

VASECTOMY

Vasectomy - male sterilisation - works by cutting off the supply of sperm to the semen. This is achieved by cauterising and dividing the tubes that carry the sperm from the testicles (the vas deferens).

Vasectomy is only for people who are sure they **never** want any more children. Vasectomy is a **permanent** method of contraception. There is an operation to reverse vasectomy, but it is complicated, expensive and may not work.

Q: How effective is vasectomy?

There is a small risk that the operation will not work. The tubes that carry the sperm can rejoin after vasectomy. Once a vasectomy is presumed to have worked (after two clear semen samples), about 1 in 2,000 will subsequently fail. This can occur immediately or some years after the operation.

Q: What are the advantages of vasectomy?

- It does not interfere with sex.
- It is a permanent method of contraception.
- After vasectomy has worked, you don't have to do anything about contraception ever again.

- Vasectomy is a simple operation that takes about 20 minutes to do.
- It is more effective, safer and easier to do than female sterilisation.

Q: What are the disadvantages of vasectomy?

- After a vasectomy it usually takes a few months for all the sperm to disappear from your semen. You need to use another method of contraception until **two** semen samples show that no sperm are present.
- The tubes may rejoin and you will be fertile again. This is not common.
- Vasectomy cannot be easily reversed.
- Vasectomy does not protect you from sexually transmitted diseases.

Q: Can anyone have a vasectomy?

Vasectomy is for people who do not want any more children or who are sure that they do not want children at all. Research shows that more men regret being sterilised, if they were sterilised under the age of 25, had no children, or were not in a long-term relationship. Because of this, young or single men without children should discuss this very carefully with their partner and their GP. This gives you a chance to talk about the operation in detail, and to raise any doubts, worries or questions that you might have. You should not decide to have a vasectomy if you are under stress, for example after a recent birth,

miscarriage, abortion or family or relationship crisis.

Q: Do I need my partner's permission?

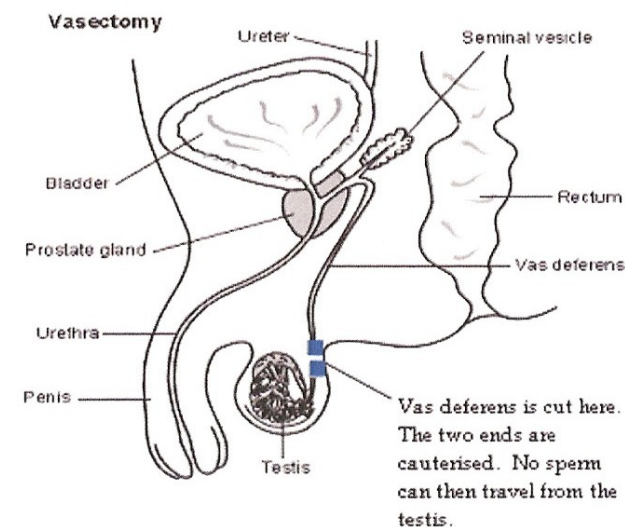
By law, you do not need your partner's permission. However, it is highly recommended that your partner should have been involved in the decision to have a vasectomy.

Q: What if I change my mind?

Vasectomy is meant to be permanent. There is a reversal operation but it is not always successful. It is generally not available on the NHS.

Q: What is a vasectomy?

The tubes (vas deferens) that carry sperm from your testicles to your penis are cauterised and divided.



Q: What is the operation like?

You will be given a local anaesthetic. The doctor will make one small cut in the front of the scrotum with a cautery, to reach the tubes. The tubes will be cauterised and divided with the cautery. The operation takes about 20 minutes, and will be done at the William Julien Court auld Hospital.

Q: Are there complications?

Your scrotum may be bruised, swollen and painful. You can help limit this by wearing tight-fitting underpants to support the scrotum, day and night for the first week. You should also rest with your legs elevated, for the first 48 hours. You should avoid heavy physical exercise for at least the first week.

Occasionally, some men have bleeding, a large swelling, or an infection (about 3% of all vasectomies). If this should occur, see your own GP as soon as possible. Sometimes sperm may leak out of the tube and collect in the surrounding tissue (sperm granuloma). This may cause inflammation and pain some weeks or months later. If this happens it will often settle down on its own, or it may require treatment. About 1 in 1000 men develop long term pain following vasectomy. This is known as Post Vasectomy Pain Syndrome.

Q: Does a vasectomy have any serious risks?

Vasectomy has been available for many years. Although in the past there have been conflicting reports about vasectomy risks, research now shows there are no known serious long-term health risks associated with vasectomy.

Q: How soon can I have sex after vasectomy?

You can have sex as soon as it is comfortable. However, at first you will still need to use an extra method of contraception.

Your testicles will produce male hormone the same as before your vasectomy. Your feelings, sex-drive, ability to have an erection and climax, won't be affected. The only difference will be that there will not be any sperm in the semen. Sperm are still produced but are absorbed by the testicles. The appearance and amount of the semen and the feelings of climaxing should be the same as before.

Q: When will a vasectomy be effective?

You need to use an extra method of contraception after the operation because sperm are left in the tubes and storage sacs that lead to the penis. The rate that these sperm are used up varies from man to man. It is recommended that 25 ejaculations should be achieved before submitting semen samples for testing. You will be asked to supply two semen samples, 10 and 12 weeks after your vasectomy. You can only rely on a vasectomy after you have had two clear semen samples in a row, and been given the all clear by the doctor.

**If you should have any further questions,
please contact your GP.**

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