

VASECTOMY

A **vasectomy** is an operation to cut and seal off the tubes (called the vas deferens) that carry sperm from each of the testicles to the penis.

This means that sperm are no longer able to travel from the testicles to the penis, and the man is no longer able to conceive children.

- **Why have a vasectomy?**

Vasectomy is a permanent method of contraception that is sometimes called "**male sterilisation**".

A vasectomy does not affect a man's sex drive or ability to enjoy sex. He will still have erections and produce the same amount of fluid when he ejaculates. The only difference is that the fluid will not contain sperm. The body will still produce sperm, but they can't travel to the penis and are naturally reabsorbed.

Any man who chooses to have a vasectomy should consider it irreversible.

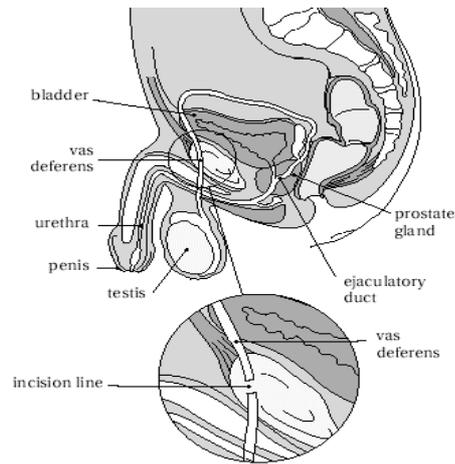
Research shows that vasectomy is a very reliable form of contraception. In a recent study of 1000 men, only 20 had positive semen tests (that contained sperm) during a three year follow-up of their vasectomy. Most of these positive results showed low levels of sperm, and many men were negative when re-tested. There were no unwanted pregnancies in the couples studied. However it's estimated that pregnancy does occur after about 1 in 2,000 vasectomies.

- **What are the alternatives?**

There are many different types of contraception. Before deciding on vasectomy, it is worth discussing the options. Couples also have the option of female sterilisation, although this surgical procedure is not as simple to perform, has more risks than vasectomy and requires a general anaesthetic.

- **Deciding to have a vasectomy**

About 90,000 men have a vasectomy each year and it is generally a very safe procedure. However, in order to give informed consent, anyone deciding whether to have a vasectomy needs to be aware of the possible side-effects and the risk of complications.



Vasectomy

- **How is it done?**

Vasectomy is routinely performed with a local anaesthetic as a day case, with no need for an overnight stay in hospital. (A general anaesthetic may be given, but this is uncommon.) There is no need to go without food and drink if a local anaesthetic is used. The operation lasts about 15-30 minutes.

Before coming into hospital, men are asked to:

- Have a bath or shower at home on the day of admission
- Bring tight-fitting underpants to wear after surgery - these support the testicles and reduce swelling

Before the operation, part of the scrotum may need to be shaved to prevent hairs getting caught in the wound. Some men prefer to do this at home themselves before coming into hospital.

In the operating theatre, lying comfortably on the operating table, the local anaesthetic injections are given into the skin on both sides of the scrotum. This may sting but the area will quickly go numb.

The surgeon will feel the testicles to find the vas deferens and then make tiny cuts in both sides of the scrotum. In some cases, it is also possible for the surgeon to work through one central incision. Some surgeons use a "no scalpel" technique where a small hole rather than an incision is made.

A section of the vas deferens is carefully pulled out through the incision. Each tube is cut, a small section is removed and the ends of the tubes are sealed off. The vas deferens are then gently placed back into the scrotum and the cuts closed using dissolvable stitches or adhesive strips (eg Steristrips). Often a dressing is not required.

- **What happens afterwards?**

After the procedure, a nurse will assess the operation site and provide advice about caring for the wounds and on taking a bath or shower. Most people feel ready to go home after a short rest and some light refreshment, but it is sensible to arrange for someone to do the driving.

As the local anaesthetic wears off, the scrotum might feel sore. A painkiller such as Paracetamol or Ibuprofen should help relieve any discomfort. Always follow the instructions on the packet.

It is sensible to take it easy for the rest of the day. Some men feel fit enough to go back to work the day after their vasectomy (depending on the type of work they do); others may need longer to recover. It is best to avoid heavy lifting or vigorous exercise in the first few days after

the operation, as this can put a strain on the healing wounds. Wearing tight-fitting underwear day and night for a week after the operation will help to ease discomfort and prevent swelling.

It is fine to have a bath or shower as normal, but the area should be dried gently and thoroughly. Any dissolvable stitches will disappear on their own after about a week, and adhesive strips can be peeled off after 7-10 days.

The wounds should heal fairly quickly. However, if there is an increase in swelling, or if either of the wounds becomes red or hot, the hospital should be contacted immediately, as this indicates that there may be an infection.

Sex and contraception: Sex may be resumed as soon as it feels comfortable to do so, but another form of contraception must be used until the live sperm that remain in the tubes have gone. This can take a few months.

Two semen tests will need to be performed to ensure that the tubes are clear of sperm. One semen sample should be taken to the hospital 12 -14 weeks after surgery and a second sample two weeks later. The nurse will provide an appointment and two bottles for the samples.

When a man's semen has been shown to be clear of sperm, he will be informed that other methods of contraception can be discontinued.

Side-effects: Side-effects are the unwanted but usually mild and temporary effects of a successful procedure. After a vasectomy, there will be numbness caused by the local anaesthetic. As the anaesthetic wears off, the scrotum may be sore and bruising may develop. Occasionally, if the surgeon has difficulty finding both the vas deferens, the bruising can be quite severe.

Complications: Complications are unexpected problems that can occur during or after the operation. Most men are not affected, but the main possible complications of any surgery are excessive bleeding during or very soon after the operation, or infection. Complications may require further treatment such as returning to theatre to stop bleeding, or antibiotics to treat an infection.

Specific complications of vasectomy are rare, but can include the following problems:

- Bleeding can occur inside the scrotum, causing it to swell and become painful. This is called a haematoma.
- It is possible for sperm to leak out of the cut tubes and collect in the surrounding tissues. If this happens, hard lumps, called sperm granulomas can form. This is rare but can be painful, and some men opt to have these lumps removed.
- Very occasionally, the cut tubes become inflamed and cause other tubes next to the testicles to swell. If this happens, it can cause a dull ache in the testicles that can last for several months.
- A small proportion of men experience pain for longer. This may be due to pinched nerves or scarring and might require further surgery.
- Very rarely, even when performed correctly, there is a very small risk the tubes can rejoin naturally and the man will become fertile again (1 in 2000 men).

The chance of problems depends on the exact type of operation and other factors such as the man's general health. The surgeon will be able to explain how the risks apply in each individual case.

- **Further Information**

Family Planning Association <http://www.fpa.org.uk/>

British Pregnancy Advisory Service <http://www.bpas.org/>