Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Having a Vasectomy

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Having a Vasectomy

Patient Information

Day Surgery Ward 3, Leigh Infirmary

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Welcome to:

Day Surgery - Ward 3

Leigh Infirmary

The Avenue

Leigh

WN7 1HS

7:30am until 8:30pm Monday to Friday

Telephone 01942 264260 or 01942 264261

This leaflet aims to give you information about your operation, your stay in hospital and advice for when you go home. This leaflet does not cover everything, but we hope you find it useful, and it helps towards making your stay in hospital less worrying. If you have any questions or worries before admission, please contact the ward by telephone.

Vasectomy

A vasectomy is a surgical procedure performed on adult males in which the tubes that carry sperm from the testicles to your penis are cut, tied, cauterised, or otherwise interrupted. Vasectomy of both ducts causes sterility and is an increasingly popular method of birth control. In some cases, vasectomies may be reversed, however, this procedure should be considered permanent, as there is no guarantee of successful reversal.

What are the benefits of having a vasectomy?

It is the most reliable method of contraception, and the operation is a minor one. It has fewer complications and a faster recovery time than female sterilization methods.

What are the alternatives?

Other methods of contraception, including, long-term contraceptive options for women.

Are there any side effects?

The possible after–effects and your risk of getting them are shown below. If you have any concerns, please discuss with your surgeon.

- Almost all patients experience mild bruising and scrotal swelling.
- Almost all patients, experience seepage of clear yellow fluid from the wound after a few days.
- Blood in the semen for the first few ejaculations (Between 1-2 & 1-10 patients).
- Troublesome chronic testicular pain, which can be severe enough to affect day to day activities. (Between 1- 7 &1- 20).
- Significant bruising and scrotal swelling requiring surgical drainage. (Between 1-10 & 1-50).
- Epididymo-orchitis (Inflammation or infection of the testicle), (Between 1-10 &1-50).
- Early failure (post-operative semen analysis shows persistent motile sperm) so that you are not sterile (1-250 patients).

- Late failure (re-joining of the ends of the tubes after initial negative sperm counts) resulting in fertility and pregnancy at a later stage. (1-2,000 patients).

How long will I be in hospital?

Ward 3 is a day surgery ward with no overnight facilities. Your operation has been planned as a day case procedure which means that you will be able to come into hospital and be discharged later the same day. Very rarely, some patients do not recover in time to go home and will therefore need to be transferred to the Royal Albert Edward Infirmary, Wigan.
Admission to hospital

On arrival to hospital, you will need to book in at the Admissions desk, which is situated on the ground floor below Ward 3. You will then be directed to the ward; there you will meet your nurse and other members of the team who will be looking after you. The facilities and general layout of the ward will be explained to you.

(Please note that you will be on a theatre list with several other patients, so please be prepared for a wait.)

What anaesthetic will I have?

Some patients are suitable to have this operation under a local anaesthetic (the skin is made numb with an injection) but others will require a general anaesthetic. Please discuss this with the doctor when you attend the outpatient's clinic.

Pre-Operative Assessment Clinic

If you are having a general anaesthetic, you will be seen in the pre-operative assessment clinic. At the clinic you will be seen by a nurse, who will complete a pre-operative screening assessment. This will include taking a medical and anaesthetic history, organising investigations such as blood tests, ECG's; as necessary. The nurse will advise you about

your operation. He/she will explain to you about your pre and post operative care, how long you will need someone to take care of you when you go home and how long you will be expected to be off work, etc. If you need a sick note, please ask the nurse on arrival at hospital.

Getting ready for the operation

Before you come into hospital you will need to bath or shower. The nurse who is admitting you will ask some routine questions, about your general health, the medications you take and any allergies you may have. Your surgeon will then see you. You will be asked to sign a consent form if you have not already done so, to say that you understand what you have come into hospital for and what the operation involves. If you have any questions, please ask.

