Vasectomy Brochure

Vasectomy is the most common surgical procedure used for male sterilization. In the United States, roughly one in five men over the age of 35 has had a vasectomy, and approximately 42 million men worldwide have undergone this operation. The decision to proceed with a vasectomy is a personal one, and we at The Urology Clinic want to make sure you have a clear understanding of the risks and benefits of the procedure, as well as the expected outcomes and follow-up procedures. Although vasectomy is a very reliable procedure, your cooperation with the follow-up schedule is essential. You must ensure that you have been cleared for unprotected intercourse prior to relying upon vasectomy to prevent pregnancy. In addition, vasectomy does not protect from sexually transmitted diseases.

The usual reason to undergo vasectomy is to create male sterility, that is, a situation where a man may no longer father children. This is accomplished by obstructing the flow of sperm from the testicles. Prior to vasectomy, the male uses a combination of several organs to produce semen. The seminal vesicles and prostate combine to produce roughly 98% of the ejaculate fluid. The remaining 2% is produced in the testicles and consists primarily of sperm, the male fertilizing element. The vas deferens is the conduit, or tube, through which the sperm travels from the testicles to join the ejaculatory ducts within the prostate. With the obstruction of the vas deferens, there is very little change in the amount of the ejaculation, and it bears no relationship to erection, the sensation of the sexual act, or the ability to ejaculate or climax.

In general, vasectomies are performed in the office at The Urology Clinic. Your physician may determine that the procedure needs to be done in our ambulatory surgery center, The Georgia Lithotripsy and Laser Center, or in the hospital. These decisions may be based upon the patient’s anatomy, anxiety, or the need for other surgical procedures.

After medications are given to ease anxiety, the scrotum is cleansed and prepped with an antiseptic solution and then covered with a sterile drape. If the scrotum was not shaven prior to surgery, this is completed prior to the skin preparation. Local anesthesia is injected into the skin over the vas deferens and into the cord itself, allowing excellent pain control. Although the patient will be aware of some pressure and movement, this “cord block” relieves operative and postoperative pain for several hours. The vas deferens is then isolated. We remove a small segment for pathologic confirmation, cauterize the vas lumen, and tie or place titanium clips on the ends. The incision or incisions are then closed with small dissolvable sutures.

After vasectomy, the testicles continue to produce sperm, but it is absorbed at roughly the same rate as it is produced. It is important to recognize that although no new sperm reach the ejaculate at this point, live sperm living beyond the site of vasectomy (in the vas or seminal vesicles) CAN allow a male to continue to father children for several months. In addition, rarely during the process of healing, new channels can form between the cut ends of the vas deferens, allowing new sperm to reach the ejaculated semen. This is found to
happen at a rate of 4/1000 or 0.4%. For both of these reasons, it is absolutely essential to have the semen checked for residual sperm after several months to ensure complete clearance. You must continue to use other forms of contraception during this time. We request an office semen analysis in 6-8 weeks, at which time approximately 80% of men are free of sperm. If sperm are present, the man must still use other forms of contraception and bring in samples on a monthly basis until clear (usually within a few months). Rarely, motile or non-motile sperm can recur after an examination showing no sperm in the ejaculate. In addition, in up to 1% of cases, persistent non-motile (likely not living) sperm can be seen for 6-12 months or longer after vasectomy. Therefore, it is very important to keep to the follow-up schedule to verify an absence of sperm before relying on vasectomy for contraception.

Although a very safe and very common procedure, vasectomy is not without some risks and side effects. For the first several days after the procedure, you will likely have some heaviness and discomfort in the testicles, particularly with activity. This discomfort decreases week by week and usually by 2-3 weeks has completely resolved. There is commonly some swelling and bruising in the scrotum, and wearing a scrotal supporter or tight underwear for several days as instructed will decrease this.

As with any surgery, there are risks including but not limited to allergic reaction, bleeding, infection, and postoperative pain. Bleeding in the scrotum frequently causes some bruising, but the thin and pliable scrotal tissues can occasionally allow the formation of large hematomas (blood clots), rarely requiring removal in the operating room. Serious infection is rare. Superficial skin infections around the incisions and stitches can occur and may require antibiotics or drainage in the office. Postoperative pain is usually mild and responds to ice, support, and pain medications. A rare chronic pain syndrome can occur in less than 1% of patients after vasectomy. This can be difficult to resolve, and some patients require vasectomy-reversal in an attempt to help this relationship, and before any decision is made, it is imperative that all are completely comfortable with the decision of sterility. If there is any question, it is best to delay your decision.

