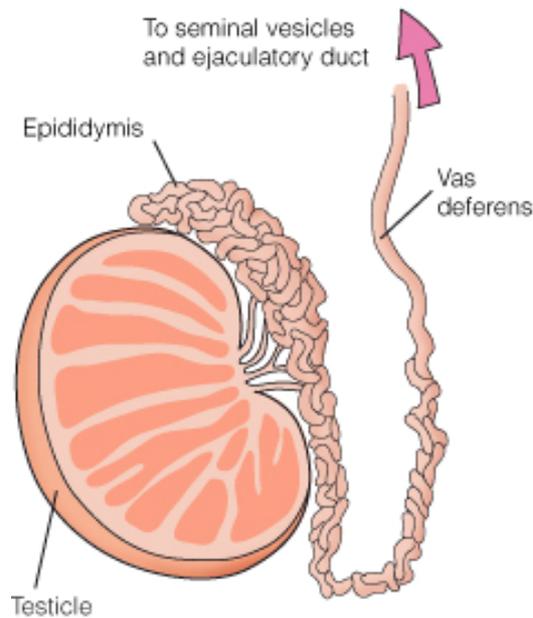


HAVING A VASECTOMY

What is a vasectomy?

A vasectomy is an operation to divide the *vas deferens* (the tubes that transport sperms from the testicles) for the purpose of permanent contraception. The *vas deferens* can be felt inside the scrotum on both sides. It feels like a narrow cord going from the back of the testicle towards the groin.



Why do I need a vasectomy?

You and your partner have agreed that your family is complete, and you do not want any more children in the future. Your doctor will have discussed other methods of contraception with you both.

You want to spare your partner the possible side-effects and risks of female contraceptive methods, e.g. contraceptive pill, sterilisation.

How is a vasectomy performed?

The operation is usually performed under a local anaesthetic but occasionally may be done under a general anaesthetic. It takes about 15 minutes and is usually done as a day-case procedure. If you have had it done under local anaesthetic, you are usually well enough to go home within 1 hour of the procedure.

The surgeon will examine the scrotum to locate the *vas deferens* tube and will inject local anaesthetic. This will sting for a minute or so. You will not feel anything sharp or painful after this, but you may still have some sensation of movement or touch.

A very small cut is made on each side of the scrotum and the *vas deferens* tube is cut. Stitches are placed inside to close off the tube and prevent the ends healing back together again.

Finally, a small dissolvable stitch is put into the skin.

What are the risks, consequences and alternatives associated with having a vasectomy?

Most procedures are straightforward; however as with any surgical procedure there is a chance of side effects or complications.

Common

- A vasectomy should be regarded as an irreversible procedure
- There may be a small amount of scrotal bruising and discomfort
- Two semen samples are required before unprotected intercourse to check for the absence of live sperms

Occasional

- Bleeding from the wound occasionally needing a further procedure
- It may take longer than 16 weeks for the sperms to disappear from the semen
- Failure of the procedure due to the vas tubes healing back together (1 in 200)

Rare

- Infection of testis or epididymis requiring antibiotics
- The vas ends may heal back together years later resulting in fertility and pregnancy (1 in 2000)
- Chronic testicular pain (up to 1 in 10)
- Sperm granuloma (small lumps felt in the scrotum next to the testicle)

Alternatives to vasectomy

- Other forms of contraception, male or female

Post-operative care and discharge plan

After the procedure, you will be given something to eat and drink. You should bring a pair of tight briefs to put on before you go home, as these reduce post-operative bruising and pain.

For the next 7 days, you may shower and lightly wash the area of the wound with water. The scrotum will look slightly bruised, which is quite normal and settles with time. Some scabs may also form over the wound site – again this is quite normal and these will flake off with time. When the stitches start to dissolve, the wound can look gluey. Do not worry about this, once the stitched have fallen out you should hardly notice the wound sites.

You can have sexual intercourse after a few days, as soon as it is comfortable enough.

You should generally be able to return to normal activity after about 1 week.

You will need to continue to use other forms of contraception for several weeks as it takes some time for all the sperms to clear from the semen. On average it takes at least 3 months for the vasectomy to take effect.

You will need to provide a semen sample at about 16 weeks and another shortly after that to make sure that there are no sperms in the semen. You will be given some instructions to take home regarding the provision of semen samples before you can have unprotected intercourse. You should read these before discharge, and let us know if there are any queries regarding them.