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Vasectomy Information Sheet

Sperm are made in the testes. From here the sperm pass into the epididymus located behind each testicle where they become mature. They then pass through two tubes call the vas deferens (one on each side of the scrotum) to the region of the prostate where they combine with seminal fluid and are ejaculated through the urethra (the tube through which men urinate and ejaculate). Vasectomy is a simple procedure through which the flow of sperm is interrupted by dividing the two vas deferens, thus preventing the ejaculation of semen containing sperm.

There are two different methods of accessing and dividing the vas deferens. These are called the No Scalpel Vasectomy (NSV) and the Traditional Vasectomy. Dr Valentine has a preference to perform the No Scalpel Vasectomy.

During a No Scalpel Vasectomy a tiny needle is used to anaesthetise a small area of skin and the vas deferens at the front of the scrotum. A small hole is then made in the front of the scrotum using a pointy haemostat. The use of the pointy haemostat to spread, rather than cut the skin, has been shown to reduce the risk of bleeding. Each vas deferens is lifted through the small hole and divided. The upper end of each vas deferens is sealed using cautery. The ends of each vas deferens are then separated and placed out of alignment by applying a small disolvable tie to the sheath surrounding each vas deferens such that the upper end remains enclosed within the sheath and the lower end outside the sheath. No sutures are required and the wound is usually sealed by the next day.

During a Traditional Vasectomy a needle is used to anaesthetise a small area of skin on each side of the scrotum. A scalpel is then used to make a small incision on each side of the scrotum and access each vas deferens. A small segment is removed from each vas deferens and the ends ligated with dissolvable ties. The wounds are then closed with sutures which remain in place for 6 days and require removal.

Following a vasectomy patients should notice no change in the semen, no change in sex drive, no change in climax sensation, no change in the testes or the scrotum, and no change in erections. Recent studies have actually concluded that vasectomy positively impacts on the sexual satisfaction of couples.

Patients should be aware of their alternative contraceptive options prior to electing to proceed with vasectomy. These include male forms of contraception such as condoms and the use of the withdrawal method. Female contraceptive options include hormonal contraception such as the oral contraceptive pill, implanon, depo injections, mirena and other types of intrauterine contraceptive devices, and surgical contraception including tubal ligation.

Risks

Bleeding - there is a 1-2 percent risk of developing a haematoma (blood clot) within the scrotum following a

vasectomy. Most of these are small and the body will reabsorb them over 2-4 weeks. Very rarely patients can develop a larger haematoma requiring hospital admission and drainage. It is common for patients to have some bruising in the skin following a vasectomy which normally resolves over a week or so.

Infection - there is a 1-2 percent risk of developing an infection following a vasectomy. Most of these will respond to oral antibiotics. Very rarely patients will require admission to hospital for management (which may include intravenous antibiotics and drainage of an abscess).

Orchalgia - patients can develop pain in the scrotum or up into the abdomen following a vasectomy which may be related to disruption of nerves in the membranes surrounding the vas deferens. In most cases this will resolve on its own accord by 6 months. Rarely mild discomfort will persist. Around 1 in 1000 patients will experience more severe pain that persists and may need to consider further surgery or medication to try to resolve this.

Congestion - patients can develop a tender build-up of sperm upstream from the vasectomy site. In most cases this will settle with simple anti-inflammatory medications. Around 1 in 1000 patients will have continued discomfort severe enough to require surgical intervention.

Sperm Granuloma - patients can develop a pea sized lump on the end of a vas deferens at the vasectomy site. These can be tender and discomfort will normally respond to simple anti-inflammatory medications. Around 1 in 1500 may require surgical intervention to remove the tender lump.

It is important for patients to be aware that treatment for ongoing pain following vasectomy (whether it be related to or orchalgia, congestion or sperm granuloma) may not always be successful. As such, despite meticulous vasectomy technique, there is a very small risk that patients can experience ongoing pain, sufficient to impact on their quality of life, and that is resistant to all treatment.

