Vasectomy

Vasectomy is a reliable method of permanent male sterilization. It can be performed quickly, safely and comfortably as an outpatient procedure. Men referred to me for a vasectomy have the option of coming to see me first or being sent this information and just coming in for the procedure and having a brief discussion on the day.

Preparation

Vasectomy performed under local anaesthetic at my consulting rooms in North Adelaide requires no preparation other than a limited scrotal shave. An area about 4cm in diameter at the top of the scrotum should be shaved. No fasting is required.

Procedure

The scrotum is cleaned with chlorhexidine antiseptic and covered with a sterile drape. 1ml of local anaesthetic is injected under the skin at the top of the scrotum producing a brief sting and then rapid numbness. Through this numb patch 2mls of local anaesthetic is injected deeper around the vas deferens on each side to produce a brief mild ache felt towards each groin. Very quickly the important areas are numb and the procedure can start. I use the Li "no scalpel technique" tools that enable the vas deferens to be brought out and tied through a tiny puncture. One end of the vas deferens is doubly ligated and the other is buried back in its sheath. Both sides are brought out in turn through the same single midline skin puncture. At the end, the puncture closes itself, no skin sutures are required and it is covered with a small round band-aid. The procedure takes under half an hour and men are able to go home. It is a useful precaution to be accompanied for the trip home but not essential.

Post-operative care

The local anaesthetic wears off in an hour or two after which there will be some mild discomfort. Simple analgesics such as paracetamol will help if required. Rest and an ice pack will minimize bruising and swelling which are usually mild. A couple of days off work and avoidance of any strenuous activity for several days is recommended to maximize the chance a quick and smooth recovery. Tight underpants provide useful scrotal support. I should be contacted in the unlikely event that severe swelling or pain is experienced. Resumption of sexual intercourse should be delayed until swelling and discomfort has subsided after a week or two.

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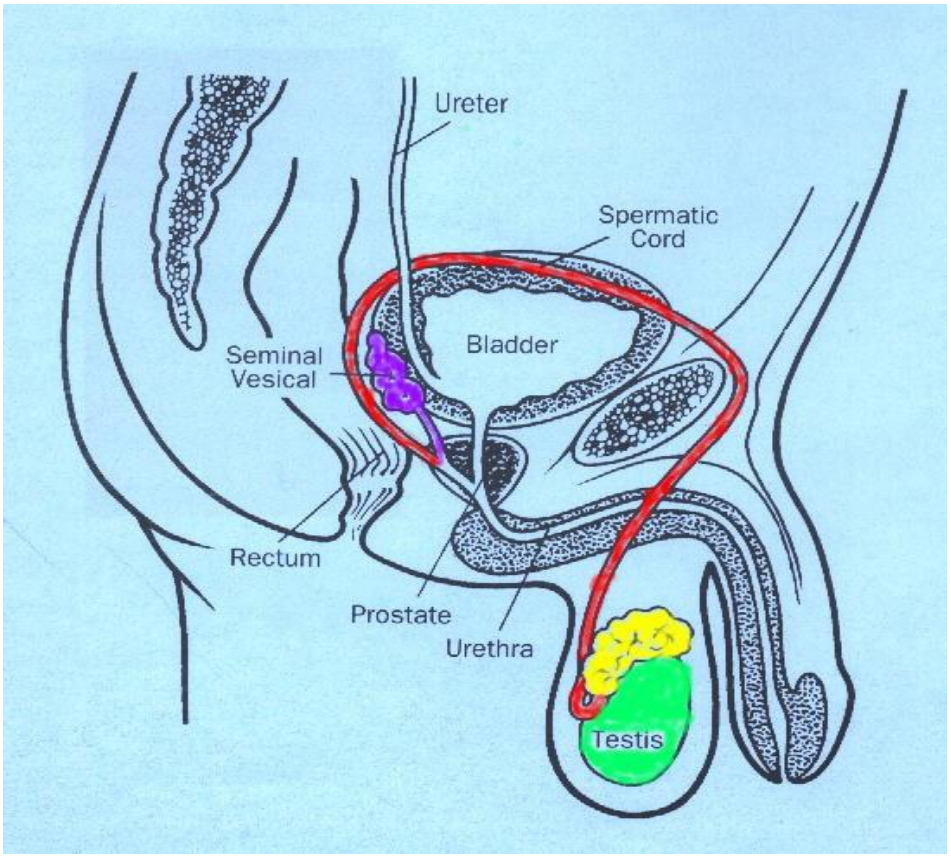
Post-vasectomy testing

A single negative sperm count after the vasectomy is required to ensure success of the procedure. A specimen container and pathology form will be provided after the vasectomy for testing. This should be performed about three months after the vasectomy when 80% of men will have cleared all sperm. This involves either ejaculating into a small container or emptying a condom into the container after ejaculation. This together with a request form is dropped into the chosen pathology laboratory collection centre. An overnight delay between specimen production and lodgement is acceptable. 20% of men still have a few dead sperm shown at 3 months and will need further tests at monthly intervals until a negative result is obtained. Special clearance may be given if 2 consecutive tests show no motile sperm, the concentration of non-motile sperm is <10,000/ml and it is at least 7 months post-vasectomy. On receipt of the result from the pathology laboratory a letter is sent with this result and a further form if required for another test. Until clearance has been confirmed, alternate methods of contraception should continue to be used.

