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Vasectomy Information

Definition

A vasectomy is a **permanent**, male contraceptive procedure. The procedure prevents sperm from leaving the body by cutting or sealing off the pathway called vas deferens.

Introduction

For human reproduction, a male sperm must fertilize an egg produced by a woman. The *testes* make sperm and male hormones. The testes are located in a skin sac called the *scrotum*. From the testes, sperm travel into a small gland called the *epididymis*, which is located just outside the testes. It is here that the sperm stays as long as six weeks to mature. The tubes of the epididymis join together at the very end of the epididymis to form one common tube called the vas or *vas deferens*. The sperm move through the vas into the body and enter the prostate gland. The prostate gland makes some of the fluid that carries the sperm. The sperm from the testes plus the fluid from the prostate join together with other fluids produced in the male reproductive system to make semen. Semen is ejaculated through the penis.

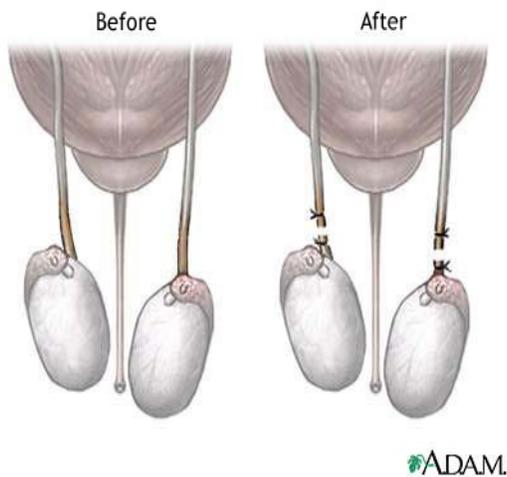
Before the Procedure

On the day of the vasectomy:

- It is necessary to shave the scrotum. This should be done just under the penis, where the penis joins the scrotum. Shaving should be done on the morning of the vasectomy.
- After shaving, take a shower to wash away all of the cut hair. Do not do this the day before, because of the possibility of developing an inflammation or infection from razor burn. Do not use any depilatory (chemical) creams to remove the hair.
- Take a pair of tight jockey shorts, jock strap, briefs, or boxer briefs with you.
- Ask someone to accompany you and drive you home or arrange for a ride home. While this may be logistically difficult in some circumstances, a small number of men feel somewhat uneasy after the procedure because of anxiety. If someone does come with you, you will be able to lie comfortably in your car without having to drive home and fight traffic. A driver who can transport you will be **mandatory** if you were to take an **oral sedative** before the procedure **or** have the procedure performed in the office / operating room **under IV sedation**.
- **Nitrous oxide (“laughing gas”)** will help relieve **anxiety, pain**, and may allow you to **forget about the procedure**, and is **highly, highly recommended**. However, nitrous oxide (“laughing gas”) use does **NOT** require someone to drive you home; **you can drive yourself home after “laughing gas”**. Most vasectomy patients choose to have “laughing gas”.
- There should be little discomfort for one to two hours after the vasectomy.
- If possible, you should avoid NSAIDs (e.g, ibuprofen, indomethacin, ketoprofen, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, celecoxib, etc.) for a week or so **before** the procedure.

The Procedure

This is typically performed in the **OFFICE**. You are **lying on your back** with the legs **straight** during the procedure. A no-scalpel vasectomy starts by anesthetizing (numbing) a small area of the *scrotum* using local anesthetic.



The doctor makes **ONE** very small opening under the penis on the scrotum. The small opening is made with a special tool that punctures the skin rather than cutting it. This **no-scalpel** technique allows quicker healing and less bleeding. The entire procedure is performed through **ONE** small opening.

The doctor is able to move each vas deferens to the small opening, **remove** a small piece, and **seal** the ends using heated *cautery* (a type of burning that forms scar tissue) and a **suture tie**.

By removing a piece of the vas and obstructing the channel, sperm no longer can move into the prostate and, therefore, infertility results.

Your doctor also will “**cover**” or “**bury**” one side of the vas after cautery and suture tie (this is called a “fascial interposition”).

The procedure usually takes **10** minutes. Patients get up and leave the procedure suite immediately afterwards.

After the procedure

- Go home immediately and get off your feet. Stay off your feet for a couple of days. It is **NOT** absolutely essential to stay bedridden for the next two days, but added motion and movement creates increased chance for swelling of the scrotum and wound.
- Use ice packs to keep the swelling and bleeding to a minimum. Ice packs for the first 36 hours are very helpful for pain relief. **Frozen zip-lock bags of peas or corn** can be thawed and refrozen and provide a very soft, pliable method of applying ice packs to the scrotum. Usually 15 minutes on and 15 minutes off works well and keeps down the swelling.
- Wear a scrotal support, briefs, or boxer briefs to provide some pressure, which will help reduce bleeding and swelling.
- For discomfort, doctors usually recommend an over-the-counter, non-aspirin pain reliever.
- Narcotics are rarely indicated or needed after vasectomy. If you are not moving around, it should not be too uncomfortable.
- You should take all medications as prescribed by your physician.
- Do not engage in sexual relations for 1 week. Full recovery usually takes place in 1 week.
- We will provide you with discharge and semen analysis information/instructions on the day of the procedure. **You do NOT have to return to the office after your procedure.**

Risks and Complications

The procedure does have risks. As with any surgery, simple or complicated, there is a chance of bleeding, pain and infection. Despite precautions, complications from vasectomy do occur.

