

VASECTOMY

You have been referred for a vasectomy by your GP. The Adam Practice has a long history of performing local anaesthetic vasectomies in the community and the following information is intended to highlight areas to consider in advance of your vasectomy. Please read all of this carefully, although some aspects may not be relevant to you.

Why choose vasectomy?

Vasectomy is one of the most effective methods of contraception, in which the tubes which carry sperm from the testicles to the outside world are interrupted, so sperm cannot leave the body to fertilise an egg. It should be considered a PERMANENT and IRREVERSIBLE procedure. Attempts at reversal are possible privately but at significant cost and they may not be successful. The decision needs careful thought and with consideration that personal circumstances can change (e.g. family tragedy, or new partner in the future). Having said that it is often an excellent option for men who feel certain they would never want any more children in any scenario. We would always recommend discussing vasectomy with your partner first.

What alternatives are there?

Make sure you have considered alternative options for contraception, which include barrier methods or your partner using hormonal contraception including the pill, the contraceptive implant, or the coil. Female sterilisation is another option although this is more invasive and has a higher failure rate.

Am I suitable for vasectomy?

Any man can have a vasectomy, however some medical conditions may make this more complicated, and need discussion prior to the procedure. These include – severe obesity, other medical conditions such as bleeding problems or blood thinning medication, previous operations around the genitals including hernia surgery or scrotal surgery. Allergies to anaesthetic or latex are also very important to discuss.

It is also important to think extra carefully if you are under 30 years old, you do not have any children already, if you have a child less than one year old, or if your partner is pregnant, as rates of regret are higher in all these groups.

What happens during the procedure?

You will be shown into a consulting room and asked to lie down on a couch so you can be examined by the surgeon to confirm the procedure can be undertaken- very rarely this will not be possible if your tubes cannot be accessed adequately.

We usually play some music and will be talking to you throughout the procedure, which will last 20-30 minutes. Your skin will be carefully cleaned with antiseptic solution and the groin area covered with sterile sheets. A fine needle will then be passed underneath the skin in the middle of the scrotum and local anaesthetic injected. (Most patients report some short-lived pain or discomfort at this stage, but the remainder of the procedure should be free of any sharp pain, although some men experience a sensation of tugging, pressure or squeezing). We will then pierce a small hole in the middle of the scrotum and through this bring out one tube at a time and disconnect/seal the tubes off. At the end of the procedure you will have a tiny skin wound which usually does not need any sutures. We will place some gauze in your tight-fitting underwear by way of dressing to wear for a few days afterwards until everything is healing up.

What restrictions are there after the procedure?

You should not drive after the procedure **so will need to arrange transport home.**

We would recommend taking it easy for a few days, wear supportive underwear day and night, and use simple pain relief like paracetamol. It is best to avoid showering for 48hrs and soaking (e.g. baths/swimming) for 3-4 days. You should also avoid strenuous exercise and heavy lifting for 1-2 weeks afterwards. You may resume sexual intercourse when you feel comfortable.

What about post-vasectomy semen analysis?

You will need to have a semen sample 16 weeks after the procedure, and this must go directly to Poole Hospital – we will give you more information and the sample kit for this on the day. **IT IS ESSENTIAL YOU HAVE THIS SAMPLE CHECKED AND ENSURE WE HAVE GIVEN YOU THE ALL CLEAR BEFORE STOPPING CONTRACEPTION.** No assurance can be given that you have become infertile without these tests and no responsibility can be accepted for failure of the operation if the required sample is not submitted at the appropriate time. It is recommended you have at least 24 ejaculations prior to this to ensure no sperm reservoir remains in the tubes by the time the sample is taken.

What are the possible complications?

Excessive bruising/bleeding/swelling or infection (rarely significant problems with these, but in worse-case scenario could require further procedure in hospital to wash out scrotum).

Chronic (persistent) pain in scrotum/testicle (1-2%)- can be permanent in tiny minority, rarely severe but could interfere with quality of life and could need further medical or rarely surgical treatment.

Testicular atrophy (loss of testicle due to interruption of blood supply)- extremely rare (0.0001%).

Early failure – risk when the sample is taken that there is still live sperm – risk 0.5%, usually due to tubes re-joining or there being an additional tube present.

Late failure – 0.05% - meaning tubes re-join after ‘all clear’ – even years after vasectomy.

How should I prepare for my vasectomy?

- Ensure nil strenuous is planned for a few days afterwards and no straining/heavy lifting for 1-2 weeks afterwards
- Prepare some ice packs/ice trays in freezer in case needed for any swelling after
- Carefully shave the skin of the scrotum/all hair below the penis 3-4 days prior to the procedure
- Eat and drink something before your appointment
- Take a bath or shower on the morning of your appointment
- Ensure you have transport home arranged (you must not drive yourself)
- Take pain relief (i.e. paracetamol) 1 hour prior to your appointment
- Ensure you have some freshly laundered, supportive, tight-fitting underwear (i.e. briefs not boxers shorts) to wear after the procedure