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◆ **VASECTOMY - an introduction** ◆

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A vasectomy is a simple, surgical procedure, which makes a man sterile or unable to father a child, and it is one of the most effective methods of contraception.

The operation is done through a small cut made in the top part of the front of the scrotum, just beneath the base of the penis. The tubes that carry sperm from each of the testicles are cut, and this stops the flow of sperm from the testicles to the storage chambers up near the bladder (the seminal vesicles). At the end of the procedure, the skin cut is closed with a dissolving stitch, and a dressing is applied to the wound to protect it. This all usually takes between 20 to 40 minutes to complete.

The operation can either be performed with **local anaesthetic** alone or with additional **sedation anaesthetic** for those who are more concerned about discomfort.

Most men who have a vasectomy will need a few days rest afterwards. It is normal to get some local soreness, swelling and sometimes bruising after the surgery, and these usually settle over several days. Persistent scrotum discomfort is very uncommon. Office/desk workers can usually return to work after about 3 days, but strenuous work and exercise should be avoided for a week. A small number of men will have problems with bleeding or infection after a vasectomy, and these complications can usually be settled with some rest and straightforward medical treatment.

A vasectomy does not make you sterile immediately- most men need to have a number of ejaculations to clear out all the stored sperm. A sperm count test is done after 2 months to confirm the success of the operation, and, until the result of that test is known, another form of contraception needs to continue to be used.

The sperm that are still being made by the testicles are broken down and reabsorbed by the body. Most men will form sperm antibodies after a vasectomy, and these antibodies do not cause any harmful effects.

Vasectomy **does not**:

- ▶ change your sexual abilities or your testosterone levels.
- ▶ stop you from ejaculating during sex.
- ▶ cause cancer of the testicles or prostate.
- ▶ protect you from sexually transmitted infections

A vasectomy **does**:

- ▶ provide very effective protection from unwanted pregnancies.
- ▶ need to be considered permanent.

Vasectomy reversal is possible - it is very expensive, and the success rate is low. Nowadays, there are special IVF techniques (also expensive) that can help men who have had a vasectomy to father a child. Realistically, vasectomy should be thought of as a **lifelong** form of contraception for those who are sure that they do not want any more children.

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## ◆ VASECTOMY - pre-surgical information ◆

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This information is intended for men who are seriously considering having a vasectomy or who have already booked an appointment for the surgery.

We do ask that you take some time to read these pages carefully- most questions and concerns that men have about a vasectomy are discussed, and being well informed and well prepared will make the whole process much smoother on the day of your procedure.

If you do not feel that this document explains enough or you have special issues, please consider coming to the clinic for a consultation with the doctor **before** you decide to make an appointment for the surgery.

### General information.....

Vasectomy is a safe and effective method for making a man infertile. A vasectomy is a simpler procedure than the equivalent operation for a woman (tubal ligation), has a lower incidence of complications and is much cheaper.

You might be surprised at the number of men who have had vasectomies- about 30,000 Australian men will have the operation each year. This means that more than one in five men over the age of thirty have had a vasectomy.

You should seriously think about having a vasectomy if you are absolutely sure that you don't want to father any more children. It is important to consider whether there is any chance that you might want to have another child, and what you would do if your relationship changed or you lost a child.

You should **not** be thinking about a vasectomy if you are:

- too young (generally in your twenties).
- in an unstable relationship.
- feeling pressured by your partner.
- feeling stressed and not able to think clearly.
- counting on being able to reverse the procedure later.

### Preparing for your operation.....

#### ○ Medications-

Anticoagulants (blood thinners) are always a problem for surgery. If you are taking any of these medications, you will probably not be able to safely have a vasectomy, but, at the very least, you will need to have review and advice beforehand.

Any Aspirin must be stopped at least a week before your procedure as it interferes with your blood clotting. However, if you take Aspirin because of a heart condition or a risk of stroke, then you must have specialist advice before you stop your treatment.

