

Patient information

Vasectomy

Urology Department

You have requested a vasectomy. This leaflet explains what to expect when you have a vasectomy.

What is a vasectomy?

A vasectomy is removal of a small amount of the vas from both sides of the scrotum. The vas is the tube that carries semen from the testicles to the penis.

Why would I be having this done?

You have requested this as a permanent method of contraception.

What are the benefits of this procedure?

It is a very effective permanent method of contraception.

Before you have this procedure you must understand the following facts:

- **Vasectomy is an irreversible procedure in the NHS.**
- Vasectomy does not work straight away. Some sperm may remain in the vasa for several months after the procedure. It is essential that you continue using your current method of contraception until you have been told it is safe to stop doing so.
- You must provide two samples of ejaculate two weeks apart and wait for the written confirmation of the results of these before stopping your normal form of contraception.
- Vasectomy has a failure rate. This may be early or late. Early failure means that sperm will continue to be present in the semen. In these cases the procedure may need to be repeated.
- The late failure rate is due to re-joining of the vas after a period of time. This results in a return of fertility and may result in pregnancy. It occurs in about one in 2000 men.

What are the risks of having a vasectomy?

Most procedure have possible side effects, although the complications listed below are well recognised most patients do not suffer any problems.

Common (greater than one in ten)

- A small amount of bruising and scrotal swelling for several days
- Seepage of a small amount of clear yellow fluid several days later.
- Blood in the semen for the first few ejaculations.
- The procedure should be regarded as irreversible. Although vasectomy may be reversed, this is not always effective in restoring fertility, especially if more than seven years have lapsed since the vasectomy.
- Sufficient specimens of semen must be produced after the operation until they show no motile sperm are present in two consecutive semen samples.
- Contraception must be continued until no motile sperms are present in two consecutive semen samples.
- Chronic testicular pain (10 to 30%) or sperm granuloma (tender nodule at the site of surgery).

Occasional (between one in ten and one in fifty)

- Significant bleeding or bruising requiring further surgery.
- Inflammation or infection of the testes or epididymis needing antibiotic treatment.

Rare (less than one in fifty)

- Early failure of the procedure to produce sterility (one in 250 to 500).
- Re-joining of vas ends, after negative sperm counts, resulting in fertility and pregnancy at a later stage (one in 4000).
- No evidence that vasectomy caused any long term health risks (e.g. testicular cancer, prostate cancer).

Hospital Acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium Difficile bowel infection (0.01% - 1 in 10,000).

Are there any alternative treatments available?

There are many other forms of contraception both male and female.

Vasectomy should be regarded as an **irreversible** procedure. If you have any doubt about whether it is the right option for you, you should not go ahead with the operation.

Under normal circumstances, vasectomy is not appropriate during pregnancy or within the first six months after the birth of a child.

What anaesthetic will I be given?

You may be given general anaesthetic, or local anaesthetic. General anaesthesia is drug-induced unconsciousness.

It is always provided by an anaesthetist, who is a doctor with specialist training. Local anaesthesia is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used.

Unfortunately, both local and general anaesthesia can cause side effects and complications. With general anaesthesia side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

For more information, please ask for a copy of the leaflet “You and Your Anaesthetic” (PIF 344).

How do I prepare for the procedure?

- A vasectomy is normally carried out as a day case procedure.
- A short time before your procedure you will be asked to attend the preoperative assessment clinic where you will be seen by a specialist nurse who will assess your general health and book any investigations you may need before attending theatre.
- These can include blood samples, urine samples, a chest x-ray or an ECG (heart tracing).
- You will be given instructions regarding when to stop eating and drinking before the procedure.
- You should take your usual medication unless instructed otherwise.
- You should make sure you have some painkillers at home before you come to hospital.
- If you are taking any tablets to thin the blood such as Warfarin, Aspirin or Clopidogrel it is important that you let the doctor or nurse know because they may need to be stopped for several days before the operation can be done.

What does the operation involve?

The operation involves one or two cuts in the scrotum. The vas is identified. A piece of the vas is removed. The ends of the vas are tied. The skin is closed with dissolving stitches.

What should I expect after my operation?

- After your operation has finished, you will stay in theatre in the recovery suite until you are fully recovered from the anaesthetic, and the anaesthetist is happy for you to return to the ward.
- The nursing staff will ask you at intervals whether you have passed urine. This is quite a normal question after any operation.
- A nurse will check your pulse, blood pressure, breathing and wound regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

If you have had a General Anaesthetic

The nursing staff will also advise you when you can start taking sips of water.

Anaesthetics can make some people sick.

If you feel sick we advise you not to drink until this feeling has passed.

The nursing staff may offer an injection to help this sick feeling go away.

When will I be able to go home?

If you have had a General Anaesthetic:

- You must have had something to eat and drink.
- You must have passed urine.
- The nursing staff must be satisfied with your wound.
- You must have someone to take you home.
- You should not be left alone overnight.

For next 24 hours you must not

- Travel alone
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle
- Operate machinery (including domestic appliances such as a kettle)
- Climb ladders
- Make important decisions, sign any business or legal documents
- Drink alcohol
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.

- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

If you have had a Local Anaesthetic:

- You must have had something to eat and drink.
- You must have passed urine.
- The nursing staff must be satisfied with your wound.

What can I expect after the operation when I get home?

- Bruising of the scrotum is common for seven to ten days after the procedure.
- You should take things very easy for the first ten days after the procedure. Heavy lifting or straining during this time risks causing bleeding to restart.
- Pain can be relieved with paracetamol and wearing supportive underpants may ease some discomfort, (we can supply scrotal supports).
- You may have a dressing applied to the wound but often this is not necessary.
- You can take a short shower from the evening after the operation. You can take a bath from 48 hours after the operation. You should not use any soap or other toiletries just warm water. You can add salt to the bath if you wish.
- Do not apply any creams, talcum powder or medication to the wound as they may trap bacteria and could cause infection.
- The stitches are self-dissolving and do not have to be removed. If they persist for more than three weeks and the wound is healed, you can ask your practice nurse to remove them.

When can I go back to work?

You should plan to have between five days and two weeks off work. This will depend on the type of work you do.

What will happen after I am discharged?

You will not need an outpatient appointment, but if you have any problems you are advised to contact your family doctor (GP) or the Emergency Department (A&E).

When can I stop using my current method of contraception?

The Royal Women's Hospital will contact you about a month after your discharge from hospital. They will send you all the necessary information you need to provide two separate semen samples.

You must provide these semen samples as instructed and wait for written confirmation of the results before stopping using your current method of contraception. You must aim to ejaculate at least 12 times before the first sample is provided.

Warning: Unless you have written confirmation from your consultant stating that you are clear of sperm there is still a risk that you are fertile.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

**For appointment enquiries please telephone the Urology Centre on
For general queries about 0151 282 6809
Text phone number: 18001 0151 282 6809**

For clinical questions specific to your case, telephone the secretary of your Urology Consultant.

**Author: Urology Department
Review date: February 2024**

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