

Vasectomy

Having a vasectomy is your decision. It is one you make with your wife or partner. However, your doctor wants to be sure that you have all the information necessary to make the decision that is best for you. So, your first visit to the doctor will be used to discuss the pros and cons of male vs. female permanent sterilization. This visit will be with you, your wife or partner and your doctor, and will take about 30 to 45 minutes or longer.

What is a vasectomy?

A vasectomy is an operation that makes a man permanently sterile, or unable to get a woman pregnant.

Sperm are made in the *testicles*. The sperm from each testicle normally travel through a tube, called the *vas deferens*, and mix with *seminal fluid*, which is made by the *seminal vesicles*, and *prostate fluid*, which is made by the *prostate gland*. The sperm, seminal fluid and prostate fluid make up the *semen*. During ejaculation (“coming”), the semen goes through the penis and outside the body.

A vasectomy involves cutting the sperm-carrying tubes, or vas deferens, on each side so that sperm can no longer get into the semen.

How is a vasectomy done?

A vasectomy is usually done in your doctor’s office or in an outpatient surgery center. The operation takes about half an hour. You’ll be awake during the procedure. First, a small amount of genital hair will be removed by shaving or clipping, to help prevent infection. Your doctor will give you a local anesthetic to numb your *scrotum* (the sac of skin that holds your testicles), and drugs to relax you, if necessary.

After you are numb, your doctor will cut two small (3/4 inch) openings on each side of your scrotum and pull out part of each sperm-carrying tube. You may feel some tugging and pulling. A very small section of each sperm-carrying tube is removed. The ends of the tubes where the section has been taken out will be sealed by stitching them shut.

Your doctor will close the two openings in your scrotum with stitches. After three to 10 days, the stitches will disappear by themselves. The tissue removed is sent to a pathologist, who checks to be sure that it is pieces of the tubes.

How effective is vasectomy in preventing pregnancy?

Vasectomy may be the safest, most effective kind of birth control. Only about 15 out of 10,000 couples get pregnant the first year after a vasectomy. This is a better result than any other type of birth control besides not having sex.

Are there any reasons I should not have a vasectomy?

Do not have a vasectomy unless you are sure you do not want to have children in the future. Your doctor will probably talk to you to make sure you understand this. Other reasons you may need to wait to have a vasectomy or may not be able to have one include having an infection on or around your genitals or having a bleeding disorder.

Some vasectomies can be undone, or “reversed,” but the surgery is very expensive and must be performed in a hospital. Even though most men can ejaculate sperm after the reversal surgery, the sperm are often not able to fertilize an egg. The likelihood of pregnancy decreases the longer you wait to have the vasectomy reversed. Most men who decide to reverse a vasectomy do so because they get remarried and change their minds about having children.

How can I prepare for the operation?

There are no special things you need to do before you come. On the day of the operation, do bring an adult scrotal support (not a “jock strap”) with you. This kind of support helps keep you as comfortable as possible following the procedure. Also, bring someone with you who can drive you home, in case you have drugs to relax you.

If you are anxious, be sure to let the doctor know. You will be given drugs to relax you, if you wish.

What can I expect after the operation?

Right after the operation, your doctor may have you lie down for a couple of hours with an ice pack placed on your scrotum.

You may have some bruising in the area of the surgery. The bruises should slowly lighten and be gone in about two weeks.

There are no major restrictions besides not doing any strenuous activity for 3 to 5 days. You will feel more comfortable if you wear the scrotal support day and night for 10 days. Your doctor will want you to return for check-ups. You should feel back to normal within a couple of weeks.

Tips for taking care of yourself after a vasectomy

For the first eight hours after the operation, rest with your legs elevated or lie on your back. Raise your testicles a little by putting a rolled-up washcloth under your scrotum.

Place an ice pack rolled in another towel on top of your scrotum. Keep your adult scrotal support on and place the ice pack outside of it.

Keep the area dry for 24 hours.

Take it easy for a couple of days. Use an ice pack when resting.

Avoid strenuous activity, including heavy lifting, for a week.

You will feel more comfortable if you wear the scrotal support day and night for 10 days.

Avoid having sex or ejaculating for the first week after the operation.

Use another type of birth control until your semen is clear of sperm.

Is it okay to take medicine?

Avoid taking aspirin, ibuprofen (Advil, Medipren, Motrin, Nuprin) or naproxen (Aleve) two weeks before or after the operation. All of these can thin your blood and cause bleeding. Try acetaminophen (Tylenol, Datril, Panadol) to relieve pain.

When can I go back to work?

