

Vasectomy (Male Sterilisation)

Who should have a vasectomy?

Vasectomy is a good solution for a couple who are **both** convinced that they will never want any more children. It should **not** be considered if there is **any** doubt in the mind of either partner, if you are still in your 20's (especially if you have no children of your own), if your partner is currently pregnant (in which case it is advisable to wait until at least 2 months after the delivery) and if you have doubt as to the long-term stability of the partnership. It is wise to avoid making the decision at times of crisis or change, such as after a new baby or termination of pregnancy. These are important points to consider as in some centres up to 20% of men request a reversal of vasectomy within 10 years. Reversible female contraception is becoming more popular. Your own doctor will have more information about this, or you can look it up at

<https://patient.info/sexual-health/long-acting-reversible-contraceptives-larc>

Doctors normally like to be sure that both partners are happy with the decision before proceeding with a vasectomy. However, it is not a legal requirement to get your partner's permission.

What is vasectomy?

Vasectomy is a small operation to cut the vas deferens. This is the tube that takes sperm from the testes to the penis. Sperm are made in the testes. Once the vas deferens is cut sperm can no longer get into the semen that is ejaculated.

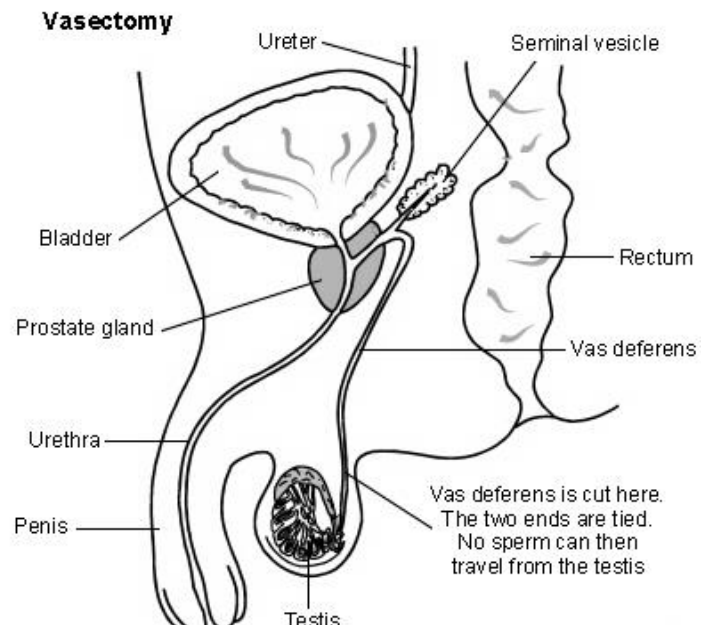
How reliable is vasectomy?

Vasectomy is very reliable - but not quite 100%. About 1 in 200 operations are not successful and semen tests show sperm still present after the operation. Even after a successful operation about 1 in 2000 men who have had a vasectomy will become fertile again at some point in the future. This is because, rarely, the two ends of the cut vas deferens re-unite in time.

How is a vasectomy done?

The operation itself is quite straightforward. You do **not** have to shave the scrotum.

A small amount of local anaesthetic will be injected into the skin of the scrotum to numb the area so you should not feel any pain but you might feel a pulling sensation.



A small opening is made in the skin with a special instrument (the “No-Scalpel Technique”) and the *vas deferens* is found, a small piece is removed and the ends sealed by cautery. The procedure is repeated on the other side and no stitches are usually required. The operation itself takes about 30 minutes, but including the preparation you will probably be at the surgery for 45-60 minutes.

What to expect afterwards

It is best if you have someone to drive you home as the local anaesthetic can start to wear off after an hour although it usually lasts for 4 hours. Some men can feel faint for the rest of the day. You will feel slightly uncomfortable for a few days, but there are a few things you can do to help:

Take some painkillers such as paracetamol or ibuprofen on a regular basis for at least the first 2 days. It is best to take the first dose just before you leave for your appointment so that it will be working well when you get home.

You should rest, preferably in bed, for the remainder of the day and use an ice pack on the scrotum for the first hour or so after getting home (on for 2 minutes then off for 2 minutes). This will ease the discomfort and help prevent any bleeding. You can buy an ice pack from a chemist or make one yourself by putting a few crushed ice cubes or frozen peas in a small plastic bag and wrapping it in a thin towel. Over the first few hours you might have some blood oozing from the skin edges. Usually, pinching the edge together for 2 minutes will solve the problem.

Wear tight underwear or an athletic support. This helps support the testicles and prevents bleeding and discomfort. You should bring a pair to wear after the operation. You should continue to wear tight underwear for at least 1 week after the operation and many men find it more comfortable to wear them in bed as well.

The following day you can have a shower, but a hot bath is not recommended for the first week. You should take things easy and no heavy lifting, running or cycling should be done for the first week. By the second or third day, most men should be able to go back to work, but those with a heavy manual job might have to wait a bit longer depending on their symptoms.