Similarly, medications such as Nurofen®, Advil®, Voltaren® and Indocid® (non-steroidal anti-inflammatory drugs- NSAIDs) should not be taken during the week before your surgery. They also have an effect on blood clotting.

Fish oil supplements may also increase the risk of bleeding and should probably be stopped for a week or so before your procedure.

You can continue to take any Paracetamol based medications (Panadol®, Panamax®, Panadeine®, Dymadon®, Tylenol®, Di-Gesic®), if needed. These do not affect the clotting of your blood.

○ Alcohol-

We also suggest that you drink very little or preferably no alcohol for the 2 days before your visit, as alcohol can make you bleed more too.

○ Shaving-

You need to trim and shave hair from your pubic area 2-3 days before your appointment. Hair is not good for surgical procedures and increases the risk of infection.

\* You do not need to shave all your pubic hair off (though you can, if you wish), but you do need to get rid of hair that is anywhere near or on the front part of the scrotum.

\* It is a good idea to trim most of your pubic hair- you can use scissors or the trimmer from your electric razor, if you don't have a hair trimmer at home.

\* Shave the front part of the scrotum- especially beneath the base of the penis where it joins the scrotum. Do this towards the end of a shower, as the hair will be a bit softer then from the moisture.



\* It is a good idea to use short shaving strokes in the same direction in which the hair grows- this helps to reduce any irritation afterwards. You should rinse the razor regularly whilst doing the shaving.

**It is also recommended that you have a thorough shower on the morning of your clinic appointment day.**

○ Escort-

We request that you have someone to accompany you or to come and pick you up on the day of your procedure. Even if you are only having a local anaesthetic procedure, it is safer for someone to escort you home, and for someone else to drive you home. You may want to plan to get a taxi home, if that is more convenient.

Those men who are having a sedation anaesthetic **must** have an accompanying person to escort them home.

○ Fasting-

\* **Local anaesthetic procedure**- it is not critical to fast, but we do suggest that you have nothing to eat or drink for about 2 hours before your procedure.

\* **Sedation anaesthetic procedure**- it is very important to have nothing to eat for 6 hours before your operation, and this includes not having any lollies, chewing gum or milky tea or coffee. You may drink water up until 4 hours before your procedure. This fasting is required because the anaesthetic will not only relax you, but it relaxes the reflexes that stop food from coming up from your stomach and ending up in your lungs.

○ Underwear-

Bring some snug-fitting and supportive underwear (**not** boxer shorts) to wear after the procedure.

## What happens at the clinic.....

On arrival, you will be asked to fill in some paperwork, and the billing for the procedure will be completed.

You will then have a consultation with the doctor who will be performing your operation. If your partner is attending with you on the day, then she is welcome to also sit in on this consultation. The doctor will check that you understand the procedure and that you have read and understood the complications information (outlined further on in this document). Any questions or issues that you may have will be addressed at this time. The doctor will also discuss the sperm count test, which is done about 2 months after the operation.

If you require a work certificate, you will need to let the doctor know at this time also.

You will then sign a consent form for the surgical procedure.

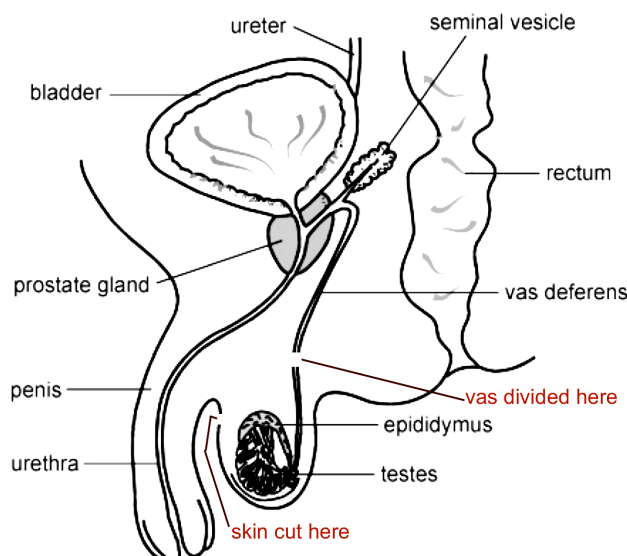
The next step will be to get you changed and prepared for your procedure. The doctor will usually want to examine you in the changing area and check that there is not too much hair left near the operation site, and also that two vas deferens can be felt inside the scrotum.

