

Vasectomy information

It is important that you have sufficient information about your vasectomy before you have the operation.

Having a vasectomy is a safe and effective method of male sterilisation; in the UK around 23% of reproductive age male chooses vasectomy.

This has been written so that you and your partner/ wife can think things through at your leisure. If you decide to proceed to have a vasectomy, you will be counselled by your doctor prior to and while in surgery for sterilisation, your counsellor's aim should be to help the patient (individuals or couples) avoid making a decision which will later be regretted and to help them gain a fuller understanding of what they are undertaking, so that their satisfaction level is higher and the complication rate low. Ideally the counsellor own biases and prejudices should be kept out of the counselling situation.

The doctor will examine you to see that the operation will be straightforward, advise you were to shave and what sort of anaesthetic you want to have and when the operation will be done and this which will be another date. While in counselling there are several steps are necessary before valid consent is obtained. Therefore it is worth reading this information the day before the counselling visits in case there is anything you do not understand or if there are any questions you want to ask. At the counselling visit, your partner/wife would be very welcome to attend as well since the vasectomy is a family planning procedure. She would also be very welcome to sign the consent form as well as you although this is not compulsory.

The Main Points are:

- Are you sure that you never want to be the father of another child?
- Do you realise that very occasionally the operation does not make you sterile?
- The operation is not easily reversible and it is a permanent method of contraception?
- Your sperm can be frozen and stored for at least 10 years.
- Do you know what the operation involves?
- Information on when normal activities can resume.(including sexual activities)
- What complications of the operation can occur?
- You must continue to use contraception precautions until all the sperm has disappeared from your semen.
- Are there any long term health hazards as a result of having a vasectomy?
- What are the alternatives to this procedure, other forms of contraception both as available for male and female.
- Doctor will take full medical history before examination

1) Are you sure you never want to father another child?

Because a vasectomy is potentially irreversible, you must fully understand the implications of the procedure. The most common reasons for regretting having a vasectomy at some point in the future are:

- Divorce or death of your wife and remarriage to a partner who wants to have children.
- Making early decision when to young and later wanting more children within a stable marriage.
- The death of one or more of your children.

By the time you come to the clinic, you and your partner should have thought about the possibilities and any others that might apply to you, as this method of contraception is irreversible. Therefore, if you have any doubts we advise that you put off the decision to have a vasectomy and carry on with other contraception until you are sure as you can ever be, and that you never want to be a father of another child.

2) Do you realise that very occasionally the operation does not make you sterile?

Although a vasectomy is the most reliable form of contraception, in rare cases one sperm pipe joins itself together again so that sperm can be released once more from the testis. This happens about 1 in 500 within 3 months of the operation these cases are detected because if the following up semen samples are found to contain increasing numbers of sperm. If this happens, the operation can be repeated. Unfortunately, 1 in 3000 cases, the sperm pipe can re-join after 3 months and therefore you can once again father a child. This means that a vasectomy is successful in 2999 cases out of 3000.

3) The Operation is not easily reversible:

It would be unfair not to mention that there are ways to try to restore fertility after a vasectomy. Epididymis is the best known is a vasectomy reversal operation. This operation may restore sperm to the ejaculate but with increasing years after the vasectomy, the number of sperm in the ejaculate falls and there may not be sufficient sperm to restore fertility by normal sexual intercourse. It may also be possible to extract sperm from the epididymis (a coiled tube between the testis and the pipe) or from the testis itself followed by fertilisation of one or more of your partner's eggs in a test tube (IVF- In Vitro Fertilisation). Vasectomy reversal operation is not available on the NHS due to restriction of services.

4) Your sperm can be frozen and stored for at least 10 years.

A much simpler "insurance policy" against becoming irreversibly infertile is to have your sperm frozen and stored before the vasectomy operation. Both this and the other ways of storing fertility after vasectomy, mentioned in the paragraph above, are no longer free of charge on the NHS. The usual maximum storage time for sperm is ten years.

5) What does the operation involve:

Before the operation, you will be asked to shave the skin of your scrotum to prevent hairs from getting into the incision. The operation can be done under general anaesthetic if you have a particular aversion to having a local anaesthetic, but most men find local anaesthetic perfectly satisfactory and this avoids the need to starve before the operation and to avoid driving for 24 hours afterwards, (hence transport and supervision for the next 24 hours and it is essential for someone to take you home after the operation). Through one or two small skin incisions, each sperm pipe is located, a section is excised (to reduce the chance of the divided ends being able to join together again). The cut ends are tied off with suture. The skin incision is closed with absorbable sutures so that it is not necessary to have these sutures removed although it can be removed after a week. Because your body digests the skin sutures there can be a little oozing or discharge from the skin incision until the sutures fall out.

