

Vasectomy

What is a vasectomy?

A vasectomy is a procedure that makes a man sterile. When a vasectomy is done, the two tubes that carry sperm from the testes to the penis are cut and blocked. (These tubes are called the vas deferens, or vas.) A few months after the vasectomy, the semen (the fluid that is ejaculated during sex) no longer contains sperm.

There is no change in a man's ability to have an erection and sexual intercourse after the procedure. The only difference is that there are no sperm in the semen to cause pregnancy.

When is it used?

A vasectomy is one of the most effective and safest forms of birth control. It is done only when a man asks for it, and it should be considered only when a man wants to be **permanently** sterile. Vasectomy can sometimes be reversed, but the reversal procedure is very costly and it is not always successful.

An alternative is to try other forms of birth control. You should ask your healthcare provider about the choices.

How do I prepare for a vasectomy?

The most important preparation is thinking carefully about the decision to become sterile. Remember that it is essentially a permanent decision. You should talk with your partner about this and make absolutely certain that you do not want to have any more children.

Follow the instructions provided by your healthcare provider. Your provider may prescribe a medicine that you can take before the procedure to help you relax. Be sure to ask about this. Also ask your provider about the time needed for recovery after the procedure.

What happens during the procedure?

The vasectomy is done in an outpatient clinic or in the healthcare provider's office. It usually takes 15 to 20 minutes.

First, the doctor numbs each side of the scrotum with a local anesthetic.

One way to do the procedure involves making 1 or 2 small cuts in the skin of the scrotum. The doctor pulls each vas through the opening and cuts the vas. A small section of each vas may be removed. The two ends of each vas are sealed shut in one of several ways. For example, a stitch, cautery (burning with a hot wire or electrical current), or a metal clip may be used. The doctor then puts each vas back in the scrotum and closes the cuts in the scrotum with stitches.

Another way to do a vasectomy is called a no-scalpel vasectomy. The doctor feels for the vas under the skin of the scrotum and holds it in place with a small clamp. Then the doctor uses a special instrument to make a tiny puncture in the skin and stretch the opening so the vas can be cut and tied. This approach produces very little bleeding. The punctures heal quickly by themselves, so no stitches may be needed.

What happens after the procedure?

You may go home after the procedure is completed. There may be some pain in your groin for 3 or 4 days after the operation. Some blood or yellow liquid may ooze from the cuts on the outside. The area around the cuts may swell a bit and turn black and blue.

The first 48 hours after the procedure are crucial to healing. Generally, a man will feel very good the day after the procedure, but that does **not** mean it is time to go back to normal activities. Resuming normal activities too soon is likely to cause internal bleeding and lots of pain. Ask your provider what he or she recommends.

Your provider may advise the following ways to care for yourself after the procedure:

- Put an ice bag or package of frozen peas on the bandage over the scrotum after the procedure. Leave the ice on the area for 30 minutes and then take it off for 30 minutes. Do this off and on for at least 24 hours.
- Rest at home for at least 2 days.
- Avoid all heavy lifting for at least 1 week.
- Wear a jockstrap or tight-fitting underwear to support the scrotum (testicles) and help reduce discomfort.
- Take a pain reliever, such as acetaminophen or ibuprofen, for any pain after the procedure. Your provider may prescribe a stronger pain medicine if it is needed.
- Go back to work as soon as you are able, usually within a few days.

You may have sex again as soon as you feel able, usually about a week after the procedure. For 2 to 4 months use other birth control methods during sexual intercourse, until your semen test is sperm-free. It takes an average of 15 ejaculations for all the sperm to be flushed out of the vas tubes. Ask your healthcare provider what other steps you should take and when you should come back for a checkup and semen tests.

What are the benefits of this procedure?

- Vasectomy is a very reliable method of birth control.
- There are no pills to take or devices to insert for birth control.

What are the risks associated with this procedure?

- Local anesthesia may not numb the area quite enough and some minor discomfort may be felt when the cuts are made. Also, in rare cases, people have an allergic reaction to the drug used in this type of anesthesia.
- The tissue next to the testes may become swollen.
- There may be bleeding in the scrotum.
- There is a chance that months or years after the operation sperm may again appear in the semen and possibly cause a woman to become pregnant. This is why it is important to check at least 2 semen samples at your provider's lab to ensure that no sperm are present. Until the lab confirms that there are no sperm, you must continue to use some other form of birth control.
- You may have infection or bleeding.
- Rarely, chronic pain in one or both testicles can occur. Unfortunately, if this complication occurs, it is usually hard to fix.

You should ask your healthcare provider about these risks.

When should I call the healthcare provider?

Call the provider right away if:

- A fever develops.
- It is difficult to urinate.
- There is excessive swelling in the testes.
- You keep having bleeding from the wound area.

Call the provider during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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