



For Appointments Call: 08 8267 1424

## Vasectomy

### What is a vasectomy?

A vasectomy is a permanent method of birth control. It is relatively easily performed, and is a very effective method of birth control. Most cases can be done in the urologist's office, but if you have had previous surgery on the scrotum (which can make the procedure slightly more complex), it can be performed as a short general anaesthetic procedure.

You should only have a vasectomy if you are sure you have completed your family and do not wish to have further children.



### Are there any other options for birth control?

Most men who enquire about vasectomy have a clear idea with their partner that this is what they want. Vasectomy is an excellent option for permanent birth control with excellent safety, but it is important that you and your partner have thought about things carefully and are aware of the other options.

A good resource for information can be found here:

[http://www.betterhealth.vic.gov.au/bhcv2/bharticles.nsf/pages/Contraception\\_choices\\_explained](http://www.betterhealth.vic.gov.au/bhcv2/bharticles.nsf/pages/Contraception_choices_explained)

## What are the advantages of vasectomy?

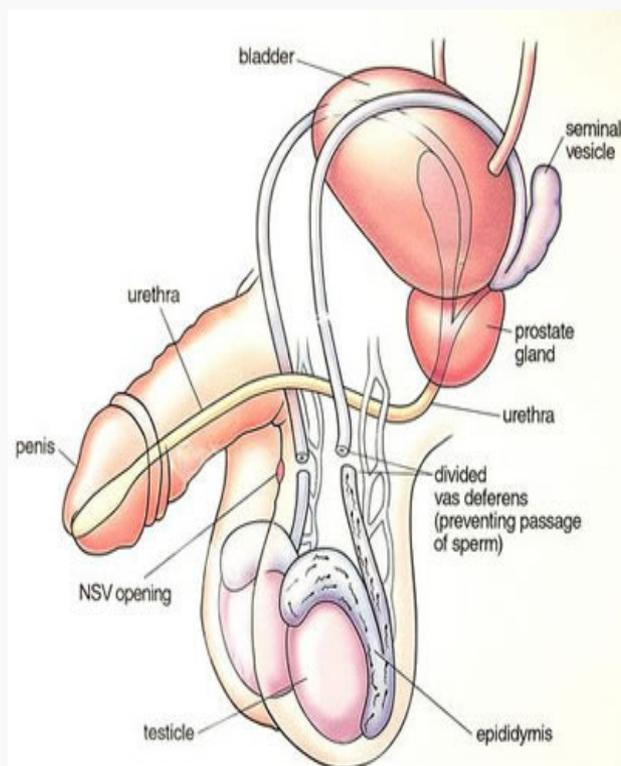
- One time, relatively inexpensive procedure
- More dependable than other methods of contraception
- Less invasive and less risk than female sterilization
- Vasectomy eliminates the need for female partner to take oral contraceptives
- Freedom from need to think about contraception

## Does vasectomy affect orgasm, erections or male hormones?

There is no effect on your erections, orgasm or testosterone levels. You will not notice a reduction in the volume of the ejaculate, as the sperm contribute a tiny amount of the total volume of the ejaculate.

## Does vasectomy offer protection against sexually transmitted disease?

There is no protection against this provided by vasectomy, and men need to continue to take precautions against STDs.



## How is No Scalpel Vasectomy performed?

We use the No Scalpel Vasectomy technique, which utilises two specialised instruments, and results in just one very small incision. Your scrotum is cleaned with an antiseptic, and local anaesthetic is injected into the scrotal skin. Usually one small incision is made, through which both left and right vas tubes (sperm tubes) are brought out. Each vas is divided. One end is tied back on itself with a non-absorbable suture. The other end is buried in a separate layer with an absorbable stitch ends. The vasa are then replaced inside the scrotum. Usually, no stitch in the skin is needed, but if used, it is absorbable and therefore does not have to be removed.

The procedure takes about 20 to 30 minutes and can be done in an office or clinic.

## After a vasectomy

Your scrotum will be numb for a couple of hours afterwards. As this wears off, you will feel a little sore. You are advised to rest and apply cold packs to the area for 24 hours afterwards, and to wear snug underwear (tight 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 7 days. Likewise, it is best to avoid sexual intercourse for a week.

## Special note on birth control after vasectomy

It is still possible to get your partner pregnant after a vasectomy, until your sperm analysis has gone to zero. You should therefore continue to use other methods of birth control until your urologist has indicated that it is safe to stop using other methods. Most men go back to the urologist's rooms to have their sperm count checked.

## What does the procedure involve?

When you turn up for your vasectomy, Nick will talk to you again and run through any further questions you have. You will sign the consent form.

You will be asked to remove shoes, socks, trousers and underwear, and lie on the couch.

The scrotum and surrounding area are cleaned with an antiseptic solution, and a sterile drape is placed over the area. A small amount of local anaesthetic is injected into the skin of the scrotum; this stings for a few seconds then goes numb.

After that local has worked, another injection of local anaesthetic is given to each vas tube, right and left. This feels uncomfortable for about 10 to 15 seconds – typically men report a mild aching feeling or pressure in the testicle and groin, which then passes.

Once this local anaesthetic has worked, you should feel no discomfort for the rest of the procedure. A very small single puncture hole is made in the skin. Each vas is brought through this hole in turn and divided. One side of the tube is tied, and the other is buried with sutures in a different tissue layer.

There is occasionally a pulling sensation when the vas is being manipulated, and sometimes a mild ache in the testis.

The important thing to remember is that if you do feel discomfort, tell the surgeon – it is easy to give more local anaesthetic.

The procedure takes 20 to 30 minutes. You lie flat for a few minutes afterwards, then can sit up and get dressed, and are free to leave after you have collected your paperwork. You can drive yourself home.

## Potential side effects and complications of vasectomy

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.

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 that may last for several days
- Discomfort requiring pain tablets

### Rare

- Possible infection of the incision requiring antibiotics
- Long-term pain in the testicle or scrotum
- Formation of a sperm granuloma at the cut end of the vas. This is noticed as a lump, and is rarely problematic. Very occasionally, a further procedure is required to remove this.

- Painful inflammation of the epididymis (the tubes behind the testis).

## Very rare

- Bleeding causing a collection of blood in the scrotum, which resolves slowly or requires another operation to drain it.
- Infection requiring another procedure to drain the infection.
- Unwanted pregnancy, (1-2 per 1000 in the first year). These are mostly due to failure to use another method of birth control until the sperm count has gone to zero. However, there is a 3-4 per 200,000 rate of the two ends of the vas re-joining over time, resulting in pregnancy.

## What to do on the day of your vasectomy:

- Shave the scrotal area on the day of your vasectomy, not before. The main area that needs to be clean shaved is the front scrotal skin. Please also trim all hair at the base of the penis. No hair should be seen at the front of scrotum.
- Wear firm underwear (boxers) for support after the vasectomy.
- Please let the doctor know if you have taken any medications that may lead to increase bleeding (aspirin, ibuprofen, non-steroidal anti-inflammatories, fish oil, Plavix (clopidogrel), warfarin, dabigatran, apixaban) in the 7 days prior to your vasectomy, or if you have a bleeding disorder. A list of medicines that you should not take for 7 days before and 7 days afterwards is provided at the end of this document

## Post-vasectomy instructions:

No Scalpel Vasectomy is a local anaesthetic procedure. You will be able to drive yourself home.

Follow-up semen analysis is arranged, and it is very important that you follow these instructions closely (see below).

Routine office-visit follow up is not arranged, but if you feel you need to be seen for a problem, please call the Office on 08 8267 1424 and an appointment will be made at your convenience.

## When you first get home (first 24 hours)

- Lie down for 12-24 hours as much as possible.
- Expect some mild pain, mild swelling/bruising of the scrotum and possible slight fluid leak from the site of the puncture. You may see a small amount of blood from the skin puncture site. A gauze pad may be applied to the scrotum if there is any leakage. This drainage is minimal, may continue for several days and is normal.
- For pain, take paracetamol, but avoid any medications with aspirin, ibuprofen or other non-steroidal anti-inflammatories for 5 days. A list of these medications to avoid was provided to you prior to your vasectomy.
- Wear 2 pairs of supportive underwear (boxers) and apply ice packs (frozen peas work well) between the 2 layers for as long as you can. It is advisable to have 2 packets of frozen peas, one in the freezer, and one applied to your boxers, and when one has defrosted, swap it for the one in the freezer. This reduces the possibility of swelling and bruising.
- You may shower but don't take a bath or swim for 2 days.

