



Vasectomy

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This leaflet contains general information about vasectomy. If you have any specific questions about your individual medical situation you should consult your doctor or other professional healthcare provider.

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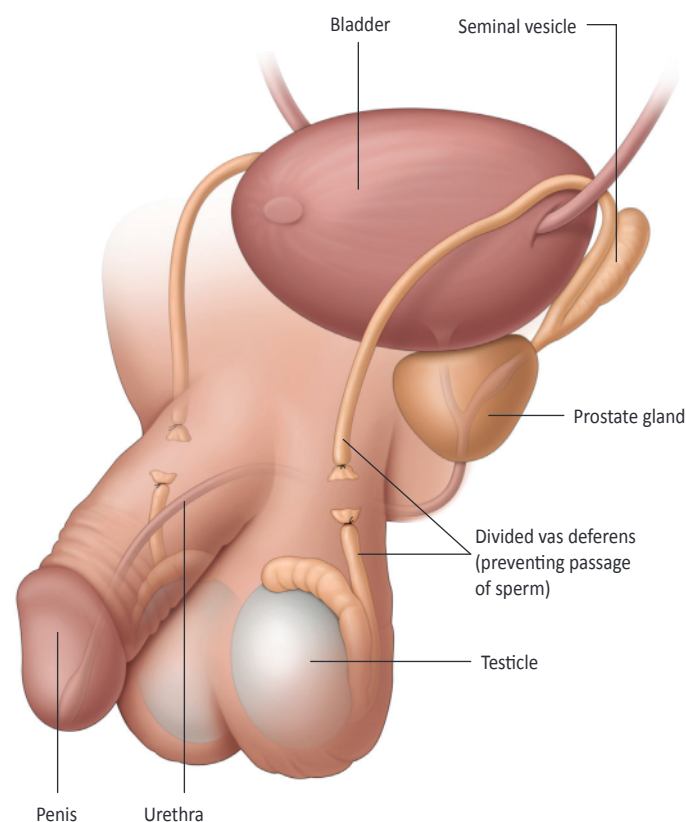
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Vasectomy

To prevent unplanned pregnancy, people use different methods of contraception or birth control. One of these methods is vasectomy.

What is vasectomy?

- Vasectomy is a simple, safe procedure designed to make a man permanently sterile.
- Small tubes called vas deferens in the scrotum that carry sperm are cut or blocked. This is to prevent sperm from mixing with the semen which is released when a man ejaculates.



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Fig. 1: Vasectomy.

Are there any alternatives for vasectomy?

An option for vasectomy is the use of condoms. For women, birth control pills or use of contraceptive injections and implants are possible alternatives.

The procedure

- Local anaesthesia is used but for high or difficult to manipulate testes, general anaesthesia is preferred. Local anaesthesia may cause some discomfort and the prick of the needle can be painful.
- Local anaesthesia is injected on either side of the scrotum above the testicles. Your skin will feel numb but you will still feel some sensations such as hot and cold.
- When the doctor picks up each tube, you may feel a slight discomfort.
- Absorbable stitches are used to close the scrotal skin which will disappear within two to three weeks.

How to prepare for the procedure

The doctor will give you advice on how to prepare for the operation in detail. If you are scheduled to have your vasectomy under general anaesthetic, you must not eat, drink, nor smoke for 6-8 hours before the procedure.

On the day of the procedure

- The doctor will review your medical history and medications and discuss these with you, then confirm your consent.
- The anaesthetist will assess which method of anaesthesia is appropriate for you: a general anaesthetic (where you will be asleep) or under a spinal anaesthetic (where you will feel nothing from your waist down)
- The anaesthetist will also discuss pain relief after the procedure.

What to expect after the procedure

You may feel sore for a few days. It is advised that you should rest for at least a day. Complete recovery is expected in less than a week.

After surgery, you may experience post-operative side-effects such as:

- Mild bruising and scrotal swelling with seepage of clear yellow fluid from the wound after a few days
- Blood in the semen the first few times of ejaculation
- Troublesome chronic testicular pain which can affect day-to-day activities
- Significant bruising and scrotal swelling requiring surgical drainage
- Epididymo-orchitis (infection or inflammation of your testicle)

- Early failure (post-operative semen analysis shows persistent motile sperms), indicating you are not sterile)
- Late failure (re-joining of the ends of the tubes after initial negative sperm counts) resulting in fertility and pregnancy at a later stage

When to call the hospital or doctor

The procedure is safe and complications are uncommon, but if you experience any of the following: swelling, bruising, inflammation, and/or infections, it is best to inform your doctor.

Warnings:

- It is important that you understand you are **not** instantly sterile after the operation. This is because some of the sperm have already passed beyond the section where the tubes are tied off.
- These sperm need to be cleared by normal ejaculation. On average, you will need 20 to 30 ejaculations to clear them.
- You will be asked to produce a semen sample as early as 12 weeks after your vasectomy. This sample will be examined under a microscope. If no sperm are present, you will be given the “all clear” that you are sterile.

IMPORTANT

Until you get the “all clear” confirmation, you **MUST** continue with other contraceptive methods as precautions. You cannot rely on your vasectomy until you have received the “all clear”.

Summary and important points

- Vasectomy is the most effective method of male sterilisation.
- The procedure should always be regarded as irreversible.
- You will not be instantly sterile after the procedure. Until you are given the “all clear” on your post-operative semen tests, 12 weeks after the procedure and at least 20 ejaculations later, you will need to continue using other contraceptive methods.
- The tube ends may join themselves back together. This is known as late failure. It occurs in 1 out of 2,000 men.
- There is **no** evidence that vasectomy causes any long-term health risks.
- Troublesome chronic testicular pain is reported in up to 15% of patients. It can be severe enough to affect day-to-day activities in up to 5%.

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