Following this examination, you will be taken to the procedure room.

Generally, we do not like partners to be with you in the operating room, as we prefer to concentrate on caring for you.

## The vasectomy procedure.....

- \* If you are having a sedation anaesthetic, the Anaesthetist/Sedationist will put in an intravenous cannula and then start giving you some sedation medications before the main procedure starts.
- \* The doctor who is doing your operation may wish to trim or shave more hair away from your scrotum, if you have not managed to clear that area enough.
- \* The groin area is washed with some **warmed** antiseptic fluid.
- \* A sterile surgical drape is placed around the scrotum.
- \* Local anaesthetic is then injected into a small patch of skin on the front part of the scrotum and down around the first of the tubes that will be cut- usually the right one- and at this stage you usually experience an ache in the testicle (if you are having local anaesthetic), which settles quite quickly.
- \* A small cut is made in the skin of the scrotum in the numbed area.
- \* The vas that has been numbed is then grabbed with special forceps and separated from some of the surrounding structures.



- \* The vas is then cut and tied off- a small section of vas is removed and sent for a confirmation examination. The end of the vas that comes up from the testicle is not tied off (open-ended technique).
- \* Some more local anesthetic is placed around the vas on the other side, and the procedure is repeated.
- \* The wound is closed with dissolving stitches placed under the skin, and a waterproof dressing is applied.
- \* The whole procedure usually takes about 30 minutes to complete.
- \* You will then move to the recovery area. If you have had local anaesthetic, you will only need to stay for about 15-20 minutes before you are discharged. If you have had sedation anaesthetic, you will stay in recovery for about an hour.
- \* Before you leave the clinic, you will be given a discharge letter (for your doctor), a pathology request form for your follow-up sperm count and a labelled specimen jar to use for that test.

## Complications and risks.....

All surgical procedures have risks, side effects and complications. As a vasectomy is an elective procedure (that is an operation that is not urgent and which you chose to have performed) it is especially important to consider what risks there are. At the same time, it is also important to consider the risks of other birth control methods, what your personal circumstances are and then to come to a decision about what will be best for you.

We have detailed most of the problems associated with a vasectomy and also have given some information on conditions that are **not** directly related to having a vasectomy.

### ○ During the operation:

Problem	Information	Treatment
Allergic reaction to the anaesthetic medications	This is not common at all and can be anything from a rash to breathing difficulties and circulation collapse	Medications are given to treat the allergic reaction- these medications will differ depending on the type of problem

### ○ After the operation- short term:

Problem	Information	Treatment
Post-operative pain and soreness	All men will get some soreness/pain after the procedure- it is surgery, after all- but this usually settles over the first 3-5 days after the vasectomy	Paracetamol-based painkillers are usually enough, and ice packs applied to the groin area are helpful
Bruising in the scrotum	This is quite common and can look spectacularly colourful. It may take a few days to really show up and usually goes away over about 2 weeks	Ice applied in the scrotum is helpful- especially in the first day or so
Swelling in the scrotum	This is also quite common and may take a week or two to settle. A reactive hydrocoele (build up of fluid in the scrotum) can be one cause for swelling	Resting with the feet up, firm, supporting underwear and regular use of ice to the groin are all helpful
Skin wound bleeding	Not that common, though a bit of fluid or blood ooze from the wound is fairly normal	Can usually be controlled with some pressure over the wound (using 2 or 3 fingers to firmly apply the pressure)
Infection	Reported rates of infection are between 3% and 4% for vasectomy	Antibiotics are usually prescribed for this problem
Haematoma	Occurs in about 2% of cases- it is a blood collection inside the scrotum and can be painful	May be drained with a needle guided by ultrasound, but can sometimes just be allowed to slowly settle and get reabsorbed by the body

