

## **Vasectomy**

A very effective method of contraception.

Does not have any effect on masculinity, erection, ejaculation or hormones. Although semen does not contain sperm after vasectomy, about the same amount of semen is ejaculated.

The technique involves a simple operation whereby the tubes (vas deferens) are cut, diathermied, and tied.

The procedure is carried out under local anaesthetic through one small opening in the scrotum (approximately 5mm). As the wound seals within 24 hours no sutures are necessary. The testes still produce sperm which will be absorbed by your body.

Infection, swelling or internal bleeding may occur occasionally, but seldom happen if you rest for the first two days after the operation.

### **Long Term Effects**

As there is distension of the tubules in the epididymis (next to the testis) this may become tender and occasionally sperm may leak out of these tubules following minor surgery. This may form a tender lump (sperm granuloma) which usually disappears spontaneously or with treatment. In 1 – 3% of patients there may be ongoing tenderness or pain in the epididymis which may even necessitate surgery (either reversal of the vasectomy or removal of the epididymis).

### **Haematoma and Infection**

1% of men develop a haematoma (collection of blood in the scrotal sac) and a small percentage of these men may require a small drain to be inserted in hospital. Infection may also occur but can usually be cleared with antibiotics.

## **Prostate Cancer.**

Although some studies in patients with prostate cancer suggested a higher than normal incidence in patients with previous vasectomies, this is most likely only coincidental as there is no scientific proof as to why a vasectomy should contribute to prostate cancer. It is however suggested that all men above forty should have an annual rectal examination and PSA blood test to exclude the presence of prostate cancer.

### **Reversal and sperm banking**

A vasectomy can be reversed but only about 40 – 50% of reversals will result in a pregnancy, as men develop antibodies against their own sperm.

However, semen may be frozen pre-operatively for later use. (**Arrangement can be made for sperm banking by phoning 520 9520 x 68130 and speaking to Robyn Galvin at Fertility Associates**). There are also modern micro-injection techniques available to inject sperm which are aspirated from the epididymis and injected into egg cells (ICSI).

Fertility exists for at least 12-16 weeks (or approximately 25 ejaculations) after the vasectomy. Contraception should be used until it is confirmed by a sperm count that there are no sperm present in the semen. The first sperm count is done at about 12-14 weeks after the operation, followed by another count after a month. It sometimes may take up to four months, or longer, to have a zero count.

Failure of a vasectomy, due to spontaneous rejoining of the tubes (re-canalisation), occurs very seldom – about one in two thousand.