VASECTOMY

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

Vasectomy is intended only for people who are sure they never want more children. Vasectomy is a permanent method of contraception. It is possible to undergo a reversal operation, but it is complicated, expensive and often fails to successfully reverse a vasectomy.

Q: How effective is vasectomy

There is a small risk that the operation could fail to work . This is because the tubes that carry the sperm can re-join later on. If 2000 men are shown to have a successful operation 16 weeks after their procedure, one will subsequently become fertile. This is a much smaller failure rate than for other contraceptives you would otherwise rely on.

Q: What are the advantages of vasectomy

- It does not interfere with sex
- It is a permanent contraceptive
- It is a simple operation that takes only 10 minutes
- It is more effective, safer and easier to do than female sterilisation

Q: What are the disadvantages of vasectomy

- After a vasectomy, it will take a few months for all the sperms left in the tubes to disappear, leaving all future ejaculates clear of sperm. Until an 'all clear' can be shown from your semen test, you must presume to still be fertile and use another method of contraception
- It is possible for vasectomy to fail due to the re-joining of a tube (making you fertile again). This is very rare
- Vasectomy cannot easily be reversed and many men who undergo a reversal procedure will regret originally having had their vasectomy because, for them, the reversal has been unsuccessful
- Some contraceptives can protect against sexually transmitted disease but vasectomy does not

Q: Can anyone have a vasectomy

Vasectomy is for people who do not want any more children ever or who never want children. Research shows that certain groups are more at risk of having regret following vasectomy. These are younger men (especially those in their early 20s), those with no children, those with personal stresses and those who were not in a long-term relationship. These groups should take extra time to properly consider whether the disadvantages create any doubts about proceeding with asking for a permanent contraceptive. You should consider delaying your decision if you are under stresses such as a

recent birth, miscarriage or abortion and also if in the middle of a family or relationship crisis

Q: Do I need my partner's permission

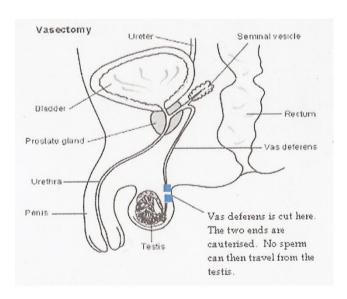
The operation is being done to you and so it is you who needs to give consent. It is sensible to involve your partner in your decision.

Q: What if I change my mind

Vasectomy is considered a permanent form of contraception. You should think very carefully before you have this done because otherwise there is a real chance that if you change your mind you will regret your decision to have had a vasectomy in the first place.

Q: What is a vasectomy

The two tubes (vas deferens) that carry sperm from your testicles to your penis are each cut and destroyed so that no new sperms can enter the tubes to join with the seminal fluid.



Q: What happens at the operation

You will be given local anaesthetic (LA) into the scrotal skin and tubes so that you cannot feel what is being done. For most people the LA is almost pain free, feeling no worse than having a blood test from your elbow. Once numb, a single small cut is made using cautery, and each tube is visualised to be treated. Each tube is cut into two and the cut ends are cauterised to block the tube and so that they cannot heal back together.

Q: Are there complications

You are likely to have some bruise discolouration of the scrotum. You may get some mild swelling and discomfort and this can be kept minimal by avoiding standing for prolonged periods in the first few days, and by wearing tight-fitting underpants. Avoid moderate or heavy exertion and lifting in the first 1-2 weeks. Avoid soaking the wound. About 2% of men will get a complication of bleeding, infection or chronic pain. Most complications are infection and easily treated with antibiotics.

About 1 in 300 develop chronic (long-term) pain following vasectomy. It is generally treatable by your GP. Sometimes the only way forward is to have an operation and about 1 in 3000 end up having an operation having seen a specialist.

Q: Does vasectomy have any serious risks

Vasectomy has been available for many decades. Research has confirmed there to be no link between vasectomy and any serious health risks.

Q: How soon can I have sex after vasectomy

It is best to wait 1 week or more prior to resuming sexual activity. You must remember that you will be fertile for many weeks after your operation and so be sure to rely on another form of contraception until you have been given the 'all clear' following a semen sample analysis.

Q: Does vasectomy effect sex performance

Performance depends on intact libido, erections and ejaculation. For these functions you need your brain, hormones, blood supply and nerves. Vasectomy does not affect your hormones nor the blood supply or nerves. Therefore your libido and performance will remain unaltered. You will continue to produce the same volume of seminal fluid and so the ejaculate will look and feel the same as normal. By around 16 weeks, when looking under a microscope the ejaculate will no longer contain sperms.

Q: When will my vasectomy be effective

At first you will need to use another contraceptive because there will still be sperms in the tubes that lead to the penis. It is important to have at least 25 ejaculations and have waited at least 16 weeks prior to submitting a sample for testing. For such samples, about 85 – 90% of men will have no sperms in the semen any more. If we cannot give the all clear on your first sample, it is likely that the operation has worked but that there are still a few dead sperms in the sample. These patients will need to provide a second sample after an interval of 1-2 months

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INFORMATION

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