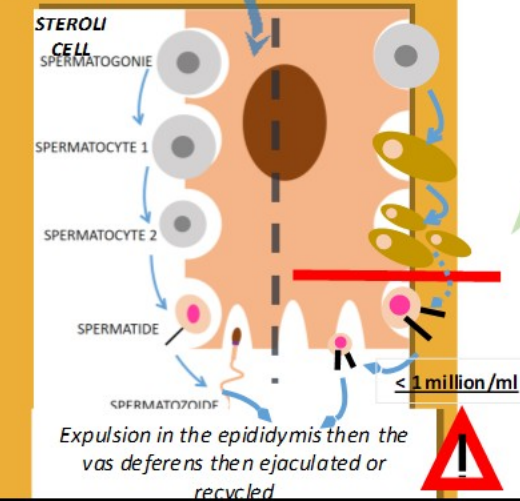
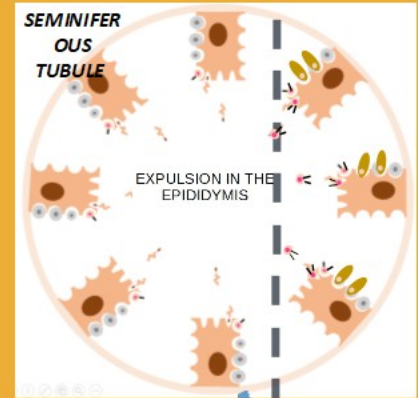
# TEMPERATURE DEPENDENCE - SPERMATOGENESIS - MALE THERMAL CONTRACEPTION

SEMOIGRAM  
(preceded by a 3-day abstinence period)

