



VASECTOMY - MALE STERILISATION

There are many forms of contraception available, and consideration needs to be given to the most appropriate form for your particular situation. Only one form of male contraception is currently available - VASECTOMY. You may have read about the "Male Pill" but, at this stage it is only an experimental drug and is not obtainable.

You and your partner should have carefully discussed alternative forms of contraception. These include condoms, the oral contraceptive pill, diaphragms, tubal ligation and the various natural methods such as "the Rhythm method".

Before making the decision to have a vasectomy you should consider it a permanent form of sterilisation. Careful thought should be given as to whether you may want more children with a new partner, or if some tragedy occurs in the future. There has been much publicity regarding the ability to microscopically re-connect the cut ends of the vas. Even when this can be successfully achieved it does not necessarily mean the sperm will be able to result in a pregnancy. For all practical purposes you should regard vasectomy as IRREVERSIBLE.

WHAT YOU SHOULD KNOW

- ❖ It takes 73 days (about 10 weeks) for sperm to be made and matured by the testes. They travel along the vasdeferens, or vas, to reach the fluid in which they are dissolved when ejaculation takes place.
- ❖ Vasectomy is performed by cutting the vas and so stopping the sperm from reaching the ejaculate.
- ❖ After vasectomy has been performed it will take about 10 weeks for the ejaculate to be rendered sterile of sperm. These sperm need to be actively eliminated by ejaculation - at least 20 times is necessary.
- ❖ This means that contraception needs to be continued following the operation until a semen analysis has confirmed there are no sperm remaining.
- ❖ There has been recent controversy as to whether vasectomy predisposes to prostatic cancer. The answer to this question is NOT ABSOLUTELY known as yet. There have been various studies both showing and denying an effect. Overall, there would seem to be little or no risk but the answer will not really be known for many years.
- ❖ There is a low (1 in 10,000) that the vasectomy will fail a number of years following a successful operation. This is unpredictable - and while rare, it does remain a possibility.

- ❖ Vasectomy does NOT affect sexual ability and does NOT significantly affect the volume of ejaculate.

THE OPERATION

- ❖ The operation itself can be performed under local or general anaesthetic - you should discuss this with your surgeon.
- ❖ One or two small incisions are made in the scrotum.
- ❖ The vas is cut, and usually a small segment is removed - the ends are mostly tied.
- ❖ The cuts are closed with self-dissolving stitches.

AFTER THE OPERATION

- ❖ You may have some pain after the operation.
- ❖ You should plan to have 1 or 2 days off work.
- ❖ You should support the testes - most easily achieved by wearing 1 or 2 pairs of firm underwear.
- ❖ Ice packs may be applied to scrotum to avoid swelling.
- ❖ You may have some bruising which will usually settle over 7-10 days.
- ❖ You should avoid any heavy straining for a week following the vasectomy - BE SENSIBLE.
- ❖ Rarely, scrotal pain may persist, but usually settles within 12 months

IMPORTANT...REMEMBER

- ❖ Make sure you continue contraceptive measures until you have had a semen analysis confirming that there are no sperm left in your semen.
- ❖ Any problems - contact Urology Sydney Practice Nurse