○ After the operation- short term (continued):

Problem	Information	Treatment
Allergy to the dissolving sutures	Not very common, but may cause local swelling, itching or pain	Will usually settle over a few weeks, though may require some medication
Blood in the semen	This is pretty rare and usually occurs in the first 2 weeks after the surgery- may be a brownish sludge in the semen	Almost always clears without treatment

○ After the operation- longer term:

Problem	Information	Treatment
Sperm granuloma	About 60% of men who have a vasectomy will form sperm granulomas at the end of the vas tubes that lead up from the testicles. This is because the body reacts to the sperm that are leaking out, but only about 3% to 5% of granulomas will cause problems such as pain	Granulomas will often cause no problems and will tend to get smaller in time. Anti-inflammatory medicines can help, as will steroid injections  Sometimes surgery to remove a granuloma is needed
Congestive epididymoorchitis	This will happen in about 2% of men who have an open-ended vasectomy (higher rates in other techniques) and is a feeling of fullness, tightness or discomfort around one or both testicles. May sometimes be difficult to distinguish from infectious epididymoorchitis, which does also occur after a vasectomy	Will often settle with time and is also helped by anti-inflammatory medicines  Suspected infectious epididymoorchitis is treated with antibiotics
Vasectomy failure	About 1 in a 1000 vasectomies will fail- in other words will not make a man sterile	This situation obviously calls for review, investigation and then a possible repeat procedure
Chronic non-infectious epididymal pain or Post-Vasectomy Pain (PVP)	Generally defined as chronic pain present for more than 3 months after a vasectomy, may have different causes and seems to occur in about 1 in a 1000 men	Treatment options will vary according to symptoms and may include antibiotics, anti-inflammatory medicines and sometimes further surgery, which may include reversal of the vasectomy
Negative psychological effects and impotence	Rare after a vasectomy	May require counselling or a similar intervention

○ **Another consideration:**

About 60% of men who have a vasectomy will develop significant levels of anti-sperm antibodies. This is because sperm have a different genetic pattern from normal body cells, and the immune system sees them as foreign material. Sperm normally travel in the protected environment of the vas deferens. Obviously, when this safe pathway is disrupted, the immune system has a chance to start reacting against the sperm.

Despite attempts to link anti-sperm antibodies to various diseases, all the studies that have been done have **never** shown a relation to **any** health problems. Anti-sperm antibodies can be a problem for those men who seek to reverse a vasectomy, as they are associated with reduced fertility.

○ **Conditions which are not related to a vasectomy:**

Many people have heard reports or rumours that diseases such as cancer and heart disease are linked to vasectomy.

Over the last decades, research into the connections between vasectomy and various diseases has **always** shown that the links have been conclusively **disproved**. The best of these studies have looked at large numbers of men who have had a vasectomy and compared them with an equal number of men who have not had a vasectomy.

So prostate cancer, testicular cancer, heart disease, high blood pressure, autoimmune diseases and mental illness are **not** caused or increased by vasectomy.

In addition, vasectomy will not alter your testosterone levels. The cells that make testosterone in the testicles are not the same ones that make sperm and are not in any way affected by the operation.

○ **Vasectomy reversal:**

It is expensive to have the operation to reverse a vasectomy (called a vasovasostomy). The operation is done by a specialist surgeon and requires microsurgical re-connection of the vas deferens. The success rate after the procedure (that is, the birth of a child) is generally considered to be about 50% at best.

