

Having a vasectomy

This information sheet should answer some of the questions you may have about having a vasectomy. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. Please speak to your GP or Practice Nurse if you have other queries

What is a vasectomy?

Vasectomy is a minor operation to sterilise a man permanently by disconnecting the tubes (Known as the vas deferens) that carry sperm from the testicles to the penis. Your procedure which will be performed without cutting the skin of the scrotum is called the No- scalpel vasectomy. It will be performed using local anaesthetic to numb the area, so you will be awake during the procedure.

What are the benefits – why should I have a vasectomy?

Vasectomy is a safe and effective form of contraception with a failure rate of less than one in 100.

Are there any other alternatives?

Vasectomy and condoms are currently the only methods of contraception available to men. Unlike condoms, vasectomy does not protect against sexually transmitted infections. Studies have shown however that 1 in 400 men deeply regret having a vasectomy six months after they had the operation.

If you have any doubt about being permanently sterilised you should not consider having a vasectomy.

What are the risks?

There are risks associated with any operation. The doctor will explain the specific risks for a vasectomy to you before asking you to sign the consent form.

Possible problems from a vasectomy include:

- **Mild bruising** at the site of the operation is common; it heals naturally and has no long-term complications.
- **Infection** is possible but rarely occurs and can usually be easily treated with simple antibiotics. Infection occurs in less than one in 100 men.
- **Unsuccessful procedure** - For 1 in every 100 patients the operation is **not successful** and may need to be repeated. In addition there is a one in 2000 chance of the sperm carrying tubes re-joining naturally. If this happens it is usually within the first two months after the procedure. For this reason you will be advised to use other methods of contraception until you have had two negative semen tests
- **Pain:** One in 50 men experiences long-term pain in the scrotum known as 'post vasectomy pain syndrome'. This is not fully understood and can develop months or years after the surgery and may require further investigation or treatment. If it persists it is best managed surgically, up to and including removal of the painful testes (sperm producing glands).

- **Swelling:** About 1 in every 100 patients having this procedure develop a haematoma or large bruise to the scrotum, which can make the scrotum swell alarmingly, sometimes to the size of a grapefruit. This is rare, but not surprisingly causes pain and distress. If a large haematoma develops, a second procedure may be required to evacuate the blood clot causing it. The swelling takes about a month to resolve.
- You may also have read that having a vasectomy can increase the risk of getting prostate cancer but there is no convincing evidence for this.

What do I need to do before my surgery?

It is important that you attend your pre-operation appointment.

This may be a “walk-in” appointment which takes place on the day of your outpatient appointment. Alternatively, you may be notified by post of the date of an appointment for around two to four weeks before your surgery. At this appointment we will assess your suitability for a general or local anaesthetic. If you do not attend this appointment, we may have to cancel your surgery.

If you have children or care for an adult, please arrange for someone else to help you with this after your surgery. If you think this will be a problem, please contact us before your procedure.

How can I prepare for a vasectomy?

Bath / Shower: You should bath or shower before coming for the procedure.

Scrotal shaving: **Do not shave the scrotum** before your procedure as this can increase the risk of infection.

Underwear: Wear tight brief type underpants on the day of the procedure, not boxer shorts.

Medication: If you are taking any antiplatelet medicines (such as Aspirin or Clopidogrel) or anticoagulant medicines (such as warfarin or Rivaroxaban), then you may need to stop them temporarily before the procedure.

Giving my consent (permission)

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves.

What happens during the operation?

Your **No-scalpel vasectomy** will be carried out under local anaesthetic. After administering the local anaesthetic injection at the site of the operation, the doctor will feel for the vas deferens underneath the skin of your scrotum and then hold them in place before a special instrument is used to make a tiny puncture hole in the skin of the scrotum. A small pair of forceps is used to open up the hole, allowing the surgeon to access the vas deferens without needing to cut the skin with a scalpel. The tubes are then closed in the same way as in a conventional vasectomy, either by being tied or sealed.

During a no-scalpel vasectomy, there will be little bleeding and no stitches. The procedure is less painful and less likely to cause complications than a conventional vasectomy.

Will I feel any pain?

Vasectomy is not a painful procedure but you may feel some mild discomfort. You will feel the discomfort of the needle going in followed by a brief stinging sensation as the local anaesthetic works for a few seconds before the area becomes numb.

This can feel like a 'bee sting'. After this you should not feel anything sharp or painful, but you will feel some sensations from the scrotum associated with moving the testicles. The area may feel a little bruised but painkillers you can buy from your local chemist (such as Paracetamol or Ibuprofen) will be enough to relieve this. Always check that the pain killers will not react with any other medication you are taking and follow the instructions on the packet. Ask your pharmacist if you are unsure.

What happens after the procedure?

You should be able to go home within an hour after the operation.

What do I need to do after I go home?

Immediately after the procedure you should rest for 24 hours and avoid any strenuous activity and heavy lifting for one week.

The wounds should be kept dry for 24 hours. You may then shower and dab the area dry. Do not have a bath for 48 hours and avoid swimming for one week.

All stitches used are dissolvable but can take up to four weeks to disappear.

You can have sex when you feel comfortable but we recommend waiting a couple of days for the wounds to heal.

Remember you must use another method of contraception until you are informed that the operation has been successful.

How will I know if the operation has been successful?

You will not be sterile straight away as there will still be some sperm left in the tubes. For this reason you will be asked to provide two semen analysis tests at 12 and 14 weeks after the procedure. **Two clear** results will confirm whether the operation has been successful.

You should obtain the results from your GP.

If you do not have clear semen tests at 12 and 14 weeks, you may be asked to provide further specimens after a further 2 weeks

You must continue to use an alternative form of contraception until you have been given the all clear.

When can I return to work?

If you work in an office, you should take at least two to three days off after your operation. If your job involves manual labour, we would recommend that you do not work for a week after your operation.

You should not play any sports for two weeks after the operation.

Your GP can give you a medical certificate (Fit Note) if needed.

**The Harbour Medical Practice
Community Vasectomy Service
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