



VASECTOMY

The vas is the tube that carries sperm from the testicle in the scrotum, to the ejaculatory duct and so into the penile urethra. Vasectomy involves the division and removal of a segment of vas from each side, so interrupting the flow of sperm resulting in infertility. It is one of the most popular and reliable forms of permanent contraception available. The advantages of vasectomy over other forms of contraception are obvious: its reliability is >99% and the procedure is comparatively inexpensive, simple and safe, well tolerated under local anaesthetic, with a rapid recovery to normal function.

WHAT TO CONSIDER:

Vasectomy results in permanent sterility.

Permanent sterilisation should be a joint decision between you and your partner. Important considerations prior to vasectomy include:

- Children's ages and desire for further children.
- Desire for fertility in the event of loss of your partner or loss of a child.

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WHAT TO DO BEFORE YOUR PROCEDURE:

- take 1g (2 tablets) paracetamol >1 hour before your procedure
- discontinue aspirin and other anticoagulants 1 week prior, other medications may also need to be stopped
- shave the scrotum the evening prior to your procedure
- eat and drink normally

WHAT HAPPENS ON THE DAY OF YOUR PROCEDURE:

- the procedure is performed as a **"no-scalpel" or "Li" technique**
- local anaesthetic has been injected into the scrotal skin and into the vas, which is temporarily painful but overall well tolerated

WHAT HAPPENS AFTER YOUR PROCEDURE:

- stay < 1 hour post-procedure
- wear supportive underwear
- take 1g (2 tablets) paracetamol and ibuprofen regularly for 48 hours after the procedure
- 1-2 days of rest with regular pain relief are advisable before returning to normal activities as tolerated
- no heavy lifting or strenuous exercise for 1-2 weeks but there is no restriction on driving
- 15 ejaculations are required to clear sperm before semen testing for sperm clearance
- abstaining from ejaculation for 2 days prior to submitting the semen sample
- **Do not discontinue other contraception until your sterility is confirmed**

WHAT CAN GO WRONG:

Although generally uncomplicated and overall a very safe and simple procedure, there are important **potential risks from vasectomy:**



- Testicular discomfort is common early after surgery. This settles in 95% patients, but in 5% remains persistent and bothersome, requiring analgesics, anti-inflammatories or further surgery. This may relate to recurrent epididymitis or sperm granuloma
- Minor scrotal bruising and swelling are common
- Wound infection occurs early after surgery in 5% patients, and may require antibiotic treatment
- Vasectomy failure resulting in pregnancy occurs in <1%:
 - Primary failure means persisting viable sperm in the semen post-vasectomy. It is essential to use alternative forms of contraception until the semen is confirmed free of sperm.
 - Secondary failure means the semen became sperm-free, but pregnancy ensued from later spontaneous vas reversal. This is rare, but is recognised. In addition, there are a handful of cases worldwide where pregnancy has occurred despite the semen remaining entirely sperm-free and in these patients, the mechanism of fertility remains unknown.
- A possible association between vasectomy and prostate cancer was reported. It is now clear that vasectomy does **not** cause prostate cancer and that there is **no** greater risk of this disease following vasectomy