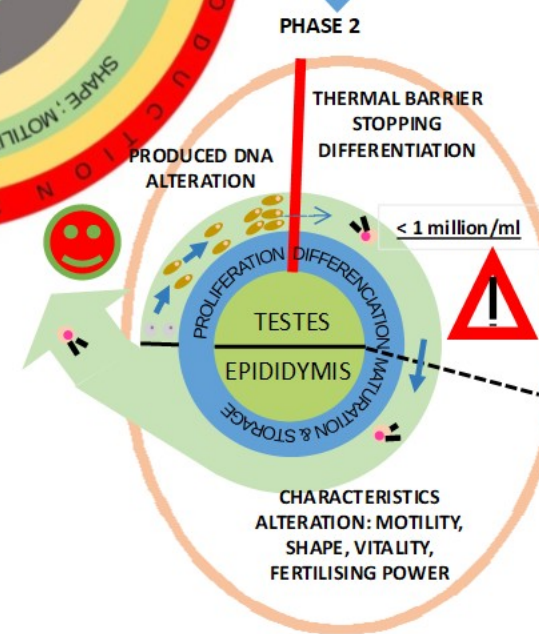
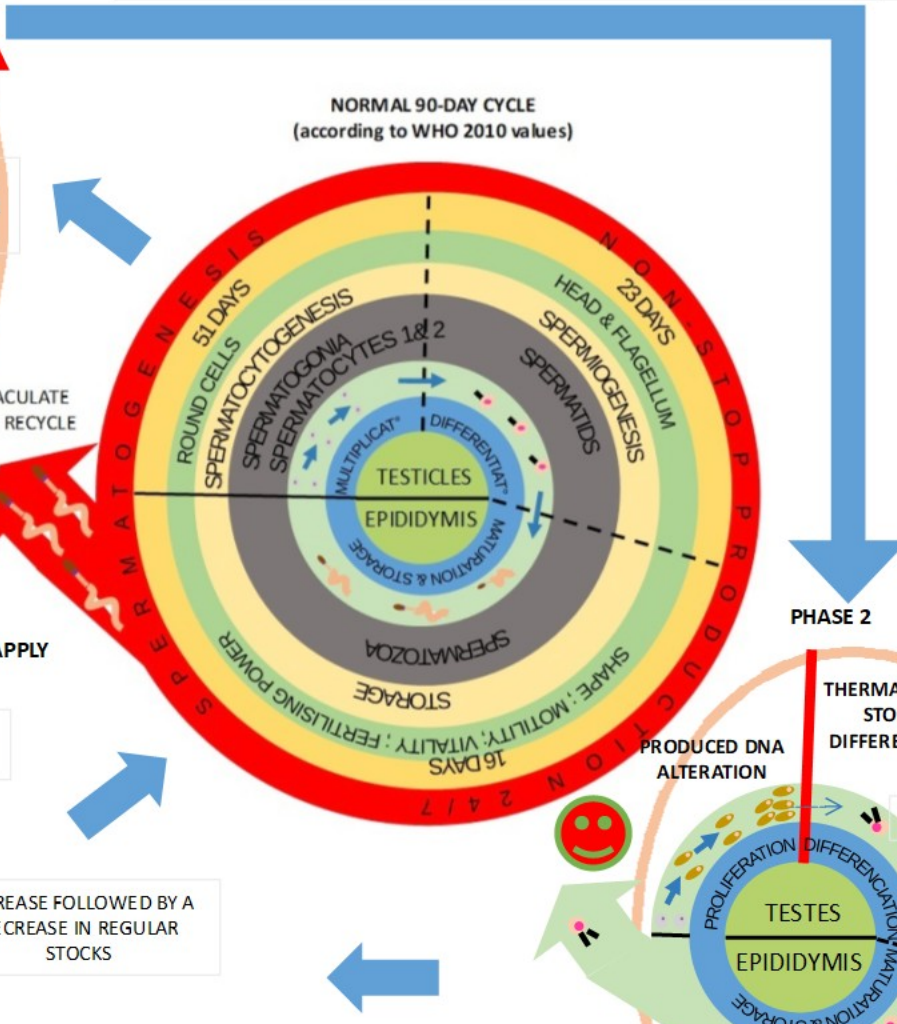
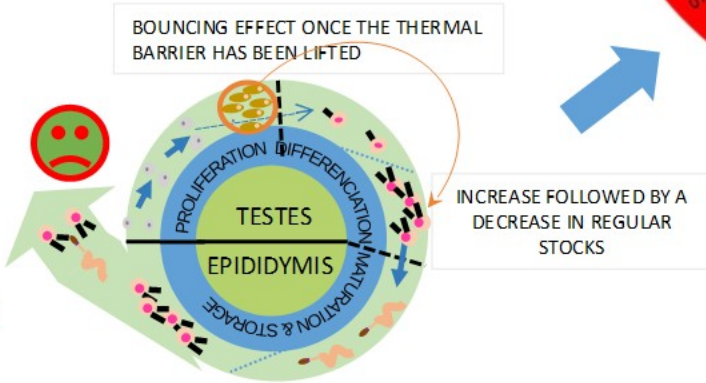
SPERM CHARACTERISTICS	STANDARD VALUES (WHO 2010)	STANDARD VALUES (WITH MALE THERMAL CONTRACEPTION)
VOLUME	> 1.5 ml	> 1.5 ml
<b>Sperm Count</b>	> 15 million/ml (Infertility threshold)	<b>&lt; 1 million/ml (Contraceptive threshold)</b>
PROGRESSIVE MOTILITY (A+B)	> 32%	< 10%
VITALITY (MOTILITY ONE HOUR AFTER EJACULATION)	> 58%	< 40%
NORMAL SPERMATOZOA MORPHOLOGY	> 4%	< 4%



**NORMAL CYCLE** **PHASE 2**



**PHASE 3**  
STOPPED WEARING THE DEVICE OR FAILED TO APPLY THE PROTOCOL



**PHASES 1 & 2**  
UPWARD POSITION OF THE TESTES 37°  
15/24 HOURS - 7/7 DAYS

