Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Vasectomy for Contraception

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Vasectomy for Contraception

Patient Information

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Procedure Specific Information for Patients

What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What are the alternatives to this procedure?

Other forms of contraception (both male and female) vasectomy should be regarded as an “irreversible” procedure. If you have any doubt about whether it is the right option for you, do not proceed with the operation. Under normal circumstances, vasectomy will not be considered during pregnancy or within the first 6 months after the birth of a child.

What happens during the procedure?

Vasectomy is usually performed under local anaesthetic, primarily for your own safety. If the tubes are difficult to feel, it may be necessary to carry out the procedure under a brief general anaesthetic. The injection is always uncomfortable but, thereafter, the skin is effectively numbed. The procedure itself cannot be made totally painless and the process of picking up the tubes (VAS) in order to tie them can cause a variable degree of discomfort; this may make you feel slightly sick, sweaty or lightheaded.

PLEASE contact us if you would like to first have a discussion about the procedure or wish to have the vasectomy done under general anaesthesia and we can arrange

an appropriate clinic for you.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- €A small amount of bruising and scrotal swelling is inevitable for several days
- €Seepage of a small amount of yellowish fluid from the incision 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
- €Contraception **must** be continued until no motile (live) sperm are present in one semen sample at 20 weeks.
- €Chronic testicular pain (10-30%) or sperm granuloma (tender nodule at the site of surgery)

Occasional (between 1 in 10 and 1 in 50)

- €Significant bleeding or bruising requiring further surgery

- €Inflammation or infection of the testes or epididymis requiring antibiotic treatment

Rare (less than 1 in 50)

- €Early failure of the procedure to produce sterility (1 in 250-500)

- €Re-joining of vas ends, after negative sperm counts, resulting in fertility & pregnancy at a later stage (1 in 4000)

- €No evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer)

Hospital-acquired infection

- €Colonisation with MRSA (0.9% - 1 in 110)

- €Clostridium difficile bowel infection (0.01% - 1 in 10,000)

- €MRSA bloodstream infection (0.02% - 1 in 5000)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Are there any other important points?

Many people ask if they are “too young” to be accepted for vasectomy. There are no rules about how old you should be, and each individual case will be considered on its own merits. However, vasectomy is not an appropriate form of contraception for a single man unless there are specified (and rare) medical conditions, such as a severe inherited disease.

You are not sterile immediately after the operation because some sperm have already passed beyond the site where the tubes are tied off. These sperm are cleared by normal ejaculation; it takes on average, at least 24 ejaculations before you are likely to be clear. You will be asked to produce a specimen of semen for examination under a microscope; please read the instructions for production and delivery of these specimens very carefully. If no sperm are seen in either sample, you are sterile and we will write to tell you so. If there are still a few non motile or dead sperm, you will be asked to provide a third sample for special clearance. Until you get the “all clear,” you must continue with your contraceptive precautions.

It is recommended that you allow two full days before returning to work or three days if you in a manual role that involves heavy lifting.

Driving after surgery

On the day of the procedure, you will not be safe to drive back. Therefore, you will need to bring someone with you. Before you resume driving, it is your responsibility to ensure that your wound is okay, and you are fit to drive following your surgical procedure. You do not

normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

What should I do with this information?

Thank you for taking the trouble to read this publication. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this publication to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. However, if you do agree to proceed with the scheduled procedure, you will be asked to sign a separate consent form that will be filed in your hospital records. You will, if you wish, be provided with a copy of the consent form.

I have read this publication, and I accept the information it provides.

Signature: ..... Date: .....



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