

What is a vasectomy?

A vasectomy is meant to be a permanent method of male contraception. It involves cutting both the tubes (vas deferens) that carry sperm from your testicles. This prevents sperm from mixing with semen and reaching your penis (see figure 1). So a vasectomy should stop your partner getting pregnant.

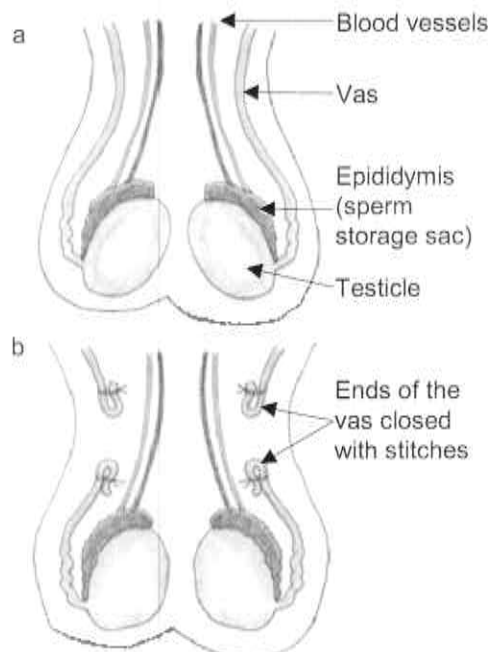


Figure 1

a Before a vasectomy

b After a bilateral vasectomy

It is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

What are the benefits of surgery?

As a vasectomy is meant to be permanent, you or your partner should no longer need to use another form of contraception. However, until you are told by your doctor that you are sperm-free, you should use another method of contraception.

Are there any alternatives to a vasectomy?

There are two common methods of contraception for women that have a similarly low failure rate compared to a vasectomy.

- A coil or IUCD (failure rate: less than 2 in 1,000 over one year).
- Hormone implants (failure rate: less than 3 in 1,000 over one year).

Other methods of contraception include the oral contraceptive pill and female sterilisation (risk: 1 in 200 over a lifetime).

For men, the only safe form of contraception, other than a vasectomy, is to use a condom. However, the risk of failure is higher (failure rate: on average 1 in 7 over one year).

If you think one of these methods may be more suitable, you should discuss this with your doctor.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

A vasectomy is performed under a local or general anaesthetic. Your anaesthetist or surgeon will discuss the options with you and recommend the best form of anaesthesia for you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes between fifteen and twenty minutes.

If you have a local anaesthetic, this will be injected alongside each vas tube at the top of your scrotum and in the skin where the cuts will be made.

Your surgeon will usually make one small cut on each side of your scrotum. Sometimes they will make a single cut in the middle of your scrotum. Your surgeon will cut the tubes that carry sperm from each testicle to your penis and then close the ends with stitches, clips or an electric current (cauterisation).

At the end of the operation, your surgeon may close any cuts in your scrotum with dissolvable stitches.

What should I do about my medication?

You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin or clopidogrel before your operation.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Part of your scrotum may need to be shaved before your operation. You will either be asked to do this yourself when you are in hospital or a member of the healthcare team will do it for you.
- Try to have a bath or shower either the day before or on the day of your operation and make sure your scrotum is clean.
- Keep warm around the time of your operation. Let a member of the healthcare team know if you are cold.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of men who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. It is normal to get some mild discomfort and tenderness in your scrotum. You may need to take simple painkillers such as paracetamol to make sure you are comfortable.
- **Bleeding** during or after surgery (risk: 1 in 100). It is common to get bruising of the scrotum and around the cuts, which settles over a few days. If the bleeding is heavy, you may need an operation.
- **Infection of the surgical site (wound) or in the scrotum** (risk: 1 in 100). It is usually safe to shower after 48 hours. However, you should check with a member of the healthcare team. Let the healthcare team know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need an operation.

3 Specific complications of this operation

- **Becoming fertile again.** If the tubes rejoin, sperm will mix with your semen and you will be fertile again. There is no way of knowing if this has happened other than by testing your semen, as it looks the same if you are fertile or not. Sometimes the tubes rejoin just a few weeks after surgery (risk: 1 in 400). At this stage, you should still be using another form of contraception. However, the tubes can rejoin many months later, after you have been told that you are sperm-free (risk: 1 in 2,000).
- **Long-term pain in the testicles** (risk: 1 in 25). The pain is probably caused by scar tissue forming around the fine nerves. Although the pain is not severe, it can last for months and sometimes painkillers are needed.

- **Congestive epididymitis**, where the tube-like structure that stores sperm gets blocked, causing pressure and pain (risk: less than 6 in 100). This usually settles on its own.
- **Sperm granuloma**, where sperm leaks and causes small painful swellings on the end of the vas tube that has been cut. This usually settles but may need further surgery (risk: 2 in 100).

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

You may need painkilling medication. It is helpful to hold an ice-pack against your scrotum to reduce any pain and help prevent bruising.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Your testicles will probably ache for the first few days. Any pain should settle within ten days. If you still have pain after four weeks, contact your doctor.

You should not have sex or do any strenuous activities for the first five to seven days to reduce the risk of bleeding. Your sexual feelings or ability to have an erection should not be affected by the operation.

You should be able to return to work after a couple of days. However, if your work involves strenuous physical activity, you may need to stay off work for about a week. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• The future

It can take around twenty ejaculations to clear out any sperm that may be left. Your doctor will ask you to give one or two samples of your semen after you have ejaculated twenty times following your operation. The samples will be tested to find out if there are any sperm left. Until your doctor tells you that you are sperm-free, you should use another method of contraception.

Sometimes the sperm can take many months to clear from the semen (risk: 1 in 50). However, the number of sperm can fall to such a low level that your doctor may tell you that you no longer need to use contraception.

A vasectomy is meant to be a permanent method of contraception. Although it is possible to have an operation to rejoin the tubes, this does not work for everyone. You should assume that you will not be able to have children again.

Summary

A vasectomy is an operation to cut the tubes that carry sperm from your testicles. It is a permanent and effective method of male contraception.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.