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VASECTOMY FOR FAMILY PLANNING

What is a vasectomy and what is involved?

Vasectomy is a reliable and proven method of birth control in men. A vasectomy should be considered a permanent and irreversible form of contraception. As such you need to be quite sure that you do not wish to have any more children. If you have any doubts you should not have a vasectomy. You should continue to use other reversible forms of contraception. You must understand that while it is possible to reverse a vasectomy there is no certainty that fertility can be restored.

Sperm are produced in the testes, which lie in the scrotum. The sperm pass from the testes to the ejaculatory system *via* tubes called vas deferens. It is these tubes that are cut through a small incision in the scrotum.

The operation can be performed under local or general anaesthesia. If under local the anaesthetic is injected into the neck of the scrotum to reduce the dragging sensation. The scrotum is then prepared and draped. More local anaesthetic is placed in the scrotal skin where it is cut. Normally both vas can be removed through one central incision. A portion of each vas is sent for analysis to confirm the nature of the tissue divided. The ends of the vas are then tied. The skin is then closed. The operation takes 20-30 minutes to perform.

After the operation.

The cut(s) will be covered with a gauge for a few hours and can then be left exposed. The wound(s) will tolerate a shower or a quick splash in a bath but you should not soak or swim for at least seven days. Afterwards the wound(s) should be padded rather than rubbed dry. The stitches are absorbed and do not need to be removed. You can return to work the next day. You can resume sexual activity when you feel comfortable. At this time you must not rely on the vasectomy for contraception and you must still use some other form of protection.

Pain relief.

Proper pain relief is very important for both holistic and physiological reasons. Patients often have an understandable reluctance to take pain relieving drugs. This is a mistake and may increase post-operative complications. The principal that underlies all methods of pain relief is that the drugs work best if you anticipate the pain. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose.

The local anaesthetic will provide pain relief for four to six hours. You are then likely to require some tablets for pain relief. Panadol or Panadeine (forte) should be adequate. You should take the first of these before the local anaesthetic wears off and you should remember that pain relieving drugs work best if you anticipate the pain. Regular Panadol, regardless of whether you have pain or not, is the foundation on which all pain relieving strategies are based. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose of the drug. Additional, stronger pain killers and/or anti-inflammatory drugs can be taken on top of the Panadol for break through pain. You should take the pain tablets until the first dressing change. You can take

them thereafter as required. You may wish to continue with pain tablets at night for several days.

Many stronger pain relieving drugs contain codeine or similar drugs and this will tend to cause constipation and a hard stool. You may need a laxative such as lactulose and drink plenty of water. Anti-inflammatory drugs can irritate the stomach and should be taken with food. Normally they can be stopped after seven days.

What can go wrong?

The most likely events are:-

- Superficial bruising of the scrotal skin is common.
- Occasionally deep bleeding may occur causing a painful, enlarged and bruised scrotum. Ice packs will diminish bruising. You should contact my rooms if this occurs.
- Infections. If you find pain increases after the fourth or fifth day or the wound becomes swollen, red or discharges some fluid you should seek advice.
- Epididymal congestion. This is often mistaken for an infection. The epididymus (not the testicular) is tender and painful as it has been tied off and the sperm cannot escape. It needs anti-inflammatory drugs, not antibiotics.

Long term complications

A vasectomy operation does not alter sex drive, ejaculation, orgasm and normal sexual feelings. It does not interfere with testicular hormones and normal libido and male characteristics continue unaltered. Long term complications such as prostate cancer, testicular cancer and immunological deficiencies have not been proved to be associated with vasectomy.

Sterility is not immediate.

At the time of surgery sperm will be lying above the cut of the vas. It may take up to 20 ejaculations for the sperm to be cleared out of the seminal fluid. In order to confirm that all the sperm have been flushed out two semen analyses are performed 6-10 weeks after surgery. Only when these semen samples are shown to be free of sperm will it be known that the vasectomy has been successful. Until you have been advised in writing that the semen samples were clear of sperm you must continue to use another form of contraception or you will risk a further pregnancy.

Failure and unwanted pregnancy.

All methods of contraception can fail and vasectomy and no different. However, the risk of failure is less than 1%. There is a very small chance that the initial surgery may fail. This usually occurs because one side or other has a small second vas. This would normally be detected by positive semen samples. There is a very small chance of spontaneous reunion of the vas and this has been reported following successful vasectomy in men.

Return to work and normal activities.

There is no fixed period that has to elapse before you can resume normal activities. You should be guided by your pain and if you find your wound aches at the end of the day you have probably overdone it. Most patients return to work within three days.

Collection of semen samples.

1. Collect the sample two to seven days after the last ejaculate.
2. Use a sterile container labelled with your name, date and time of collection.
3. Collect the entire sample. Interruption of intercourse is not suitable as the first proportion of the sample may be lost.
4. The sample should be in the laboratory within one hour of collection. It should be maintained at body temperature and not refrigerated.