

VASECTOMY

Vasectomy is the most common form of male contraception utilized in the United States. It is a relatively simple procedure that typically leads to **permanent** sterilization. It is important to realize that vasectomy should only be performed when all of the man's childbearing is finished. Vasectomy will only affect the sperm in your ejaculate; the amount that you ejaculate will remain the same. It will not change your sex drive or cause impotence. You will continue to produce sperm, but your body will reabsorb it as it sits in the vas deferens and epididymis. Although there have been studies to suggest that vasectomy may be associated with various other health problems, such as testis or prostate cancer, there have been no scientific evidence to support these claims. On the contrary, most evidence has shown that vasectomy does not predispose a man to any health problems. If you have any questions or concerns discuss them with your physician prior to procedure date.

The procedure itself is performed as an outpatient under local anesthesia. Your scrotum will be shaved and then washed with sterile soap. We typically employ the "no-scalpel" technique of vasectomy. Separate stab incisions are made in each side of the scrotum to minimize the risk of cutting the same vas deferens twice. Once isolated, the vas deferens is then clipped, divided, and the ends are cauterized. The ends are then separated within the scrotum by tissue, thus decreasing the chance of reattachment. The skin incisions may be closed with a stitch which will dissolve within 2-3 weeks. The procedure takes approximately 30 minutes, and you will go home shortly thereafter.

The first 2 postoperative days should be spent resting. Typically, ice packs and scrotal support are utilized for the first 36-48 hours, **please bring a tight fitting athletic supporter to wear home after the procedure.** You will be given a prescription for a painkiller and you may also use over the counter pain relievers, such as Tylenol. Some oozing of blood onto the gauze pads is normal during the first day or two after the operation. Following the first 48 hours, ice may be used as needed, although we recommend continued scrotal support for the next week. You may shower the next day. The patient should not perform any heavy physical labor for at least two days. Sports and heavy lifting may be resumed two to three weeks after surgery.

Once the patient feels comfortable, he can resume sexual activity - usually in about a week. During ejaculation, the patient may experience some discomfort in the groin and testicles at first due to the contraction of the vas deferens. This almost always diminishes as the tissues heal. The couple must, however, continue to use conventional birth control methods for awhile; live sperm still exist in the ejaculatory ducts, and pregnancy remains a risk for as long as a few months.

You are not considered sterile until you have returned **TWO** samples, at least 1 month apart, that demonstrate **NO SPERM**. Your first sample should be returned no earlier than following 15 ejaculations. This typically will take 2-3 months. There should be a month interval between the two samples. Until that time, some alternative method of

birth control must be used. You will be given a container in which to drop off your sample. It is important that the sample be relatively fresh (no more than 2-3 hours old), as samples that are older may erroneously show dead sperm, when in fact, there may be live sperm present.

Risks of the procedure include bleeding, infection, pain, and failure. Other complications are rare. **The risk of pregnancy due to reattachment of the vas deferens, where the ends come back together and sperm reappears in the ejaculate, is 1 in 1500.** There is no way to absolutely prevent this, although the surgical technique utilized does make this less likely.

Vasectomy is safe, effective form of **permanent** sterilization. However, follow up must be adhered to, as failure to return or wait for complete absence of sperm may result in an unwanted pregnancy.

Vasectomy Informed Consent Form

I, understand the procedure of vasectomy, that is to tie off and cut the vas deferens to make me sterile, and I wish to proceed.

I understand that this is a form of permanent sterilization.

I understand that the risks include, but are not limited to, bleeding, infection, pain, and failure.

I understand that I will not be considered sterile until I have submitted 2 separate semen samples that demonstrate a complete absence of sperm.

I have had the above explained to my satisfaction and wish to proceed.

Signature of patient **Date**

Signature of spouse **Date**

Signature of physician **Date**

Deciding to Have A Vasectomy: Your Questions Answered

How can I decide?

Consider temporary methods of family planning like the condom. Consider with your partner the possibility of her using a method such as the pill, the IUD, or the diaphragm. One of these may meet your needs.

Discuss the subject with your partner. You do not need your partner's consent, but it is a good idea for couples to make the decision together. You may want to consider tubal ligation even though vasectomy is simpler and less costly.

Talk to a friend or relative who has had a vasectomy.

Think about how you would feel if your partner had an unplanned pregnancy.

Don't expect vasectomy to solve emotional, marital, or sexual problems. Vasectomy can free you from the fear of unwanted pregnancy. If you expect more than this, you may be sorry later on. **Be absolutely sure you do not want to father a child under any circumstances.** For example, what if:

- Your current relationship ended and you had a new partner who wanted a child with you?
- One or more of your children died?
- Your family income improved a great deal?
- You and your partner are lonely when your children grow up and leave home?

How will vasectomy affect me sexually?

Probably not at all. Your sexual drive will not change. Your erections and climaxes will be the same. Some men say that without the worry of accidental pregnancy and the bother of other family planning methods, they and their partners find sex more pleasurable and spontaneous. Once in a while a man has sexual problems after the operation. This is almost always emotional rather than because of physical changes.

Will vasectomy affect my masculinity?

No. Your body will continue to produce the hormones that make you a man. There will be no change in your beard, your voice, or any other of your male traits. The operation will not cause you to lose strength.

Will vasectomy affect me emotionally?

The decision to end your fertility is not a simple one. You may feel a little uncomfortable about ending the part of your life involved with creating a family. You may feel that you are getting older. These feelings usually pass in time, as you go on to the next stage of your life.

On the other hand, you may feel relieved that the worry about pregnancy is over. You may feel freer and more spontaneous. You may be able to concentrate more on yourself, your children, your job, your partner, and your future.

Will I still ejaculate?

Yes. The semen is produced by glands that are not affected by the vasectomy. They will continue to make the same amount of semen. The only difference is that it will not contain sperm.

What will happen to the sperm?

Your testes will continue to make sperm. When the sperm cells die, your body will absorb them. This is what happens to sperm cells that are not used—whether or not a man has had a vasectomy.

When can I start having sex again?

As soon as you are comfortable, but remember to use some other kind of family planning until the doctor says you are sterile.

Will I be sterile right away?

No. After a vasectomy, there are always some active sperm left in your system. It takes about 10-12 ejaculations to clear them. You and your partner should use some other form of family planning until your doctor tests your semen and tells you it is free of sperm.

Will vasectomy protect me against getting or passing on sexually transmitted infections (STDs), including HIV infection?

No. Vasectomy only prevents pregnancy. If you are at risk of infection because your partner has a sexually transmitted infection, or because you or your partner have more than one sex partner, or if you have an STD you can pass on, the best way to protect yourself and your partner is by using condoms. Aside from abstinence, male and female condoms offer the best protection against HIV infection and other STDs.

Can I store semen in a sperm bank in case I change my mind?

You cannot be sure that semen stored in a sperm bank will be able to cause a pregnancy at an unknown time in the future. Sperm banking is not fertility insurance, and it is quite expensive. If you are thinking about sperm banks, vasectomy may not be right for you now.

Can a no-scalpel vasectomy be reversed?

No more than any other vasectomy procedure. All vasectomies should be considered permanent. Reversal operations are expensive and not always successful. If you are thinking about reversal, perhaps vasectomy is not right for you.