## 24 hours to 1 week after your vasectomy

- Rest as much as possible for the first 48 hours after your vasectomy.

- Plan to take a day off work after the vasectomy, but if you must, you can return to work as long as it does not involve anything strenuous.
- It is normal to have a small amount of bruising or swelling in the first week, and this will slowly disappear over a couple of weeks.
- Continue to take paracetamol as needed (read instructions, no more than 4g of paracetamol in 24 hours).
- Do not use powder, cream or gel on the scrotal region.
- Do not lift anything heavy (a guide is nothing heavier than a 6-pack of drink), or undertake strenuous exercise for 10 days after procedure.
- Usually, the opening from No Scalpel Vasectomy is very small and sutures are generally not required. Sometimes a suture is used, and this dissolves on its own over 3-4 weeks.
- Avoid sexual intercourse for 7 days.

## 1 week to 12 weeks

When you resume sexual activity, you must continue to use a form of contraception until you are told (by Nick Brook) that there are no sperm in your ejaculate.

After the procedure, you will be given a sample pot and request form for a semen sample. Do not do this sample until at least 12 weeks after your vasectomy and after at least 20 ejaculations to clear any remaining sperm from the vas tubes. THESE SPERM CAN CAUSE PREGNANCY IF YOU DO NOT USE OTHER FORMS OF CONTRACEPTION.

When you do the sample, please ensure that there is no more than a 2-hour delay between doing the sample, and delivering it to the pathology lab.

We will receive the semen analysis results and contact you to give you clearance to stop using other forms of contraception. If any sperm are present on this sample, additional checks will be necessary.

## If you think you there is a problem after your vasectomy

Complications are very rare but if you experience severe pain, excessive bleeding or drainage, excessive swelling or redness, pus-like discharge, foul odour or a fever, please call the Office on 08 8267 1424 in-hours. If out of hours and if it is an emergency, there is a number to call on the office answer machine. If you are unable to get through for some reason, please present to your nearest emergency department.

## Can a vasectomy be reversed?

As mentioned above, you should only undergo vasectomy if you are sure you do not want any further children. Nonetheless, a small number of men who have had a vasectomy decide later in life that they would like further children. The most common reason for this is a change in partner. Vasectomy reversal can be undertaken, but it is a delicate and difficult operation, requiring general anaesthetic. More details of this operation can be found here [www.nickbrookurology.com/vasectomy-reversal](http://www.nickbrookurology.com/vasectomy-reversal)

## Medicines that must be stopped 7 days before and after vasectomy

Any medicines containing:		
Aspirin	Ibuprofen	Naproxen – esomeprazole
Celecoxib	Indomethacin	Naproxen sodium
Codeine-Ibuprofen	Ketoprofen	Paracetamol - ibuprofen

Diclofenac potassium	Ketorlac trometamol	Parecoxib sodium
Diclofenic sodium	Mefenamic acid	Piroxicam
Etoricoxib	Meloxicam	Sulindac
Ibuprofen - codeine	Naproxen	Tiaprofenic acid

Any medicines with the following tradenames:		
Aspalgin	Celebrex	Naprosyn
Aspirin	Codis	Naproxyn
Aspro	Codox	Orthoxico
Aspro Clear	Cordral	Percoden
Astrix	Decrin	Rhusal
Brufen	Disprin	Solcode
Bex Powder	Doloxene	Solprin
Bi-prin	Ecotrin	Solusal
Bufferin	Feldene	Spren
Buprofen	Fenac	SRA
Cardiprin	Fiorinal	Sugram
Cartia	Mycodin	Veganin
Code-co	Mobic	Morphalgin
Codiphen	Nurofen	Voltaren
Winsprin		

**Any of these other medicines that increase bleeding – you must tell Nick Brook if you are on these medicines before your vasectomy, but DO NOT STOP THEM without talking to your GP or cardiologist.**

- warfarin
- apixaban
- dabigatran
- rivaroxaban

Please also note that many cold and 'flu medicines contain aspirin / anti-inflammatories. Please discuss with your pharmacist, and do not take these 7 days either side of a vasectomy.

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