

## Vasectomy Reversal: FAQ



### What is a vasectomy reversal?

A vasectomy reversal is an operation to re-join the vasa (the tubes from the testes) in a man who wishes to attempt further pregnancies after a vasectomy.

A small number of men who have a vasectomy (about 6% in Australia) want the operation reversed at some point in the future. Vasectomy reversal (vaso-vasostomy) is a surgical operation to re-join the two ends of the vas on both sides, to re-establish the passage for sperm.

### How is vasectomy reversal performed?

The operation is performed under general anaesthetic, with the aid of a powerful operating microscope. A cut is made in the scrotum and the cut ends of the vasa are identified. Scar tissue is removed and the ends are joined together with very fine sutures. The procedure takes 2-3 hours, and can be done as a day case procedure.

### Who performs vasectomy

#### reversal?

Vasectomy reversal is most often performed by urologists. A microsurgical approach is the most common, using a powerful operating microscope that gives a magnified view to assist with accurate re-approximation of the ends of the vas, to allow sperm to flow again.

### Can all vasectomies be reversed?

Most vasectomies can be reversed, but there are some technical issues that may make this more difficult, or in some cases not possible. If the ends of the vas were widely separated at the time of vasectomy (if a long section of vas was removed) then the distance between the ends may be so long that they cannot be rejoined. Mostly, this can be determined by a clinical examination before, but occasionally this is only discovered at the time of surgery.

It is important to remember that successful reversal (joining the 2 ends) does not necessarily mean pregnancy will follow; there are other factors to consider such as time since vasectomy, and the age and fertility status of the female partner.

## Is male age a factor in conceiving after a vasectomy reversal?

For men, age is not such an important factor in fertility as it is for women. Most men will continue to produce sperm into their later years. The time from vasectomy to vasectomy reversal is an important factor, and will be discussed with you.

## What is the success rate of vasectomy reversal?

The success rate of vasectomy reversal is measured as 'patency'. Patency is restored if sperm reappear in the ejaculate (measured by semen analysis). Patency is dependent on a number of factors, including the length of time since vasectomy, the distance left between the ends of the vas at the time of vasectomy (a larger distance can mean a technically more difficult vasectomy reversal with lower chance of success), and the degree of scar tissue around the vasa.

However, the true measure of success after vasectomy reversal is pregnancy. The longer the time since vasectomy, the lower the quality of sperm, and the lower the pregnancy rate. A major factor, irrespective of all the others, is the fertility status of the man's partner.

These issues need careful consideration, and will be discussed at length by your urologist.

The table below is included to give you an idea of the patency and pregnancy rates that can occur after vasectomy reversal. These are figures from a very large number of vasectomy reversals reported in the Journal of Urology, and do not indicate exact chances of individual success of vasectomy reversal. Many different factors dictate the success rate of vasectomy reversal, and these are not taken into account in these figures.

Time from vasectomy to reversal	% of men with sperm present	% Pregnancy
Less than 3 years	96%	75%
3-8 years	87%	53%
9-14 years	78%	44%
More than 15 years	71%	30%

Reference: Belker AM, Thomas AJ, Fuchs EF, et al. Results of 1,469 microsurgical vasectomy reversals by the Vasovasostomy Study Group. J Urol 1991;145:507

Please note that patency and pregnancy may not be achieved after this operation, despite the best efforts of your surgeon.



## Is female age a factor in conceiving after a vasectomy reversal?

The age and fertility status of the female partner is a major factor in determining pregnancy after vasectomy reversal, and this will be discussed with you and your partner.



If the age of your female partner is a factor, it may be worth considering referral to a gynaecologist before you undergo vasectomy reversal. Tests can be done to see if your partner is still ovulating.

## What are the alternatives to vasectomy reversal?

You may have heard about the techniques of in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI). This is a technique that aims to produce pregnancy by fertilising your partner's egg(s) with your sperm outside the body, and then implanting the fertilized egg back into your partner. IVF/ICSI requires more complex and invasive treatments than vasectomy reversal.

If you undergo IVF/ICSI, some of your sperm will be extracted from the testis or epididymis. This can damage the sperm transport system in the testis or epididymis, and can make any future attempt at vasectomy reversal unsuccessful. However, previous vasectomy reversal does not change your ability to undergo IVF/ICSI.

Other things that you should consider when deciding between vasectomy reversal or IVF/ICSI include cost, years since vasectomy, age of your female partner, and potential complications of each approach.

## If a vasectomy reversal fails, should I consider a repeat reversal?

There are two reasons that a vasectomy reversal may fail to produce sperm in the semen. The first is a technical failure, which means the ends of the vas tubes were not joined together successfully. If there is sufficient length, then a repeat vasectomy reversal may be a possibility.

The second reason for failure is that there was an unrecognized blockage in the end of the tube nearest the testicle. If this is the case, then a vasoepididymostomy may be required. This is a complicated procedure with a lower success rate. You will need to carefully discuss this with your surgeon before going ahead with a repeat procedure.

## After a vasectomy reversal

Your scrotum will be numb for few hours afterwards. You are advised to rest and apply cold packs to the area for 24 hours afterwards, and to wear snug underwear (a jockstrap or boxers) for a few days. It is normal to have some swelling and minor discomfort for several days. Unless your work is strenuous, you will be able to return to work in 1 or 2 days, but avoid heavy lifting for 21 days. Likewise, it is best to avoid sexual intercourse for a few weeks.

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

Risks of the anaesthetic need to be discussed with the anaesthetist who will be looking after you during the operation, and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

## Common

- Swelling of the scrotum lasting that may last for several days
- Discomfort requiring pain tablets

## Rare

- Possible infection of the incision requiring antibiotics or another operation to drain the infection.
- Long-term pain in the testicle or scrotum
- Formation of a sperm granuloma at the site of the new join. This is noticed as a lump, and is rarely problematic.

## Very rare

- Bleeding causing a collection of blood in the scrotum, which resolves slowly or requires another operation to drain it.

If you have marked swelling or pain, or develop a fever, please contact the practice, or go to your nearest emergency department.

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## Do you have a question about Vasectomy Reversal?

If you have a question regarding Vasectomy Reversal and you would like more information, please fill out the form below, or [contact Nick Brook Urology](#) on Adelaide (08) 8267 1424.

Ask Dr Nick Brook a question regarding Vasectomy Reversal.

Name \*

Email \*

Question \*

Please click on the phone \*



Submit

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**Disclaimer**

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

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