PREPARATION FOR SURGERY:

1. Take a hot shower 30 minutes to 1 hour before your appointment if possible. You may shave the front of the scrotum to prevent any hair from entering the incisions (or you can be shaved just prior to the procedure).
2. Avoid any aspirin or other blood thinning medicines for 7 days prior to the surgery (Tylenol is OK).
3. A jockey strap/athletic supporter/boxer briefs are important in the postoperative period, and it is best to bring one with you to the procedure to wear afterward.
4. You will need someone with you to drive you home.

POSTOPERATIVE INSTRUCTIONS:

After surgery, common sense usually prevents most problems. If you are having discomfort, get off your feet, relax, and place an ice pack in the area. If you follow the following simple
rules, you should recover quickly.

1. No intercourse for roughly a week.
2. You can shower the night of surgery.
3. Ice packs should be applied (usually in 20 minute cycles) throughout the day and at night for approximately 24 hours.
4. Heavy exercise should be avoided for approximately a week (including heavy lifting, jogging, bicycling, or riding lawn mowers or tractors), but walking is OK and encouraged. If you notice an increase in swelling, bruising or redness this activity should be limited until you feel better.
5. If you have any concern about infection or undue swelling, please call The Urology Clinic at (706)543-2718.
6. You will be given a pain medication such as Lortab or Percocet for use after surgery for more significant pains. For less severe discomfort, we suggest Tylenol or ibuprofen.
7. Finally, if you have any questions, doubt or hesitation, please call The Urology Clinic and one of our physicians or nurses will assist you with your questions.

FREQUENTLY ASKED QUESTIONS:

1. Can my partner tell I have had a vasectomy?
   *There is no significant change in the ejaculate after a vasectomy. Your partner may be able to feel the vasectomy site.*
2. Will my sense of orgasm be altered by having a vasectomy?
   *Ejaculation and orgasm are generally not affected by vasectomy. Rarely, long-term pain can develop after vasectomy (post vasectomy pain syndrome) which can be somewhat difficult to treat.*
3. Can I become impotent after a vasectomy?
   *An uncomplicated vasectomy should not cause impotence.*
4. Can a vasectomy fail?
   *Yes. Sometimes during the healing process, the cut ends of the vas deferens “heal themselves” allowing sperm to get into the ejaculate. Occasionally, even after semen samples have shown clearance of sperm, new channels can form bypassing the vasectomy. This “re-canalization” is found to happen in approximately 4/1 000 vasectomies. Repeat vasectomy is often required.*
5. Can something happen to my testicles after a vasectomy?
   *Rarely, the testicles may be injured during a vasectomy as a result of injury to the testicular artery. In addition, a hematoma or blood clot may develop in the scrotum next to the testicles.*
6. Can I have children after my vasectomy? What if I change my mind after my vasectomy?
   *The purpose of vasectomy is to create sterility, or an inability to father children. Vasectomy reversal requires reconnection of the vas deferens ends microsurgically and is not always successful. This procedure may be expensive and may not be covered by standard medical insurance. Alternatively, sperm can be aspirated from the testicle or the epididymis and used for in-vitro fertilization. The*
success of the above techniques decreases as the number of years after vasectomy increases. The best way to avoid this situation is to carefully and thoughtfully consider non-surgical contraceptive alternatives prior to proceeding with vasectomy if you are not certain permanent infertility is desired.

7. Will I be sterile immediately after the procedure?
   NO. Because living sperm are found along the vas deferens tube beyond where it was divided, you will still be fertile immediately after the vasectomy. It generally takes over 20 ejaculations for the sperm to disappear, but we cannot be certain that you are surgically sterile until a semen sample is examined using a microscope and no sperm are seen. You need to bring a semen sample for evaluation to the office at about 6 - 8 weeks after your procedure, and if sperm are still present, this evaluation will be repeated approximately monthly until your sample is clear. Other forms of birth control are required until the semen sample is clear.

8. When can I resume sexual activity after my vasectomy?
   Generally within 7-10 days you can resume normal sexual activity. You will not be sterile at this point and need to continue to use other forms of birth control until the semen sample is clear.

9. What are non-motile sperm and what is the significance of persistent non-motile sperm after a vasectomy?
   Living sperm typically move when examined under the microscope. Large series of vasectomies have all shown that in approximately 1-3% of men have persistent non-motile (non-moving) sperm after a vasectomy. The management of people with this finding is controversial, and will be individualized based on your situation. Many men initially with persistent non-motile sperm are eventually found to have no sperm in their semen.

REFERENCES:

4. Simon: When are the chances for an unexpected pregnancy after a vasectomy?. University of Maryland Medical Center Patient Education. September 2002