Excision Vasectomy deferens will be sent for histology to be examined under microscope

Before the anaesthetic wears off you should avoid as much activity as you can to avoid bruising. Once the anaesthetic has worn off, you may get anything between slight discomforts, which warns you to take things easy, to a degree of pain which requires you to take simple pain relief like (Paracetamol or Ibuprofen) as you would for a headache. After the operation, you should not normally have to be seen by your GP or GPwSI.

A small lump can develop on the cut end of the vasectomy nearest the testes. This lump, which does not get bigger than a large pea, is a natural part of the healing process in some people and its technical name is a sperm granuloma. Such lumps can be tender whilst healing occurs but this tenderness normally settles down with time. We suggest to avoid prolonged driving and sitting to avoid discomfort.

6) When can normal activities be resumed?

After a vasectomy under a local anaesthetic, you can get back to normal activities within the limits set by your pain and discomfort. Therefore, if you work the next day e.g. in an office or clerical work. Active physical work, including DIY, should be avoided for up to a week. Use your common sense about returning to vigorous sporting activities. You can start intercourse after 7-10 days of vasectomy while still continuing to use contraception precautions.

7) What Complications can occur?

The complications of the operation itself are swelling and bruising (haematoma formation), bleeding, infection and pain.

If bleeding occurs, a tense swelling will form in the scrotum; this occurs very rarely and can normally be diagnosed by your GP. Unless the swelling is a real problem, it will disappear on its own. A tense swelling which develops some days after the operation, particularly if accompanied by a fever, maybe due to an infection for which your GP can issue antibiotics. Very early, your GP may find it necessary to refer you to the surgeon that did your vasectomy to release a haematoma or get rid of the infection if pus formation occurs. Pain normally gets better fairly quickly after a vasectomy. However, in very few cases, persistent chronic pain can develop after a procedure. This can occur even when there are no other complications of the operation and we have no way of predicting who is going to develop this chronic pain. However, if one or both of the testes are painful or tender before the vasectomy, the chance of you getting increased pain after the operation is increased and it is therefore well worth discussing this possible complication before deciding to have the operation.

Common (greater than 1 in 10)

- A small amount of bruising and scrotal swelling for several days.
- Seepage of a small amount of clear, yellow fluid several days later.
- Blood in the semen for the first few ejaculations
- The procedure should be regarded as irreversible
- Although vasectomy may be reversed, this is not always effective in restoring fertility, especially if more than 7 years have lapsed since the vasectomy.
- Sufficient specimens of semen must be produced after the operation until they have been shown to contain no motile sperms are present in two consecutive semen samples.
- Contraception must be continued until no motile sperms are present in two consecutive semen samples

Occasional (between 1 in 10 & 1 in 50)

- Significant bleeding or bruising needing further surgery.
- Inflammation or infection of the testes or epididymis needing antibiotics treatment.

Note please read post-operative instructions

8) You must continue to take contraception precautions until all sperm have disappeared from your semen.

When you ejaculate, millions of sperm are released from the “sperm bank” behind the bladder and not from the testes. What then happens is that the sperm bank is slowly topped up by sperm migrating from the testes along the sperm pipe, which they are doing continuously until a vasectomy is performed therefore, you are still fertile. Immediately after the operation i.e. the operation does not remove the sperm bank. The way to be as sure as possible is that you have subsequently become infertile, is to exam your semen in a pathology Lab normally between 16 weeks & 18 weeks after your vasectomy operation, to check all the sperm have disappeared. Sometimes this takes longer than 18 weeks, and you may have to produce more than 2 semen samples for this investigation.

As mentioned earlier, sperm may not disappear in about 1 in 500 cases and the vasectomy has to be repeated. However, when all the sperm have gone, we shall send you a letter to say it is now safe for you to celebrate the success of your operation without taking other contraception precautions. It is very important for you to remember that even at this stage, one or the other sperm pipe may re-join later on and fertility will be restored in 1 person out of 3000. If you fail to supply follow up sperm samples in the containers you were provided with after your operation, you must accept the 1 in 500 chance that the operation failed before all sperm disappeared from your semen i.e. you are taking your own risk medically/legally.

9) Are there any hazards resulting from having a vasectomy?

Fortunately, as a vasectomy is such an important and successful form of long term contraception, In the past, there have been “scares” that a vasectomy can cause an increased risk, particularly of testicular and of prostate cancer. These scares have been fully investigated, including by the **World Health Organisation, (WHO)** as this is an international issue and **no** increased risk have been found.

I have read and understood the vasectomy information and accept the information it provided.

I do/ do not wish to store my sperm before the vasectomy at my expense.

I understand that if I wish to try to have my fertility restored after the operation, this will be at my expense in a private service.

Patient's Signature: Date

Name:

Address: