

Edith Cavell Hospital and Stamford Hospital Day Surgery Units

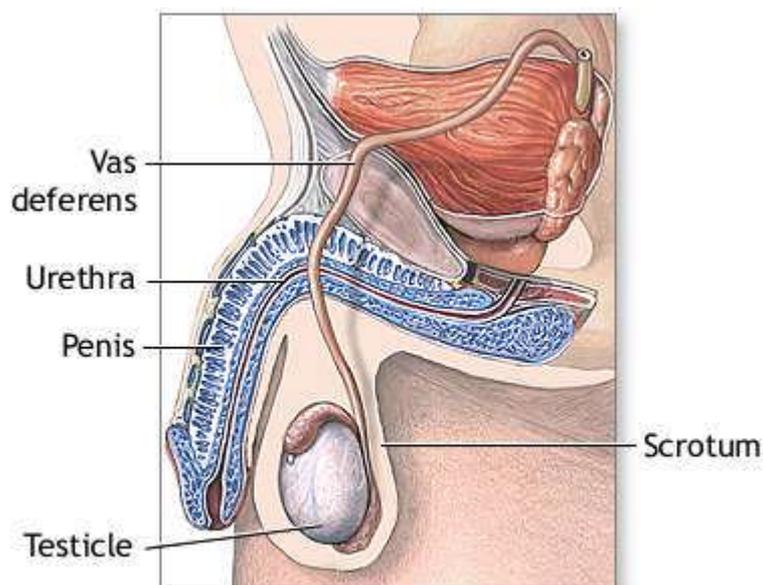
Vasectomy Patient Information Leaflet

Some information about your Vasectomy

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. If you want to know more, please ask.

What exactly is a Vasectomy?

First of all, the vas is the name of the tube that carries the sperm from each testicle, up into the groin and then deep inside the body to the base of the penis.



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A vasectomy means that a piece of the vas on each side is taken out just above each testicle and the ends are tied off. The sperm cannot pass into the penis, so you will no longer be fertile. But you will still make fluid at intercourse.

Is it reliable?

Yes, once the vas tubing has cleared itself of sperms (which may take several weeks) the operation is very reliable. However, in spite of all surgical efforts, pregnancies do occur in about 1 in 2000 men after vasectomy. This is because the vas tubes may re-join at some time after the vasectomy has been performed.

This is a very low chance and is lower than the chance of pregnancy when the contraceptive pill is used, lower than the 1 in 500 chance of pregnancy after female sterilisation, and much lower than when the sheath, coil or diaphragm are used.

Can it be reversed?

Yes, the cut ends can be joined up again but it cannot be guaranteed that sperms will find their way into the semen fluid - that is you may not become fertile again after an operation to reverse a vasectomy.

It is therefore best to have a vasectomy on the understanding that it is not reversible.

YOU NEED TO DECIDE THAT COME WHAT MAY YOU DO NOT WANT MORE CHILDREN.

Do not make a hasty decision about vasectomy as it may be permanent.

Are there any alternatives?

Most of the other ways of contraception are not permanent, for example, a condom, coil, the pill, and the long-term female injection treatment. Less proven ways include the day after contraceptive pill and the contraceptive pill for men.

Clipping the tubes in the female is not as reliable as a vasectomy and needs a general anaesthetic.

Removal of the womb in the female is clearly a permanent solution. You should think about this if your partner has, for instance, fibroids and heavy periods.

Are there any side effects?

The testicles still make sex hormones, so that you still grow a beard, have the same abilities at sex, do not put on weight and will not change your voice.

You will still make fluid at intercourse after vasectomy because this fluid is made further down the tubing than the tied off part of the vas.

The operation appears free from long term side effects.

Before your admission

You will need to shave the scrotum the evening before admission. This will be checked on the day of admission.

Please ensure that you have arranged transport home before you come to the Day Surgery Unit. Someone must escort you home. YOU MUST NOT DRIVE YOURSELF HOME.

Instructions prior to admission

Please bring a dressing gown and slippers. It is advisable to wear loose fitting trousers rather than tight jeans. We will need to know your waist size so that we can supply you with the correct size of scrotal support.

Day of admission

Please report to the Day Surgery Unit receptionist. The ward is an open plan design. Men and women are sometimes placed in the same bay but there are curtains for privacy.

Hospital parking is limited and visitors are not permitted onto the ward area. When you are ready to be discharged the ward staff will contact your escort – they can park in the Day Surgery parking area and can come up to the Unit to collect you.

Please ensure that you arrive promptly. If you are late it causes delays with theatre times. Your appointment is not your operation time; there will be a wait between your admission time and having your procedure.

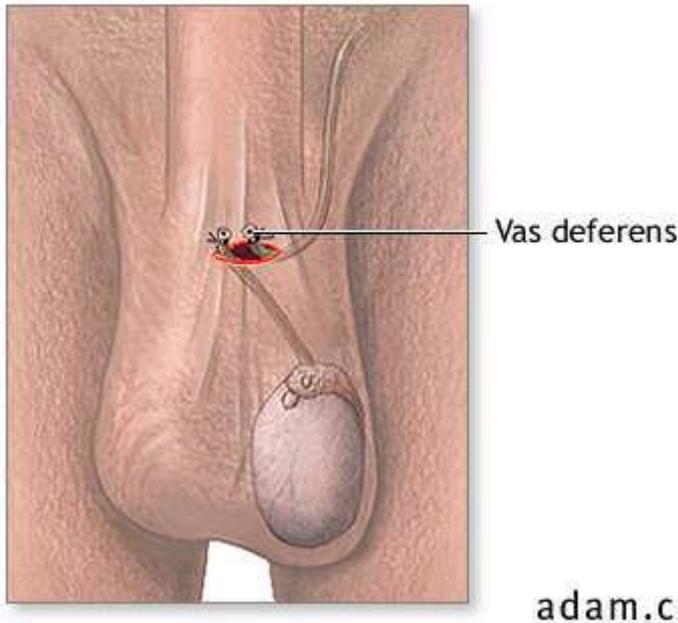
Prior to your operation

Just before you go into the theatre you will be asked to change into a hospital gown, dressing gown, and slippers. A member of staff will escort you to theatre where theatre staff will take over your care.

