

Vasectomy: Questions and Answers

What is a vasectomy? A vasectomy is a voluntary sterilization procedure for males. In the U. S., nearly 1 million vasectomies are performed each year.

Who should have a vasectomy? Men who want no more children with the understanding that a vasectomy is permanent.

How effective is a vasectomy? A vasectomy is very effective, but one in 4500 men will be fertile again someday after the procedure. This is the most reliable of the commonly used methods of birth control.

How is a vasectomy done? In a relatively simple surgical procedure, the vas deferens, the tube that carries the sperm from the testicle to the urethra, is cut and the ends are sealed closed. This is done through two small incisions of the skin of the scrotum. The procedure is done under local anesthesia.

Do I need to be in the hospital for a vasectomy? No, the procedure is done in the physician's office and takes about 30-45 minutes. It can be done in the hospital if necessary.

Will a vasectomy change my sex life? No, in fact, many couples report increased enjoyment of sexual activity since the consequences of pregnancy have been eliminated.

Will a vasectomy affect my masculinity? No, testosterone is manufactured in the testes and is distributed throughout the body via the bloodstream. Cutting the vas deferens does not change this any way.

Will I still have an orgasm and ejaculate? Yes, the discharge of sperm is blocked, but the remaining glands which produce fluids for the ejaculation continue to perform as before. The total volume will not change appreciably.

What happens to the sperm? The sperm are dissolved by the body in a natural way without any side effects. Over time antibodies to sperm may develop but no symptoms arise from this.

What happens to my testicles? Nothing, they continue to produce testosterone and sperm.

Will I be incapacitated following the vasectomy? Vasectomy patients feel some slight discomfort following the procedure. This usually goes away by the second day. It is recommended to rest for one day after the vasectomy, then return to limited duty the following day. Strenuous physical labor and exercise should be avoided for 14 days.

When can I resume sexual activity? As soon as there is no scrotal pain, you may resume sexual activity. About ^X4 of vasectomy patients feel some discomfort at the first ejaculation after their procedure. No discomfort is felt after 3-4 weeks, for most men. There may be some brown discoloration of semen, but this is temporary. Use birth control until semen analysis confirms **sterility**.

Can the operation be reversed if I later decide to have more children? Even though there have been some successful re-connections of the vas deferens, the procedure should be considered **PERMANENT**.

How soon after the vasectomy will I be sterile? Sperm in the genital tract prior to the vasectomy will be discharged during the subsequent sexual encounters. The more one frequently ejaculates, the sooner these sperm are removed from the genital tract. Usually, there will be no living sperm in the ejaculate after 2-3 months. A sample of ejaculated semen will be examined 12 weeks after the surgery to see if any sperm are still present. A second sample at 16 weeks will provide final proof of sterility.

What should I do before coming to the clinic for my vasectomy? Bring an athletic supporter or scrotal support. Also, have someone present who can transport you home. Bring medication prescribed at your initial appointment.

If I have other questions, where can I get them answered? Any additional questions will gladly be answered by your doctor.

What are the complications of a vasectomy?

- A. Scrotal swelling and ecchymosis (bleeding in the skin) may occur in half of patients. The use of an ice pack at home after the procedure will help to reduce the chances of these occurring. Both will clear up on their own.
- B. Hematoma (blood clot) may occur in 3-10% of patients. This may require drainage if it is large. Small hematomas usually need no drainage unless it becomes infected.
- C. Epididymitis, a swelling and tenderness near the testicle, can occur in up to 5% of patients. This is treated by application of heat and wearing a scrotal support or athletic supporter until the tenderness is gone.
- D. Sperm granuloma, a swelling caused by the leakage of sperm from the vas deferens, may occur in 5-10% of patients. These are usually not noticed, but if they become tender the doctor can drain them.
- E. Vasitis, inflammation of the vas deferens, may occur in up to 3% of patients and treated the same way as epididymitis.
- F. Abscess formation has occurred in less than 1% of vasectomy patients. These may require drainage by your doctor. Superficial infections are not uncommon and are treated by cleansing the infected area.
- G. Chronic pain for up to one year or more is experienced by 1-2% of men.
- H. Pregnancy has occurred in a small number of cases (less than 1 out of 100). In these cases the cut ends of the vas deferens have grown back together (recanalization) and live sperm appeared in the ejaculate. A yearly microscopic examination of the ejaculate by your doctor will identify this problem.
- I. One study of vasectomy patients showed less than 54% had no complications of any kind. Only 12% had one of these more specific complications. Prevention of many complications is accomplished by application of an ice pack to the scrotum for the 1st 24 hours following the vasectomy.

Reminders:

1. Shave your private area (shaft of penis, & scrotum)
2. Shave the left thigh
3. Have ice frozen at home
4. Bring a scrotal supporter or jock strap with you
5. You must have a driver