

Procedure information

Vasectomy

What is a vasectomy?

A vasectomy is an operation to make a man sterile.

This is achieved by cutting your vas deferens, which is the tube which carries sperm from your testicles to your prostate where it is mixed with semen.

What are the benefits of a vasectomy?

Vasectomy is a good option for you if you want to have sex with minimal chance of your partner getting pregnant.

Vasectomy is a permanent form of birth control and is a good option if you and your partner have finished your family or don't want to have children.

Vasectomy is more reliable than many other types of birth control, including condoms, the oral contraceptive pill, and intrauterine devices.

Vasectomy is safer than surgical sterilisation for women (tubal ligation).

Vasectomy will not change your libido (sex drive), erections, orgasm, ejaculation, or testosterone levels. You will not notice any change in the amount of semen you produce when you ejaculate.

What does a vasectomy involve?

Vasectomy can be performed with a local anaesthetic (numbing injection) or a general anaesthetic (completely asleep).

Vasectomy under local anaesthetic can be performed in our office in Brisbane city. Vasectomy under a general anaesthetic is performed as a day surgery in a hospital.

Vasectomy usually takes 20 to 30 minutes.

We make one or two small incisions in the scrotum (1). We cut your *vas deferens* (2) and seal one or both cut ends with stitches and/or cautery (3). We close the incisions with glue or dissolvable stitches (4).

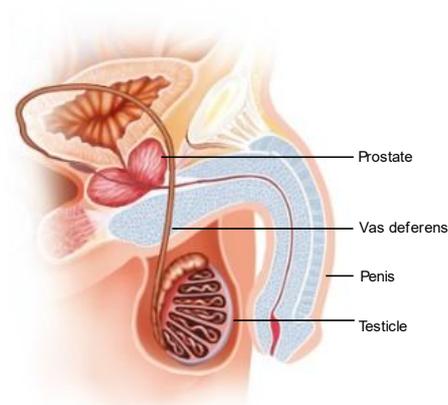
We can perform minor variations to the standard vasectomy technique, including:

- Scalpel free vasectomy.
- Open ended vasectomy.

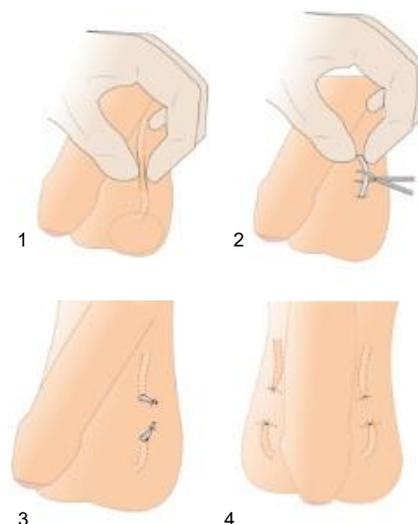
We will discuss the best approach with you before your procedure.

What is the recovery after a vasectomy?

You will have mild pain/aching in your scrotum for around 1 week after your vasectomy. This can usually be managed with over the counter pain relief.



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You can drive once you can safely perform an emergency stop (slam your foot on the brake). If you have a general anaesthetic, you can't drive for at least 24 hours.

You can return to sedentary work 1 to 3 days after your vasectomy. You can return to physical work approximately 1 week after your vasectomy.

You can return to vigorous physical activity (eg. running) approximately 2 weeks after your vasectomy.

When can you have sex after vasectomy?

You can't ejaculate for one week after your vasectomy. After one week, you can have sex if you feel comfortable, but you will still need to use contraception.

You won't be sterile for at least three to four months after your vasectomy.

You need to have a semen analysis three to four months after your vasectomy to confirm you are sterile.

You need to continue using contraception until a semen analysis confirms that you are sterile.

Sometimes there are still sperm in your first semen analysis. If this happens the test will need to be repeated until there are no sperm seen.

Vasectomy doesn't protect you against sexually transmitted infections (STI) such as Chlamydia, Gonorrhoea and HIV. If you are at risk of getting an STI you need to continue using condoms.

How successful is vasectomy?

There is a 1/100 chance of the cut ends of your *vas deferens* re-joining within a few months of the operation. If this happens your vasectomy will have failed and will need to be repeated.

There is a 1/2000 chance of unintended pregnancy due to the cut ends of your *vas deferens* re-joining months to years after your vasectomy, even if no sperm is seen on your semen analysis.

Is vasectomy reversible?

Vasectomy can be reversed, but a vasectomy reversal can be invasive, expensive, and is not always successful.

You should only have a vasectomy if you and your partner are certain that you have finished your family or don't want to have children.

What are the risks of a vasectomy?

The risks of this procedure include (but are not limited to):

Occasional risks (1/10 to 1/50):

- Infection in the wound(s), within your scrotum, or rarely a blood stream infection (sepsis), requiring antibiotics or another operation/procedure to correct.

Rare risks (1/50 to 1/250):

- Bleeding in your scrotum, causing pain and swelling, sometimes requiring another operation to correct.
- Inability to pass urine after your vasectomy (urinary retention) requiring insertion of a catheter.
- Developing small, tender lumps at the cut ends of your *vas deferens* (*sperm granuloma* or *stitch granuloma*).
- Developing a collection of fluid around your testicle (*hydrocoele*).

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- Chronic pain in your scrotum or pain with ejaculation.

Very rare risks (<1/250):

- Decrease in the size or function of one or both testicles (*testicular atrophy*).

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

The alternatives to having a vasectomy include:

- Using the rhythm method or withdrawal. Both are an unreliable form of birth control.
- Using barrier contraception eg. condoms, a diaphragm.
- Your partner using hormonal contraception eg. the oral contraceptive pill, a vaginal ring, depot injection or implant.
- Your partner having surgical sterilisation (tubal ligation).

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.