

# **VASECTOMY:** ***Patient Information***

by

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# The Vasectomy Consultation

An initial consultation at Bergen Urological Associates includes a complete medical history as well as a physical examination. The physical exam is brief and painless. The entire consultation generally takes less than thirty minutes, allotting ample time for a detailed discussion about the vasectomy process. Spouses are invited to participate and questions are encouraged.

Almost all vasectomies performed by the urologists at Bergen Urological Associates can be done at an ambulatory surgical center or in the office, welcomed alternatives to hospital admission. The procedure is performed using local anesthesia with sedation, with the patient remaining conscious yet comfortable. Vasectomy typically takes twenty to thirty minutes and carries minimal risk. Patients usually feel little discomfort associated with the surgery and are able to resume normal activities within several days.

*Prospective patients should remember:* vasectomy is a minimally-invasive surgical procedure associated with little risk or pain. It is generally covered by most insurance companies. There is no need for fear and anxiety as our team will do everything to ensure that your experience is as comfortable—both physically and emotionally—as possible.

## **Vasectomy (Male Sterilization): Patient Information**

Vasectomy is a simple, safe, and time-honored means of achieving permanent male fertility control. It is a minimally-invasive surgical procedure using local anesthesia and sedation. During vasectomy, the tube leading from each testicle is cut and sealed in order to stop sperm from reaching the prostate, where it mixes with semen. This tube is called the *vas deferens*, hence “vasectomy.”

A vasectomy leaves the patient unchanged except for the fact that the *vas deferens* are now blocked. It does NOT affect the ability to achieve or maintain an erection, nor does it affect the ability to ejaculate. Because sperm makes up only a small amount of the ejaculate volume, there will be no noticeable difference in the volume of the ejaculate. After vasectomy, the testes continue to produce sperm, but since the sperm cannot traverse the blocked *vas deferens*, the sperm cells are absorbed by the body. The level of male hormone and libido remain the same and all sexual characteristics are unchanged.

Vasectomy should be thought of as a permanent form of male fertility control (although a vasectomy reversal, a microscopic procedure to reconnect the *vas deferens*, is available). However, vasectomy will not result in immediate sterilization. It takes several months and numerous ejaculations to wash all the sperm cells out of the section of the *vas deferens* above the vasectomy site. It is therefore imperative to continue using contraception until a semen specimen shows no evidence of sperm. A second semen analysis is often performed 6 or more weeks after the first to confirm the absence of all sperm.

Over 500,000 vasectomies are performed each year in the United States. The procedure usually takes between 20 and 30 minutes depending on the surgeon, his technique, and the patient's specific anatomy. A vasectomy is far safer and far less expensive than female tubal ligation. Furthermore, the effectiveness of vasectomy can be verified after the surgery with a semen analysis; the only way a woman could know that her tubal ligation was ineffective would be if she became pregnant or had costly x-ray tests.

# Male Reproductive Anatomy and Function

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The *testes* (testicles) are responsible for sperm production. After sperm cells are manufactured, they ascend into the *epididymis*, a comet-shaped structure located behind the testes. The epididymis is the site where the sperm mature and are stored. From the epididymis arises the *vas deferens* (also known as the vas), a tube that runs up the groin, behind the urinary bladder, and ultimately drains into the *urethra* (the channel that conducts urine and semen through the penis).

## Preparation for a Vasectomy

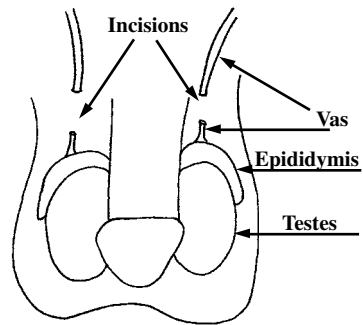
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The morning of the vasectomy, cleanse the scrotum in the shower or bath. It is helpful if you can shave the scrotum while showering or bathing. It is recommended that you wear jockey shorts.

## The Vasectomy Procedure

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The vasectomy is done in the supine position. You will be given medication to relax you and also to relax the testes, which can ride high in the scrotum if you are anxious. The scrotum is then washed with antiseptic solution and isolated with sterile towels. After local anesthetic is injected to numb the scrotal skin, a tiny opening is made over the vas deferens—sometimes with a scalpel (standard technique) and sometimes with a pointed clamp (no-scalpel technique). The vas is lifted up into the opening and a half inch segment is removed. Each free end is double clipped and electrical current is used to cauterize and seal each end. The divided vas is replaced into the scrotum and the skin edges are sewn together with one or two stitches that will dissolve on their own. At times, no stitches are required. A small dressing will be applied after the procedure is complete.



## Instructions After Your Vasectomy

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Recovery following the procedure is usually complete in three to five days. It is important to follow these instructions during that time:

1. Restrict your activities for 24 hours. Being a “couch potato” will reduce the chance of swelling, bruising, bleeding, and pain.
2. Apply an ice pack to the scrotum intermittently for 24 hours. This will help keep the swelling to a minimum.
3. Wear supportive jockey shorts or an athletic supporter for a few days. This functions to keep the scrotum immobilized.
4. Take the prescribed pain medication as needed.
5. You may shower or bathe the day after the vasectomy. To dry the scrotum, use a gentle patting technique instead of rubbing.
6. You may resume sexual activity as soon as you feel well enough to do so. Remember to use contraception until your follow-up visit and semen analyses.
7. Avoid heavy lifting and exercise for at least 5 days after surgery.
8. Schedule a follow-up office visit for about 6 weeks after the vasectomy. At this time, your incision and the results of the semen analysis will be reviewed.

## Potential Complications/Risks of Vasectomy

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Early: • **Bleeding/Hematoma** (blood collection within scrotum)  
• **Infection**

Late: • **Recanalization:** This is when the cut ends of the vas deferens grow back together and you regain fertility. It occurs in significantly less than 1% of patients.

*Treatment:* A second vasectomy.

• **Congestive Epididymitis:** Sperm are manufactured in the testes and stored in the epididymis. After vasectomy, the epididymis can become painfully swollen with congestion of sperm.

*Treatment:* Ibuprofen and rest.

• **Sperm Granuloma:** This is a hard lump the size of a pea that forms when sperm leak from the severed vas and inflame surrounding tissue.

*Treatment:* Usually with ibuprofen and rest the granuloma will disappear. On rare occasions, surgery is required to remove it.

• **Chronic Testicular Discomfort:** A very rare occurrence.

It is important to note that these risks range from relatively low to almost nonexistent for vasectomy.

Over the years, many questions have been raised regarding long-term effects of vasectomy. Issues as to whether vasectomy causes arthritis, atherosclerosis, or heart disease have long been put to rest. More recently, there have been suggestions that vasectomy may cause a slight increase in the risk of getting prostate cancer. By and large, this has been refuted by urologic data. Studies including tens of thousands of vasectomy patients have shown NO association between vasectomy and heart disease, arthritis, atherosclerosis, or cancer.

Overall, vasectomy is a simple and safe form of birth control that is often preferable to condoms, birth control pills, diaphragms, spermicides, and tubal ligation. Some men say that without the worry of accidental pregnancy and the bother of other birth control methods, sex after vasectomy is more relaxed and enjoyable than ever before.