Recanalisation - there is approximately a 1 in 2500 risk of vas deferens tubes rejoining following a vasectomy. If this happens early the semen test never becomes sperm free. If this happens late (months or years after the semen test has tested clear of sperm) it can result in an unplanned pregnancy. Vasectomy still remains the most effective form of contraception available (including tubal ligation).

Patients need to continue contraception until they have submitted a semen test confirmed to be free of sperm. This is normally conducted four months after their vasectomy. It normally takes a good 25 ejaculations plus a time frame of 3-4 months for sperm to be cleared from the upper ends of the vas deferens. Patients are normally contacted via email or mail with the results of their semen tests. Patients with sperm remaining will need to repeat their test in another two months.

The procedure should be seen as permanent. There is a chance of reversal successfully resulting in a pregnancy in approximately 60 percent of cases. It is, however, expensive, and there is no guarantees.

Pre operative instructions:

1. It is recommended patients shave the entire scrotum and pubic region prior to their vasectomy. This reduces the risk of infection and makes the procedure easier to conduct.

2. It is important to bring two pairs of supportive jockey style underwear to your procedure as these are to be worn immediately following the procedure and for the next 2-3 days. Good scrotal support will reduce the risk of post operative bleeding and discomfort.

3. It is best to arrange someone to drive you home following your procedure. This is especially important if you have a history of having ever fainted. There is a risk patients may experience delayed light headedness

following the procedure. A flat tire or car accident could also lead to complications following your procedure.

4. Patients should plan to recline at home for the afternoon and evening following their procedure.

5. Do not take any aspirin containing medication for 5 days prior to your procedure. Likewise it is prudent to avoid fish oil supplements for 7 days prior to the procedure. Patients should also not take any nurofen or other anti-inflammatory medications on the day of the procedure.

6. Patients should eat prior to their procedure and plan on a normal lunch and dinner.

Post operative instructions:

1. Spend a quiet evening at home, reclining in bed or on the sofa. Minimise activity.

2. Avoid aspirin for 2 days after the vasectomy. You may take panadol if you have any discomfort. Ibuprofen may be used for pain beyond 3 days after your vasectomy.

3. Applying ice under the scrotum for 15-20 minutes each hour following your procedure may improve discomfort and reduce swelling following your vasectomy.

4. Use good scrotal support - eg double jockey style underpants - for 2-3 days following your vasectomy and during sports for the next 7 days.

5. On the day after the procedure you may walk and drive as much as you like, but no sports, yard work, swimming or heavy lifting. If your job is sedentary you may return to work.

6. Don’t bathe or shower on day one. Your first shower should be the day after the procedure.

7. Two days after the procedure you may return to more strenuous work and regular activities whilst wearing your scrotal support. When the pain is gone you may return to the gym or to running but on the first day back do half of your usual workout, half the weight, half the reps, half the speed and distance, etc. If the pain does not return you can then return to your usual workout the next day.

8. When you no longer have any pain or tenderness you may ejaculate. It is best to wait at least 7 days. Blood in the semen in the first few ejaculations is not common but also no cause for concern.

9. It is normal to have some discolouration of the skin (black and blue) around the puncture site a day or two after the vasectomy. Some men will develop considerable discolouration about 4 days after a vasectomy. This will gradually dissipate.

10. Some men (around 1 in 20) will develop swelling and discomfort on one side, sometimes on both sides, starting anytime from 3 days to 3 months following the vasectomy. This usually represents an exaggerated form of the normal inflammatory response necessary for sperm resorption and recycling. This is effectively managed by a 5-7 day course of ibuprofen 600mg three times a day.

11. You should have your semen tested 4 months following your vasectomy. Appropriate paperwork and instructions will be provided at the time of your vasectomy. Your results will be emailed or mailed. Please ensure you continue to use contraception until you are advised otherwise by your surgeon.

12. Patients who have had the traditional approach will need to ice following the procedure. They will also need to have their sutures removed on day 6 post operatively.

13. If you have any other problems or queries you should contact Dr Valentine on 33001900.