

UR02 Bilateral Vasectomy

What is a vasectomy?

A vasectomy is meant to be a permanent method of male contraception. It involves cutting both the tubes (vas) that carry sperm from your testicles. This prevents sperm from mixing with semen and reaching your penis (see figure 1). So a vasectomy should stop your partner getting pregnant.

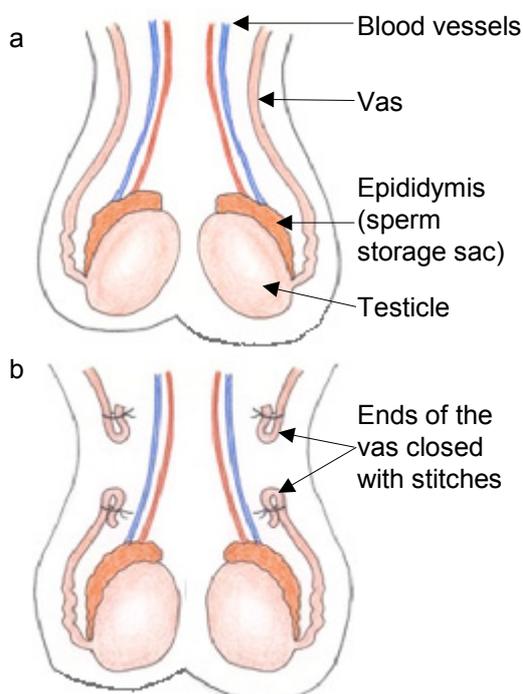


Figure 1

a Before a vasectomy

b After a bilateral vasectomy

It is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

What are the benefits of surgery?

As a vasectomy is meant to be permanent, you or your partner should no longer need to use another form of contraception. However, until you are told by your doctor that you are sperm-free, you should use another method of contraception.

Are there any alternatives to surgery?

There are two common methods of contraception for women, which have a similarly low failure rate compared to a vasectomy.

- A coil or IUCD (failure rate: less than 2 in 1,000 over one year).
- Hormone implants (failure rate: less than 3 in 1,000 over one year).

Other methods of contraception include the oral contraceptive pill and female sterilisation (risk: 1 in 200 over a lifetime). For men, the only safe form of contraception, other than a vasectomy, is to use a condom. However, the risk of failure is higher (failure rate: on average 1 in 7 over one year).

If you think one of these methods may be more suitable, you should discuss this with your doctor.

What does the operation involve?

• Before the operation

Part of your scrotum may need to be shaved. You will either be asked to do this yourself when you are in hospital or a member of the healthcare team will do it for you. Make sure your scrotum is clean.

• The operation

A vasectomy is performed under a local or general anaesthetic. Your anaesthetist or surgeon will discuss the options with you and recommend the best form of anaesthesia for you. The operation usually takes about a quarter of an hour.

If you have a local anaesthetic, this will be injected alongside each vas tube at the top of your scrotum and in the skin where the cuts will be made.

Your surgeon will make two cuts on each side of your scrotum or just a single cut in the middle of your scrotum. They will cut the tubes that carry sperm from each testicle to your penis and then close the ends with stitches, clips or an electric current (cauterisation).

At the end of the operation, your surgeon may close any cuts in your scrotum with dissolvable stitches.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on **warfarin** or **clopidogrel**. Follow your surgeon's advice about stopping this medication before the operation.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to www.quitnow.info.au.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.healthyactive.gov.au.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to www.fitness.org.au.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of men who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. It is normal to get some mild discomfort and tenderness in your scrotum. You may need to take simple painkillers such as paracetamol to make sure you are comfortable.

- **Bleeding** during or after surgery (risk: 1 in 100). It is common to get bruising of the scrotum and around the cuts, which settles over a few days. If the bleeding is heavy, you may need another operation.

- **Infection in the surgical wound or in the scrotum** (risk: 1 in 100). If this happens, you may need treatment with antibiotics.

3 Specific complications of this operation

- **Becoming fertile again** (risk: 1 in 3,000 over a lifetime). If the tubes rejoin, sperm will mix with your semen and you will be fertile again. There is no way of knowing this other than by testing your semen, as it looks the same if you are fertile or not. Sometimes the tubes rejoin just a few weeks after surgery. At this stage, you should still be using another form of contraception. However, the tubes can rejoin many months later, after you have been told that you are sperm-free.
- **Long-term pain in the testicles** (risk: 1 in 25). The pain is probably caused by scar tissue forming around the fine nerves. Although the pain is not severe, it can last for months and sometimes painkillers are needed.
- **Congestive epididymitis**, where the tube-like structure that stores sperm gets blocked causing pressure and pain (risk: less than 6 in 100). This usually settles on its own.
- **Sperm granuloma**, where sperm leaks and causes small painful swellings on the end of the vas tube that has been cut. This usually settles but may need further surgery (risk: 2 in 100).

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. You may need painkilling medication. It is helpful to hold an ice-pack against your scrotum to reduce any pain and help prevent bruising.

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Your testicles will probably ache for the first few days.

You should avoid sex and any strenuous activities for the first 48 hours to reduce the risk of bleeding. Your sexual feelings or ability to have an erection should not be affected by the operation.

You should be able to return to work after a couple of days. However, if your work involves strenuous physical activity, you may need to stay off work for about a week.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

About three months after the operation your doctor will ask you to give two samples of your semen a few weeks apart. The samples will be tested to find out if there are any sperm left.

It can take around 20 ejaculations to clear out any sperm that may be left.

Until you are told by your doctor that you are sperm-free, you should use another method of contraception.

A vasectomy is meant to be a permanent method of contraception. Although it is possible to have an operation to rejoin the tubes, this does not work for everyone. You should assume that you will not be able to have children again.

Summary

A vasectomy is an operation to cut the tubes that carry sperm from your testicles. It is a permanent and effective method of male contraception.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- The National Tobacco Campaign – Quitline on 131 848 and at www.quitnow.info.au
- www.healthyactive.gov.au – for advice on maintaining a healthy weight
- www.fitness.org.au – for information on how exercise can help you
- Andrology Australia at www.andrologyaustralia.org
- www.healthinsite.gov.au – for quality information about human health
- Urological Society of Australia and New Zealand at www.urosoc.org.au

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