If you are having a general anaesthetic, you will be seen by your anaesthetist. This is the doctor who will give you your anaesthetic and look after you during the operation.

Going to theatre

You will be asked to put on a theatre gown. A nurse will check that you have a wristband on with your name, ward, and district number and that your documentation and consent is in order.

If you are having a local anaesthetic

Once you are in the operating theatre, the skin of the scrotum will be cleaned with an antiseptic solution. A small area of the skin is made numb with a local anaesthetic injection. This causes a tingling/stinging sensation, which will last only a few moments. You may feel a pushing or pulling sensation during your procedure, but this should not be painful. If you feel any pain, please inform the nurse/surgeon. A small cut is made on each side of the scrotum, or one midline incision may be used. The cuts are closed with dissolvable stitches and a light dressing is applied. Following your operation, you will return to the ward where

you will be given light refreshments. And after a period of rest, you will be allowed home.

If you are having a general anaesthetic

After your operation you will wake up in the recovery room; here specially trained nurses will monitor closely how you feel. On waking, you will have a small clear oxygen mask in place; this will help the anaesthetic wear off. The nurses will check your blood pressure and pulse and make sure you are comfortable. When the doctors and nurses are happy with your condition, you will be taken back to the ward where you will be made comfortable and allowed to rest. Refreshments will be offered as soon as it is safe for you to have these.

Pain control

Expect to feel sore and tender for a few days after the operation. You will have been given painkilling and/or local anaesthetic drugs, which will reduce pain for the first few hours. You maybe provided with pain-killing tablets, which you should take as prescribed for the first few days and then as you need, but do not exceed the recommended dose. We advise patients to have their own stock of over the counter painkillers at home.

A support for the scrotum may be fitted before you go home. You should wear this for the first few days to reduce any swelling or bruising.

Going home

You must make sure that someone can take you home in a car. If you have had a general anaesthetic or a sedative injection, an adult must stay with you for the first 24 hours after your operation. You must not drink alcohol for a minimum of 48 hours after your operation.

What to look out for

It may be several hours before you pass water. If you have any difficulties, particularly if your bladder feels uncomfortably full but you still cannot pass water, you should attend your local accident & emergency department.

If you have excessive bruising and or pain, contact your own GP or ward for advice, or attend your local Accident & Emergency Department; Telephone: 01942 244000.

Recovering from a vasectomy

It’s sensible to take it easy for a couple of days, gently increasing your activity over the next few days, little and often until you are more comfortable. You are encouraged to move and walk as this will help prevent stiffness, soreness and help with your circulation and minimize the risk of complications such as chest infection, deep vein blood clots and clots to the lungs.

Don’t do any heavy lifting or vigorous exercise during the first few days after the operation.

A daily shower should be taken. Pat the wound dry gently with a clean towel for the first seven days or so. Thereafter you may treat the wound normally. You will have stitches that do not need to be removed and will usually disappear after two to three weeks, although this may sometimes take slightly longer. Your wounds may feel hard and slightly swollen; there may be some bruising.

For as long as you need, wear close fitting underwear, or a scrotal support, day, and night. This will help to ease discomfort and swelling. A scrotal support may be provided by the ward.

Out-patient appointment

You do not need a follow-up appointment, but should you have any concerns or would like some advice, please ring Ward 3, Monday to Friday from 7:30am until 8:30pm on telephone 01942 264260 or 01942 264261 or see your GP.

Driving

You may drive as soon as you feel confident to do an emergency stop. Check with your insurance company.

Sex and contraception

You may have sexual intercourse once the initial discomfort has passed. Remember you will still have some active sperm therefore must take precautions until confirmed sterile from your post semen analysis appointment.

You will need to continue with reliable methods of contraception until you have been told officially in writing that you have become sterile.

Acknowledgement

Possible side effects and the ratios from the BAUS information leaflet.

The BAUS website includes a section dedicated to information for patients – please go to www.baus.org.uk/patients

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