What is the operation like?

The procedure is almost always performed under a local anaesthetic - you have the skin of the scrotum numbed with an injection of local anaesthetic just as a dentist numbs a tooth.

A 1/2" cut is made in the front of the scrotum and the operation is done in 20 minutes. There are dissolving stitches in the cut.



You can expect to feel some pushing and pulling, but it is less uncomfortable than having a tooth filled.

You do not need to starve beforehand and you can go home straight away afterwards – you should not drive yourself home and need to arrange for transport home.

You should wear Y front or slip underpants, but not boxer shorts.

After the operation

You will come back to the bay and will be sat in a recliner chair with your feet elevated to minimise swelling. You will be offered a drink and will need to stay on the bay for approximately 1 hour. You will be discharged once you have been able to pass urine.

Information on Discharge

After local anaesthetic you will not have any discomfort for an hour or two, so that is a good time to get home. Take aspirin or paracetamol if you feel discomfort coming on. It is not severe. Take things quietly for 48 hours.

On the next day you may feel sore. You can take off the dressings and wash or shower. You will have spare dressings to cover the wound. Use underpants to hold them on.

On the third day you may notice black bruising in the skin. This fades away in a day or two.

After a week the wound has settled almost completely and the stitches will have dissolved out.

If, once you are home, you develop any of the following symptoms:

- **High temperature**
- **Excessive blood loss from the wounds**
- **Redness around, or discharge from, your wounds**
- **Pain which is not relieved by your painkillers**

You should contact the day surgery unit up until 7pm on the day of your admission. After this time please contact your GP or NHS Direct/Peterborough HNS Walk in Centre on 01733 293800

What about the sperm tests?

You need to have sperm counts done 12 and 16 weeks after your operation to test that the semen is clear of sperms.

Straight after your vasectomy you will be given dated specimen pots and forms.

On each appointed day you should produce a specimen by masturbation directly into the pot. You should not have intercourse for three days prior to collection of the specimen.

Bring the pot, plus the form, within 2 hours to the reception desk of the Pathology Department in the hospital. Please arrange to bring the pot between 8.45 a.m. and 12.00 midday.

If the dates turn out to be unsuitable you can do the test on a later date, but make sure that you alter the dates on the forms and the containers to match.

- If both of the semen tests are clear of sperms we will write to you and confirm that you are sterile. Once we have done this you can abandon other forms of contraception BUT until we have proven you are sterile you **MUST** use some other form of reliable contraception
- If **EITHER** of the semen tests shows presence of sperms then we will not be able to confirm that you are sterile at this point. You will need to produce one further sample of semen for analysis at **28 weeks** after the original operation date.
 - If this later sample is free of sperms then we will confirm in writing that you are sterile
 - Even if this later sample contains a few sperms it may be possible for your consultant to give you “special clearance” so that you can abandon other forms of contraception
- **You must be aware that even if we are able to declare that you are sterile, on the basis of the semen test results, there is a 1 in 2000 chance of “late failure” of vasectomy. This means that pregnancies can result even after**

vasectomy and therefore that vasectomy is not a perfect or “foolproof” procedure

What about passing urine?

The operation does not upset passing urine. The urine will not sting or get bloody.

What about work?

You must be prepared to have 48 hours of complete rest at home after the operation to minimise the risk of bruising.

What about sport?

It is sensible to avoid sports for a week or two.

What about sex?

You can start again as soon as the wound is comfortable. That is after about a week.

Remember that you are still **fertile** until the sperm tests are clear. Carry on with a contraceptive until you get the go ahead from the Consultant.

Are there any risks?

There is always a swelling about the size of a marble on each side due to the internal stitches and minor bleeding. This settles down in a week or two.

Perhaps 1 in 100 men notice bleeding which causes swelling bigger than marble size or which comes through the dressings. If this happens (it will be in the first 12 hours), get surgical help immediately. This will be available.

Sometimes the stitches do not drop out in a week. If this happens they can be nipped out easily.

Very rarely there is some pain and discharge due to infection 4 or 5 days after operation. This responds to antibiotics.

Even more rarely swellings appear 4 to 6 weeks after operation on each side where the internal stitches have been. These can be removed if necessary.

Minor twinges may be felt for several weeks.

General advice

You MUST be aware of the following advice:

- The aim of the operation is to make you incapable of further parenthood by causing sterility. Whilst vasectomy reversal is sometimes possible it is not guaranteed to be successful and you must therefore be certain that you do not want any more children.
- We perform semen tests at 12 and 16 weeks to determine if the sperms have gone from the semen. Until you receive written confirmation that you are sterile you MUST use other contraception to avoid pregnancy
- There is a 1/2000 of late failure of vasectomy. This means that vasectomy is not perfect and that your partner could (in theory if not in practice) become pregnant
- There is a 5-10% chance of scrotal aches which may persist after vasectomy.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

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