Some bruising of the scrotum is normal. An aching sensation in the scrotum which starts on the 4th day is common but usually resolves by the 12th day. Over the next few weeks, you might develop a small lump up to 1 cm across at the site of the operation. Again, this is normal and is just the body’s own healing process. It should go away by 2 months. If you have any problems directly related to the operation please contact your GP surgery.

What are the advantages of vasectomy?

It is permanent and you don't have to think of contraception again. It is easier to do and more effective than female sterilisation.

What are the disadvantages of vasectomy?

It may take a few months before the semen is free from sperm. As it is permanent, some people regret having a vasectomy, especially if their circumstances change.

Who should think twice about having a vasectomy?

- Diabetics with HbA1c of over 69 as they do not heal well and have a greater chance of infection.
- Those on aspirin, any anticoagulant or with a bleeding disorder as they have an increased risk of bleeding.
- Those with a chronic pain syndrome especially if on long term analgesia due to an increased risk of chronic testicular pain.

If you fall into one of those categories and want to proceed with a vasectomy, then please let us know and we will be able to talk to you in advance of the operation day.

Are there any risks to the operation?

Most men have no problems after a vasectomy, but the following have been reported:

- As with any operation or cut to the skin, there is a small risk of a wound infection.
- The bruising around the operation site is sometimes quite marked but will go in a week or so.
- There is a risk of bleeding but following the above advice will reduce this. The incident of haematomas (painful swelling due to bleeding) and infections are low at about 1 in 77 nationally. The chance of hospital admission is very low at 1 in 1600.
- Rarely, sperm may leak into the scrotum and form a swelling which may need treatment.
- A small number of men have a dull ache in the scrotum for a few months after the operation which usually settles over time.
- Damage to the testicular artery which will result in atrophy and therefore failure of the testicle is very rare. This potential complication should be taken into consideration if you have already lost one testicle
- A very small number of patients suffer symptoms that affect their quality of life. Some studies say this is as high as 1 in 50 but ASPC figures from the UK suggest 1 in 700. This can include a continuous or intermittent testicular ache, pain on ejaculation, pain on exercise, local tenderness.
- Even after a successful operation 1 in 2000 men who have had a vasectomy will become fertile again at some point in the future. This is because, rarely, the two ends of the cut vas deferens reunite in time.

How do I know it has been successful?

Some sperm survive in the 'downstream' part of the vas deferens and seminal vesicles for several weeks after vasectomy. These can get into the semen for a while after the operation. To make sure all these sperm are cleared out of the system we recommend a semen sample to be done at 16 weeks after the procedure and after at least 20 ejaculates (we will provide

you with the pot and form). If this sample is clear of sperm, you will be given the 'all clear'. Up to 5% of men will have some old dead sperm in the ejaculate and further samples will then be required (usually only one at 7 months after the operation). ***You still need to use other forms of contraception until you get the 'all clear' in a letter from us. It is your responsibility to produce the sample; we will not chase you up.***

Will it affect my sex drive?

No. The sex hormones made by the testes continue to be passed into the bloodstream as before. Also, vasectomy does not reduce the amount of semen when you ejaculate during sex. Sperm only contributes a tiny amount to semen. Semen is made in the seminal vesicles and prostate 'downstream'. Sex may even be more enjoyable as the worry or inconvenience of other forms of contraception are removed.

What happens to the sperm?

Sperm are still made as before in the testes. The sperm cannot get past the blocked vas deferens and are 'dissolved' into the body.

Some common questions about vasectomy

Does the operation hurt?

No more than any other minor operation that uses local anaesthetic. The injection of local anaesthetic may sting a bit for a few seconds. It is put into just a small area of skin at the top of the scrotum so it is nothing to worry about. After this, the operation is usually painless. After the operation, when the local anaesthetic wears off, the top part of the scrotum is normally mildly sore for a few days and you might have a dull ache in the groin and loin area.

What if I change my mind?

Vasectomy is considered permanent. There is an operation to re-unite the two cut ends of the vas deferens. It is a difficult operation and not always successful. It is also not available on the NHS so you would have to pay for this yourself.

How soon after the operation can I have sex?

You can resume sex as soon as it is comfortable to do so, usually after a week to 10 days. Initially, ejaculation might be uncomfortable as it pulls on the operation site and it is not unusual to have some blood in the ejaculate. You will have to use other methods of contraception until you provide a specimen which is clear of sperm. Some sperm will survive from the cut vas deferens for a few weeks. You must wait till the 'all clear' before stopping other forms of contraception.

I have heard that there is an increase in the risk of prostate cancer after vasectomy. Is this true?

The short answer is no. A few years ago there was a 'scare' about a possible link. Since then, several surveys have been done and have shown that there is no link between vasectomy and an increased risk of any cancer.