

## ***Vasectomy: procedure-specific information***

### **What does the procedure involve?**

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Removal of a small section of vas from both sides with interposition of tissue between the divided ends to prevent re-joining

### **What are the alternatives to this procedure?**

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Other forms of contraception (both male and female). Vasectomy should be regarded as an "irreversible" procedure. If you have any doubt about whether it is the right option for you, do not proceed with the operation.

### **What should I expect before the procedure?**

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You will usually be admitted on the same day as your surgery whether the procedure is being performed under local or general anaesthetic.

### **What happens during the procedure?**

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Vasectomy is usually performed under local anaesthetic, primarily for your own safety. If the tubes are difficult to feel, it may be necessary to carry out the procedure under a brief general anaesthetic. The injection is a little uncomfortable but, thereafter, the skin is effectively numbed. The procedure itself cannot be made totally painless and the process of picking up the tubes in order to tie them can cause a variable degree of discomfort.

### **What happens immediately after the procedure?**

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It is essential to have someone with you to drive you home after the procedure. You are advised to take the following day off work and sit quietly at home. The local anaesthetic will wear off after a couple of hours and the area may ache for 24-72 hours; this can usually be relieved by taking Aspirin or Paracetamol. Vasectomy, whether under general or local anaesthetic, is normally carried out on a "day case" basis.

## Are there any side-effects?

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Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a vasectomy.

### Common (greater than 1 in 10)

- A small amount of bruising and scrotal swelling is inevitable for several days
- Seepage of a small amount of yellowish fluid from the incision several days later
- Blood in the semen for the first few ejaculations
  
- The procedure should be regarded as irreversible. Although vasectomy may be reversed, this is not always effective in restoring fertility, especially if more than 7 years have lapsed since the vasectomy
- Sufficient specimens of semen must be produced after the operation until they have been shown to contain no motile sperms on two consecutive specimens
- Contraception must be continued until no motile sperms are present in two consecutive semen samples
- Chronic testicular pain (10-30%) or sperm granuloma (tender nodule at the site of surgery)

### Occasional (between 1 in 10 and 1 in 50)

- Significant bleeding or bruising requiring further surgery
- Inflammation or infection of the testes or epididymis requiring antibiotic treatment

### Rare (less than 1 in 50)

- Early failure of the procedure to produce sterility (1 in 250-500)
- Re-joining of vas ends, after negative sperm counts, resulting in fertility & pregnancy at a later stage (1 in 2000-4000)
- No evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer)

## What should I expect when I get home?

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Over the first few days, the scrotum and groins invariably become a little uncomfortable and bruised. It is not unusual, after a few days, for the wound to appear swollen and slightly weepy. If you are at all worried about this, you should contact your doctor. The skin sutures do not need to be removed and will usually drop out after a couple of weeks; occasionally, they may take slightly longer to disappear.

### What else should I look out for?

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If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your doctor.

## Are there any other important points?

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Vasectomy is not a suitable form of contraception for a single man because of the poor success rates of reversal. You are not sterile immediately after the operation because some sperm have already passed beyond the site where the tubes are tied off. These sperm are cleared by normal ejaculation; it takes, on average, 20-30 ejaculations before you are likely to be clear. At 16 and 20 weeks after the operation you will be asked to produce specimens of semen for examination under a microscope; please read the instructions for production and delivery of these specimens very carefully. If no sperm are present, you are sterile and we will write to tell you so. If there are still a few non-motile or dead sperm, you may be regarded as sterile but, if there are large numbers of motile sperm, further specimens will be required until you are clear. Until you get the "all clear" you must continue with your contraceptive precautions.

## What is the cost of the procedure?

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The cost for this operation can be obtained from the hospital that you would like to have it performed at. The cost will depend whether you wish to have it done under local or general anaesthetic. The cost will NOT normally be covered by any private insurance you may have.

### **Please note:**

The fee you are quoted does not cover the cost of a repeat private procedure (if this is subsequently needed for sterilisation failure) or the cost of private surgery to remove the sperm-carrying mechanism for chronic pain at a later date.



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*For your peace of mind*

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