If you have a desk job, expect to return to work after a couple of days. If you do physical labor, or walk or drive a lot, talk with your doctor about when you can go back to work.

Will the vasectomy work right away?

No. You will need to ejaculate as many as 15 to 20 times before the sperm will be cleared from both the sperm-carrying tubes. For that reason, keep using some form of birth control until your doctor is sure you are sterile. You will return to your doctor's office after you have had a specific number of ejaculations—or at the time given you. It takes different periods of time from one person to another for systems to rid themselves of sperm. Your doctor will usually examine two or more specimens of ejaculate, to determine when you are sterile. Only after you have two sperm-free samples will you be considered unable to get a woman pregnant. This may take three months or longer.

Will a vasectomy affect my sex life?

Your sex life should not change at all. You will still ejaculate almost the same amount of semen as you did before, and you will not notice a change in your sex drive. In fact, some men report having an even stronger sex drive because they no longer have to worry about pregnancy.

Eastern Carolina Family Practice Center

Annette I. Peery, RN, MSN, CDE

Original 10/96 Revised June 1999

RL 7.7

What are the risks of a vasectomy?

Problems that might occur after your vasectomy include bleeding, infection and a usually mild inflammatory type of reaction to sperm that may have gotten loose during the surgery (called *sperm granuloma*).

Another risk is that the two ends of the sperm-carrying tubes may find a way to create a new path to one another. This does not occur very often. But if it does occur, sperm can get into your semen, and you will be able to cause a pregnancy.

Vasectomies may be associated with a higher risk of prostate cancer. But this added risk of prostate cancer is very small. Your doctor may recommend that you be checked for prostate cancer periodically. This may be more important if you have a blood relative who has had prostate cancer. Talk with your doctor about how often you should be checked.

Call your doctor after the operation if:

You have a fever.

You have swelling that will not go down or keeps getting worse.

You have trouble urinating, or passing your water.

You can feel a marble-sized lump forming in your scrotum.

You have bleeding from an incision that does not stop even after you have pinched the site between two gauze pads for 10 minutes.

Common questions and answers

Q: Can a vasectomy be reversed?

A: It can be tried, but must be carried out by a urological specialist who has special expertise in this. Therefore, you should think of a vasectomy as permanent. The best success is 50% for reversals.

Q: Are there side effects to having a vasectomy?

A: Long-term studies now show that there are documented, medical side effects to having a vasectomy but of a very low percent.

Q: Is there a risk of complications in having a vasectomy?

A: Complications in any procedure are possible. National statistics show 2.7% evidence of “major” complications.

Contraindications

1. Coercion by wife or significant other(s).
2. Attempt to improve troubled marriages.
3. A cure for sexual problems.
4. Hypochondriasis and fragile masculine image.
5. Failure to understand the procedure, complications and/or permanence.
6. Medical problems including bleeding dyscrasias, current and remote infection and anatomic abnormality (varicocele).
7. Terminal illness or potential for hysterectomy in near future for wife.
8. Plan to have children in future by sperm banking or reversal.
9. Religious conflicts.

Pre Vasectomy Counseling Form

Instructions to the Patient: Read the handout on vasectomy and this sheet. Bring them both to your appointment.

The following topics should be covered with each patient and spouse.

Potential Complications:

1. Ecchymosis
2. Sperm granuloma
3. Orchitis
4. Epididymitis
5. Scrotal abscess
6. Failure of procedure
7. Cellulitis
8. Hematoma
9. Pain necessitating a vasovasotomy
10. Spontaneous recanalization
11. Persistent sperm in ejaculate
12. Pregnancy
13. Psychosocial problems
14. Request for reversal (50% successful)
15. Formation of anti-sperm antibodies (40-60%) reacting with other tissue causing auto immune disease.
16. Possible association with atherosclerosis, prostate cancer, testicular cancer and urolithiasis.
17. Psychogenic impotence.
18. Altered endocrine profiles.
19. Decreased levels of insulin-like growth factors which appear to regulate gonadal function.
20. Known significant and testicular histological changes with increased auto immune activity.

Statistical analysis of literature shows a 2.7% occurrence of “major” complications. There is absolute need for sperm count checks following the procedure.

Patient Signature _____ Date _____

Primary Care Doctor Signature _____ Date _____

Eastern Carolina Family Practice Center

Annette I. Peery, RN, MSN, CDE

Original 10/96 Revised June 1999

RL 7.7

Eastern Carolina Family Practice Center
Annette I. Peery, RN, MSN, CDE
Original 10/96 Revised June 1999
RL 7.7