

VASECTOMY (CMBS 37623)

Introduction

A vasectomy is the most commonly performed urological procedure annually. The vas deferens (tubes that carry sperm from the testicle to the urethra) are cut and separated, resulting in sterilisation. This should be regarded as permanent, however a vasectomy reversal can be performed with 70% success in the first 5 years.

What are the alternatives?

1. Female
 - a) Oral contraceptive pill
 - b) Progesterone implant
 - c) Endometrial coil
 - d) Bilateral tubal ligation (tying the Fallopian tubes)
2. Male
 - a) Condom
 - b) Spermicide
 - c) Oral contraceptive pill (not available in Australia)

What does the procedure involve?

A vasectomy can be performed under local or general anaesthetic.

Local anaesthetic

Pros: Fasting is not required. You may drive to the hospital and back home after.

Cons: You will have to lie still for 30-45 minutes. A sharp stinging sensation is felt when the needle enters the skin, and a discomfort is felt in the groin, akin to being “kicked in the testicles”. This lasts 1-3 minutes on each side. The rest of the procedure should only induce a feeling of pressure or pulling, without pain.

General anaesthetic

Pros: You are asleep for the entire procedure

Cons: You will need to fast (no food or fluids) for 6 hours before the procedure. Sedative and anaesthetic drugs are administered, and 1-2 hours of observation during the recovery period is required. You should not drive or operate heavy machinery for up to 24 hours after.

The vas deferens is isolated on one side, local anaesthetic is administered and a small skin incision is made on the skin. The vas is then pulled out, a 1-2 cm portion is removed and the two ends are folded over and tied with two sutures. Each end is buried in a different layer of tissue, and the incision closed with an absorbable tie.

The same is repeated on the other side.

Some surgeons perform both sides through one incision in the middle. However, the vas can be more difficult to isolate this way, and there is a very small risk of tying off the same side twice.

What are the risks of surgery?

All operations have risks. These are explained below, with estimated likelihood of occurring and techniques used to prevent them.

Common (>10%)

Mild discomfort in the groin or scrotum (days to weeks)

Epididymal cysts or sperm granuloma

Bruising in the scrotal skin

Occasional (2-10%)

Chronic pain in the scrotum (weeks to months)

Bleeding or blood clots

Infection

Rare (2%)

Chronic pain in the scrotum that is disabling, last more than 9 months, that may require reversal of the vasectomy or excision of the epididymis

Failure of procedure

Damage to surrounding structures - cord, epididymis, testis

Recanalisation (tubes join together again, resulting in unwanted pregnancy)

Association with prostate cancer unlikely causative

What should I do before surgery?

- Have a thorough discussion with your partner about the procedure
- Ensure that you are in a stable, long-term relationship and definitely do not want any more children
 - The most common cause for patients requesting for vasectomy reversal are separation with their current partner and a new partner requesting for children by natural means

What should I expect after surgery?

A vasectomy is usually performed as a day procedure, and you can go home the same day. You should take things easy for 2-3 days, to allow recovery. If your work involves heavy or strenuous activity, then it is advisable to take the rest of the week off. Please avoid heavy lifting (>5 kg, including shopping bags, washing baskets and children), repeated bending or straining, sexual intercourse, swimming, sporting activities and strenuous exercise for 1-2 weeks. If you develop fevers, urine retention, excessive pain, bleeding, odour or discharge, please contact your surgeon through the rooms or hospital.

Clearance

You must continue to use protection until your surgeon gives you clearance. The vasectomy is not successful until a semen analysis after 3 months (20 ejaculations) shows azoospermia (absence of sperm).

Occasionally, patients may have sperm seen. If so, you must continue using alternative contraception and your surgeon will advise further tests.

Please refer to: [http://www.surgeons.org/media/16164/PVSAconsum1203\(2\).pdf](http://www.surgeons.org/media/16164/PVSAconsum1203(2).pdf) for more information. There is a flow chart on page 6.