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Vasectomy

This leaflet contains evidence-based information regarding your urological procedure. You should use it in addition to any advice already given to you.

Key Points

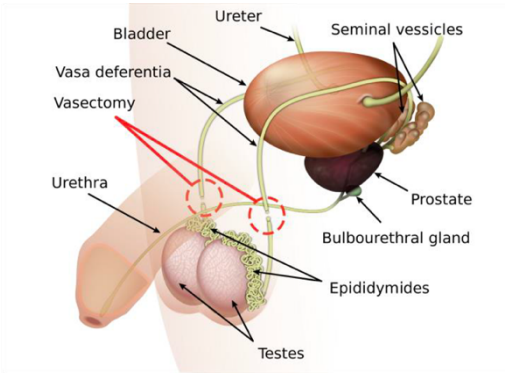
- Vasectomy is an effective method of male sterilisation
- It should always be regarded as “irreversible”
- You will not be sterile immediately but will need to continue alternative contraception until you have been given the “all-clear” from your post-operative semen tests after at least 10 weeks and 20 ejaculations
- Late failure, due to the ends joining themselves back together, occurs in 1 in 2000 men
- There is no evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer)
- Troublesome chronic testicular pain severe enough to affect day-to-day activities is up to 3%

What does this procedure involve?

Vasectomy is the most effective method of male sterilisation. It involves the removal of a small section of vas from both sides with the insertion of tissue between the divided ends to stop them from-joining.

What are the alternatives?

- Other forms of contraception – both male and female



You should regard vasectomy as an “irreversible’ procedure. If you have any doubt about whether it is the right option for you, you should not go ahead.

Under normal circumstances, vasectomy is not appropriate during pregnancy or within the first six months after the birth of a child.

Vasectomy is **NOT** recommended in men who have not had any children.

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications and will discuss the surgery again with you to confirm your consent.

We normally recommend a general anaesthetic.

The anaesthetist will also discuss pain relief after the procedure with you.

Am I sterile straight after my vasectomy?

No, you are not.

It is essential that you understand you are not sterile immediately after the operation. This is because some sperms have already passed beyond the site where the tubes are tied off. These sperms need to be cleared by normal ejaculation. On average, you will need 20 to 30 ejaculations to clear them.

Important information about sperm counts

- At least 12 weeks after your vasectomy, you will be asked to produce a specimen of semen for examination under a microscope. Please read the instructions for producing and delivering the specimen very carefully.
- If no motile sperms are present, you will be given the “all-clear” that you are sterile.
- If the sample still contains sperm, you will be asked to produce a further sample a few weeks later to ensure that you are clear.

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not.

The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon’s advice about the risks and their impact on you as an individual:

After effect	Approx. Risk
Mild bruising and scrotal swelling with seepage of clear yellow fluid from the would after a few days	Almost all
Blood in your semen the first few times you ejaculate	Approximately 10%
Troublesome chronic testicular pain which can be severe enough to affect day-to-day activities	3%
Significant bruising and scrotal swelling requiring surgical drainage	< 1%
Epididymo-orchitis (inflammation of your testicle)	< 10%
Early failure (post-operative semen analysis shows persistent motile sperms) so that you are not sterile	0.5%
Late failure (re-joining of the ends of the tubes after initial negative sperm counts) resulting in fertility & pregnancy at a later stage	1 in 2000 patients

What can I expect when I get home?

- It is advisable to take some simple painkillers such as paracetamol or ibuprofen to help any discomfort in the first few days
- You may find ice packs helpful to reduce pain and swelling in the first few days after surgery (do not apply them directly to your skin)
- If your bruising, swelling or pain is getting progressively worse, day by day, you should contact our rooms.
- Your stitches do not need to be removed and usually disappear after two to three weeks, although this may sometimes take slightly longer
- Try to avoid any heavy lifting or strenuous exertion for the five days

General information about surgical procedures

Before your procedure:

Please tell a member of the medical team if you have:

- A regular blood thinning agent (e.g. Warfarin, aspirin, clopidogrel, rivaroxaban, apixaban, dabigatran)
- A recent or current COVID injection
- An implanted foreign body (stent, joint replacement, pacemaker, heart valve)

Before you go home:

We will tell you how the procedure went, and you should:

- Make sure you understand what has been done
- Ask the surgeon if everything went as planned
- Let the staff know if you have any discomfort
- Ask what you can (and cannot) do at home
- Make sure you know what happens next
- Ask when you can return to normal activities

Your surgeon or nurse will give you details of follow-up appointments.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. By law, you are not permitted to 24 hours after a general anaesthetic or sedation.

Disclaimer

Every effort has been made to ensure this information is accurate and up to date. However, individual cases may vary. Your surgeon will thoroughly discuss your procedure and answer any questions you may have.