Pain. Some patients will have discomfort in their wound. And some people will have discomfort for a period of time in their testes. This is due in part to back pressure that builds up, because the sperm cannot get out. For almost all of these cases, the pressure in the testes causing the sensitivity finally subsides.

Sperm granuloma is another possible cause of pain. This is caused when sperm find their way out of the tied or cauterized end of the vas. This cannot be prevented in some circumstances and the sperm that are released into the tissue are irritating and cause a small nodule. These nodules usually resolve in time as the body seals them off but can persist and can be painful. On rare occasions, a sperm granuloma needs to be removed. This procedure is similar to the vasectomy.

Fortunately, these complications are **very rare**. In most cases, discomfort is handled with a short course of nonsteroidal anti-inflammatory drugs or pain medicine.

Epididymitis, an infection in the epididymis is another possibility. This also is rare and can be caused by the back pressure, infection or inflammation within the epididymis. Epididymitis is treated with bed rest, intermittent ice, scrotal elevation, and sometimes antibiotics. Almost all cases resolve quickly.

Recanalization. Despite your doctor's best efforts, sometimes the vas deferens will open up and reconnect through the body's healing processes. Please see further discussion below.

Testicular damage. The vas deferens is close to the testis, and there is a very, very small chance of injury to the testis from a vasectomy.

After-Procedure Follow Up

Recanalization is a concern and a risk. This term means that despite removing a piece of the vas, sealing the ends, and tying off the ends, the ends grow back together, making the man fertile once again. In almost all instances, recanalization takes place within the first few months after the vasectomy. To assess for recanalization, the doctor will order a semen check **three months** after your vasectomy to make certain that no sperm are seen before advising you to engage in unprotected intercourse.

Once no sperm is found as confirmed by a semen sample check (semen analysis), the patient is considered sterile. ***Even after confirmation of successful blockage of the vas deferens, vasectomy is not 100% reliable in preventing pregnancy. The risk of pregnancy after a successful vasectomy is very low, and is estimated to be 1 in 2,000, or 0.05%.***

A fair amount of sperm is stored downstream from the portion of vas that is removed. The initial ejaculations after vasectomy *always* contain sperm – **THIS MEANS YOU CAN STILL GET A WOMAN PREGNANT!** After the obligatory one-week wait before engaging in sexual activity, patients may become active sexually while using another method of birth control. After **30** ejaculations, we will request that the patient sends a specimen to the laboratory for microscopic examination. We will give you all the necessary information and lab materials to accomplish this task.

Some patients have very poor migration of sperm in the vas after the vasectomy, and cases of persistence of sperm in the semen checks can be seen from six months to a year. While this is rare and

even if the sperm counts are low, **you are not considered sterile until you have had zero sperm count on semen analysis.**

If, after a prolonged period of follow up, sperm continue to persist in the semen checks, particularly sperm that are active, the doctor may decide that recanalization has occurred. While this occurs in only a very small percentage of patients, it does necessitate a repeat vasectomy.

The semen specimens that are needed for your sperm checks do not have to be fresh. Sperm *motility*, or action, is not routinely checked. Any dead sperm are viewed as having had the potential to start a pregnancy.

Semen specimens should be placed in a container that the doctor gives you. The container does not have to be refrigerated and can be taken **directly to the lab. You will not be asked to bring to or provide a semen sample in our office.**

Long-Term Effects

Another potential complication of vasectomy is the long-term effect of the procedure.

Controversies have existed for years about the possible side effects associated with vasectomy. Large studies have been done throughout the country looking at groups of patients who have had and have not had vasectomy. Almost all of these studies have shown absolutely **no difference** in any medical problems. In May, 2012, the American Urologic Association's Vasectomy Guideline specifically stated that **vasectomy is not a risk factor for prostate cancer or testicular cancer.**

Tips

- Discuss birth control options with your health provider and with your partner.
- Vasectomy is considered a **permanent** method of birth control. Do not have a vasectomy if you might want to produce children in the future.
- Vasectomy is an effective method of birth control. However, it does not offer any protection from HIV/AIDS or other sexually transmitted diseases.
- You are **not** considered **sterile** until a semen check (semen analysis) shows no sperm is present.
- After vasectomy, you should notice:
 - **No difference** in your ability to perform sexually regarding erections, orgasm, or ejaculation.
 - **No difference** in the amount of semen that comes out after ejaculation (emission).
 - **No difference** in sexual drive (libido)
 - **No change** in your male hormone levels (testosterone)
 - **No difference** in your ability to pee (urinate).
- There are **no sutures** that will need to be removed after vasectomy.
- There are **no metal clips** used during vasectomy.
- Full recovery from the procedure is usually **within 7 days**.

Once signed, the vasectomy consent is valid for 90 days if the procedure is done in the office, and 30 days if the procedure is done in the OR. The patient will need to schedule a pre-operative examination and sign a new consent after the consent expires.

By my signature, I acknowledge receipt of this document and that I understand the information above.

Signature of Patient or Legally Responsible Person

Date