Factors that influence the success of a reversal operation are:

- ▲ age- the older you are, the less likely that you will be fertile again.
- ▲ time since vasectomy- the longer the time since vasectomy, the more reduced are your chances of fathering a child.
- ▲ the technique used in the original vasectomy procedure- some vasectomy procedures remove significant amounts of the vas deferens and make it difficult to have a successful re-connection and sometimes the vas is interrupted too close to the epididymis, and this reduces the chance of a useful reversal.
- ▲ Anti-sperm antibody level- a higher level is associated with a reduction in fertility.

Another option for those who decide they want another child is to use modern IVF techniques to harvest sperm directly from the testicle and use these sperm to fertilise an egg. This treatment is also expensive.

**A vasectomy should be basically considered a permanent form of contraception.**

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## Afterwards.....

- Wear snug-fitting, supportive underwear home from the clinic and for about a week after the procedure.
  - Go straight home and relax. You should plan to mostly rest for the first day or so, and you should avoid long periods of standing or walking for the first few days after your operation.
  - We suggest that you try to have about 3-4 days off work after your vasectomy (the day of your operation, plus 2-3 more days for recovery). If your work is quite physical, then you should probably plan to have a week off. A work certificate can be supplied at the clinic.
  - Applying an ice pack to your groin can be helpful for preventing any swelling and can be quite soothing. You can use a packet of frozen vegetables, some ice cubes in a plastic bag or a ready-made cold pack. The ice pack can be placed directly on your underwear or you may wish to have a small towel or cloth wrapped around the cold pack to stop your underwear getting too wet. Leave the ice on for about 20 minutes, then remove it for about 10 minutes (you need to have the break so that you don't damage your skin). Continue this on and off cycle for as long as you wish, particularly in the first 12 hours.
  - Take Paracetamol, with or without Codeine, for any pain. Panadol®, Panamax®, Panadeine®, Dymadon®, Tylenol®, Di-Gesic® are all fine. Tramal® is also okay to use, if needed.
- Do not** take any Aspirin products, Nurofen®, Advil®, Voltaren® and Indocid® (any non-steroidal anti-inflammatory drugs- NSAIDs) for at least 5 days after your operation because they will increase the risk of bleeding.
- Drink plenty of fluids, but avoid excessive alcohol for a few days after the operation. Good hydration enhances the body's ability to heal.
  - Check your wound dressing every day. The dressing applied after the procedure is waterproof, so you can have a shower, but do not scrub at the groin area. The dressing can usually be removed after 4-5 days. If the dressing becomes messy or saturated with blood before then, you can gently remove it, carefully wash the area and then apply a simple cover like a Bandaid®.
  - Avoid physical activity for about 3-4 days, and then you may gradually return to normal levels of exertion. It is probably best to avoid any contact sports for about 3 weeks after your operation.
  - Avoid sex for about one week following the vasectomy. After that, remember to wear a condom or use another method of birth control until you have been notified about your sperm count test result.
  - It is suggested that you do **not** use any erection promoting medication like Viagra®, Levitra® or Cialis® for about 10 days after the vasectomy as these may cause bleeding.
  - We will try and contact you between 5 and 7 days after the operation to check on your progress, but feel free to get in touch with the clinic before then if you have any concerns.
  - It is essential to do a sperm count test to confirm that the operation has been successful. Most men need between 16 and 20 ejaculations to get rid of all the stored sperm in the seminal vesicles, so we usually suggest that you do the test about 2 months after your operation. This works out at about 2 ejaculations per week to clear out the remaining sperm during that time.

You should collect the semen sample by masturbating and ejaculating directly into the specimen jar (this is the best way), or by interrupting sex and ejaculating into the container. A morning collection is usually the best idea. The specimen jar will have a label with your name and date of birth on it, but you will need to write the **date** and **time of collection** on the label. The sample should **not** be refrigerated- just keep it at room temperature- and take it directly to the nearest pathology collection centre (listed on back of the pathology request form that you were given in the clinic), preferably within an hour of when you collected the sample.

We will notify you of the result of the test- usually within 10 days of the sample being sent. Please call the clinic if you have not heard from us more than 10 days from when you dropped off the sample.