



## **INFORMATION SHEET**

### **Vasectomy**

This is a safe and simple male sterilization procedure that is highly effective (over 99 percent). It is a minimally invasive and simple procedure, usually performed under local anaesthetic. It should be considered a permanent procedure.

A vasectomy surgically blocks the vas deferens, preventing sperm from becoming part of the seminal fluid that leaves the body during sexual climax or ejaculation. With this sperm channel blocked, the man becomes sterile and can no longer father a child.

Overall, vasectomy provides extremely effective contraception, with a safe and quick procedure. The vast majority of men have no complications and find no change in erections, ejaculation, orgasm or sexual pleasure.

#### **Before the Procedure**

It is important you understand your doctor's explanation of this procedure, the financial consent and the information provided on this sheet.

No fasting is required for the procedure.

Wear a pair of supportive underpants.

The effects of the local anaesthetic will remain for approximately one hour after your operation and it is preferable that you arrange to have someone drive you home.

You have been given the necessary theatre pre-admission documentation to be returned in the enclosed envelope prior to your surgery.

Your doctor will have discussed the need for time off work.

Do not take aspirin or anti-inflammatory medication for 7 days prior to your vasectomy. This will reduce the amount of bleeding and bruising post-operatively.

The procedure usually takes 15-30 minutes.

#### **During the Procedure**

You will be asked to lie on the examination table. The procedure will be explained to you by the nurse, who will remain with you throughout the procedure.

The procedure site may be shaved and then you will be washed with an antiseptic solution.

Sterile drapes will be placed to guard against infection.

Local anaesthetic will be administered and a small incision or puncture made in the scrotum.

Either the right or left vas is then lifted through this opening. A section of the vas is cut and removed. The two ends of the vas are then heat sealed (diathermy/cautery) or tied before being returned to the scrotum.

The procedure for the opposite side is then repeated.

A small dissolvable suture will then be placed in the incisional site.

### **After the Procedure**

**In the event of an emergency, please contact the practice on 08 82231472 between 9am and 5pm or telephone your doctor after hours (number in the telephone book).**

Go directly home and rest; elevate your feet. Plan to stay off your feet as much as you can for two days.

Any discomfort is usually mild, but paracetamol, or paracetamol with codeine can be taken (2 tablets, 4 hourly if required). Do not take Aspirin or products containing Aspirin.

Apply an ice pack (or frozen peas) wrapped in a wet towel to the scrotum for 20 minutes on and 40 minutes off for the remainder of the day.

After 48 hours local soreness is helped by resting and applying a hot pack to the area, 20 minutes on and 20 minutes off.

Wear supportive underpants.

Keep your wound clean and dry until the next day when you may shower, drying the wound thoroughly and carefully.

Your sutures should dissolve in 7-10 days but if you have concerns please telephone the practice and speak to one of our nursing staff.

A sick certificate will be issued if required.

Sexual activity may be resumed when you are comfortable. Contraception is to be continued until your sperm test is clear.

As part of our quality programme a courtesy call will be made to you in about two weeks' time to assess your progress.

### **SEMEN TESTS**

You will be given pathology forms and containers for your semen test. Three months and a minimum of 20 ejaculations after your surgery, please take the specimen and request form to the pathology laboratory within 2 hours of production.

It is your responsibility to ring the practice for your result one week after submitting the specimen. You will receive further instructions should another specimen be required.

A letter confirming a clear test will be posted to you. If you do not receive this letter please telephone the practice.

**You are not clear to discontinue the use of other forms of contraception until you have been formally advised that you have achieved a zero semen analysis at least three months following surgery.**

Twenty percent of patients may need to complete more than one test.

Semen analysis results will not be given out to patients if there is an outstanding account.

### **Feedback**

If you have any comments on our service, please forward in writing to 326 South Tce or via email to:

mail@sturology.com.au.

This information is of value to us for use in our ongoing quality improvement programme.

## **RISKS AND COMPLICATIONS**

Any surgical procedure carries some risk, but vasectomy is considered to be low-risk and complications are uncommon. It should be considered a permanent form of birth control and it should be remembered that it does not protect against sexually transmitted diseases.

**Bleeding** – this may occur and lead to bruising and swelling of the scrotal skin and/or penis. Rarely bleeding inside the scrotum can cause marked swelling and haematoma. Usually this settles with rest and time.

**Infection** – this can occur in up to 5 percent of all cases. This is characterized by a wound which is red and may discharge. Antibiotics may be required to settle such an infection.

**Post-operative Pain** – some degree of scrotal pain or ache is normal following a vasectomy and simple analgesics may be required. This should settle after approximately one week.

**Sperm Granulomas** – a small lump may develop at the cut end of the vas. These lumps may persist and are usually not painful. If you are comfortable there is no reason for concern.

**Failure** – pregnancy can occur if a man fails to abstain from sex or use alternative contraception until one clear semen test has been achieved. **There is a 1 in 2000 chance that the cut vas will spontaneously re-join, following a negative semen test.**

**Persistent Sperm** – rarely a negative semen test will not be achieved due to persistent sperm. If this occurs, a second vasectomy will be required.

**Cancer** – vasectomies have been extensively researched over many years and there is no evidence to suggest an increased risk of prostate or testicular cancer.

**Scrotal/Testicular Pain** – up to 5 percent of men may experience scrotal pain as a long-term problem. Rarely this will require further medical or surgical treatment.

**Epididymitis** – uncommon condition that involves the larger tube behind the testicle becoming inflamed and swollen. May require antibiotics or anti-inflammatory.

**Antisperm Antibodies** – sperm, which are no longer released, but absorbed by the body, may attract antibodies. These cause no problems unless a vasectomy reversal is completed. They may then cause poor sperm function.

**Sexual Difficulties** – Most men and their partners who undergo vasectomy express greater enjoyment of sex after the procedure. Rarely, a man may experience sexual problems which should usually be considered psychological, or emotionally related.

**Allergic Reaction** – extremely rare as a reaction to the local anaesthetic, some men may experience itching or hives.