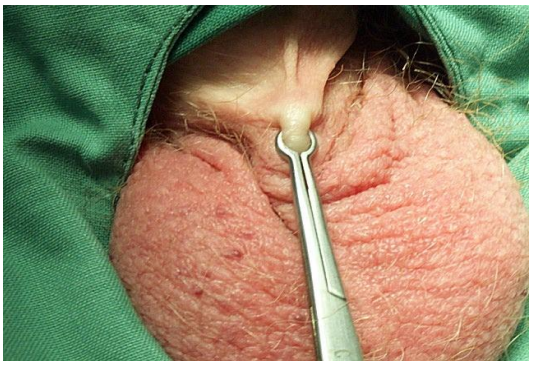
Risks of vasectomy

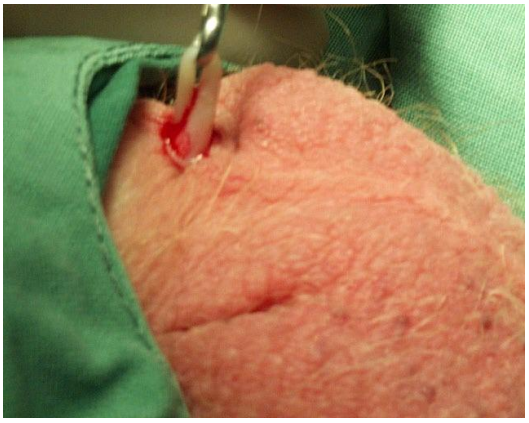
The amount of post-operative swelling, bruising, discomfort and time to resolution varies. Very occasionally a large scrotal swelling or haematoma representing internal bleeding is seen but this is very rare and settles with time. Rarely, even many years after the vasectomy, the epididymis, the delicate structure just behind the testis where sperm mature, becomes thickened and tender probably as a result of distension. Any sperm leaking out of the end of the vas deferens or the epididymis can cause an inflammatory reaction and result in a small pea sized tender lump. These results are nothing serious just an uncommon annoyance rarely requiring treatment. Vasectomy has no effect on urinary function or physical effect on sexual function apart from causing infertility. Ejaculation is not noticeably changed as the sperm previously contributed a very small volume to the ejaculate. There is no evidence or reasonable suggestion that vasectomy predisposes to testicular or prostate cancer or any other serious conditions. There is an initial failure rate in large series of 1:500 to 1:2,000 which would be picked up on the routine post-vasectomy sperm testing but I have only had one failure in over 4000 procedures in well over 20 years. There is also a 2:300,000 chance of late re-canalization and failure years after a clear sperm count. Periodic sperm counts over the years could check for this minute risk if concerned but in practice is never undertaken.

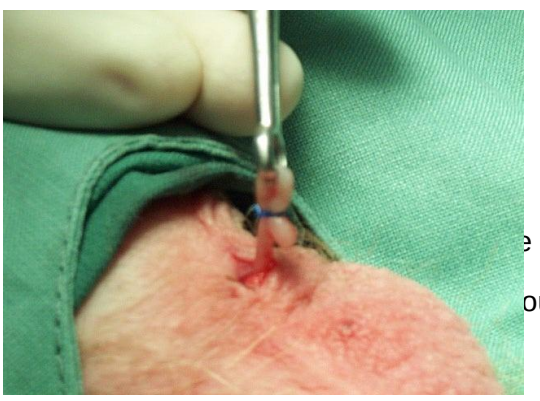
Anatomy

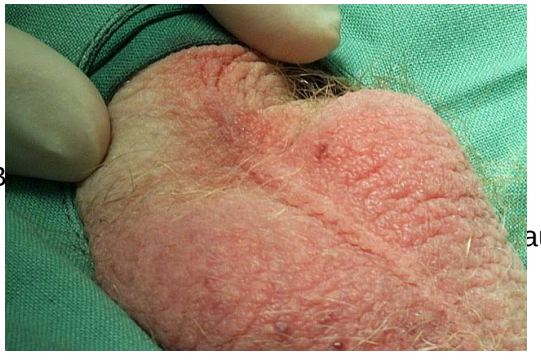


Procedure









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