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ADVICE ON VASECTOMY

Vasectomy is now generally accepted in the United Kingdom as a sensible and effective method of birth control and is perfectly legal. It is an especially suitable method when, in the opinion of a couple, their family is complete and other methods have proved unacceptable or inefficient.

Vasectomy is a minor operation, performed under local anaesthetic, and should not affect the sexual powers of a man for better or for worse.

About 3% of men will regret having had the operation – usually within the first five years. This will usually be because the marriage has broken up and the man wishes to marry again. Most of these men will have had their vasectomy at a time of crisis such as an unwanted pregnancy, or even just a “fright”, or during a difficult period in the marriage. You must therefore consider these points carefully before deciding to go ahead.

VASECTOMY MUST BE REGARDED AS IRREVERSIBLE.

Sterilisation of a woman is at present often a major operation and usually has to be performed under a general anaesthetic involving a stay in hospital. However easier and less invasive methods, sometimes under local anaesthetic, are rapidly becoming available.

BEFORE THE OPERATION

The only pre-operative preparation necessary is for you to **CAREFULLY SHAVE THE FRONT OF THE SCROTUM (THE “BAG”) THE DAY BEFORE THE OPERATION.**

This is most easily done dry, with a light dusting of talcum powder or baby powder on the skin, and using a new razor blade (not an electric razor).

DO NOT USE DEPILATORY (HAIR REMOVAL) CREAM.

Also bring with you a pair of tight fitting underpants.

You should arrange to have 2 days away from work afterwards.

THE OPERATION

The male reproductive organs, the testicles, lie outside the body in a pouch of skin known as the scrotum. The sperm, which are made in the testicles, pass from there through a tube called the vas deferens and into a gland from the prostate, where they sit and mature for months or even years. Mixed with secretions from the prostate gland, sperm forms the ejaculate or seminal fluid.

The tubes lie close to the skin on either side of the scrotum and are therefore easily accessible.

The operation involves a small cut in the midline of the scrotum and then the destruction of a length of vas deferens. This method is called a **No-Scalpel Vasectomy Technique** and has many advantages over the older style of traditional vasectomy.

Less pain, quicker recovery and just as effective in producing sterility.

The operation usually takes about 30 minutes and you will be asked to stay for a further 10 minutes or so after the operation. Two days rest is needed before you return to work.

Plan to take some more if you are involved with heavy physical work.

For insurance reasons you should NOT drive yourself home, so it is sensible to bring someone else along who can drive.

COMPLICATIONS

Most men develop a slight **swelling** in the scrotum, about the size of a grape to a walnut on each side, which lasts for a few days. This is quite normal and is not a complication. You will also get some **discomfort** for the first few days in the groin; this is usually quite mild and you should be able to relieve it with ordinary painkillers such as paracetamol. Take it easy for 2 days, you have had an operation, and any bash or overstrain could lead to complications below.

Less than 1 in 100 cases develop a **larger swelling**, perhaps up to the size of a cricket ball. This is due to seepage of blood and can cause a lot of bruising and considerable discomfort. It is usually treated simply by rest and painkillers but can result in some lengthy time off work. Very, very occasionally such bleeding can require further surgery, under general anaesthetic, but this is necessary in only 1 in every thousand men.

It has been reported that some men, for psychological reasons, develop **impotence** after vasectomy: that is to say, they cannot get or maintain an erection. This is excessively rare (1 in 5,000 or so) and seems to be more common in men who have had such problems before.

Some men, (recent studies suggest less than 1%), can suffer persistent **aching** around the operation site lasting some months or even years.

AFTER THE OPERATION

The operation does not render you immediately sterile as a large number of sperm will still be present in the prostate gland, and time must be allowed for these to be ejaculated. The sperm already formed in the testicles die and are absorbed like other dead cells in the body. After a short time the testicles will stop producing sperm altogether. Before your vasectomy, sperm only accounts for roughly 5% of the fluid you ejaculate when you 'come'. The rest is called semen and is made by the prostate that we have not touched during the vasectomy. Semen will still be produced after your vasectomy so, to you, your 'come' will be indistinguishable from that which you produced beforehand.

A wait of 4 to 6 months normally clears away all sperm, though in a few men – particularly the over 40's – this can take longer. You must continue to ejaculate regularly during this time. But as no operation carries an absolute guarantee of success, a negative sperm count **must** be obtained before you abandon other contraceptive methods. Even then it has been reported that late re-joining may occur (see below).

You will be told at the time of the operation about the arrangements for the sperm test, which must be **at least** 16 weeks after the operation. You will be informed in writing (not over the telephone) when the result is known.

IT IS ESSENTIAL THAT YOU WAIT FOR WRITTEN CONFIRMATION BEFORE YOU ABANDON YOUR OTHER CONTRACEPTIVE MEASURES.

Rejoining of the vas can occur in some men.

In about 1:500 cases this will happen within the first 3 months after the operation, and this is one of the reasons why you must have the sperm test done. But more rarely (about 1:2000 cases) this can occur after that, and in some cases without sperm being seen on subsequent tests.

Pregnancy can result from such rejoining. You must consider these possible complications carefully and decide whether or not you are prepared to take the risks.

QUESTIONS

If you have any questions about anything raised here, or about any other matters concerning vasectomy, please do not hesitate to consult either your GP or Dr James at the address and telephone numbers given above. Please feel free to inform us if you require a chaperone.