

Vasectomy

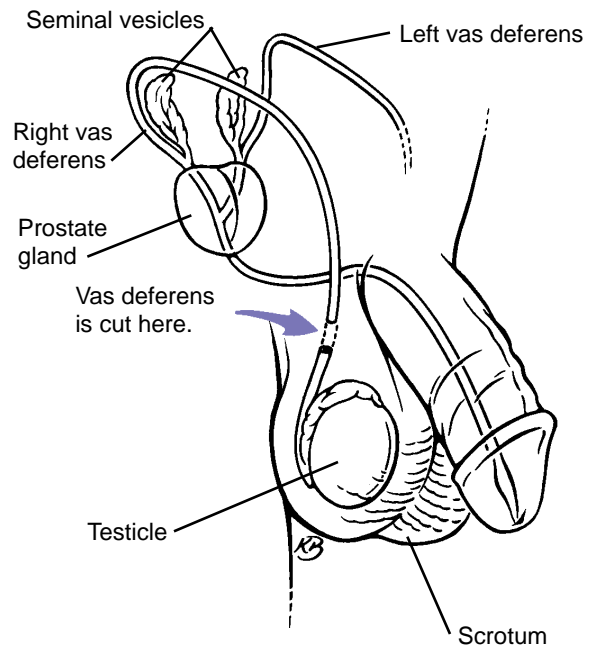
What to expect from a vasectomy

What is a vasectomy?

A vasectomy is an operation that makes a man permanently unable to get a woman pregnant.

Sperm are made in the *testicles*. The sperm from each testicle normally travel through a tube, called the *vas deferens*, and mix with *seminal fluid*, which is made by the *seminal vesicles*, and *prostate fluid*, which is made by the *prostate gland*. The sperm, seminal fluid and prostate fluid make up the semen. During ejaculation (“coming”), the semen goes through the penis and outside the body.

A vasectomy involves cutting the vas deferens on each side so that sperm can no longer get into the semen.



How is a vasectomy done?

A vasectomy is usually done in your doctor’s office or in an outpatient surgery center. The operation takes about half an hour. You’ll be awake during the procedure. Your doctor will give you a local anesthetic to numb your *scrotum* (the sac of skin that holds your testicles).

After you’re numb, your doctor will cut a small opening on one side of your scrotum and pull out part of the vas deferens on that side. You may feel some tugging and pulling. A very small section of the vas deferens is removed. The ends of the vas deferens where the section has been taken will be sealed by stitching them shut, by searing them shut with heat, or by using another method. Your doctor will then do the same thing on the other side.

Your doctor will close the two openings in your scrotum with stitches. After three to 10 days, the stitches will disappear by themselves.

A new type of vasectomy, called the *no-scalpel vasectomy*, involves working through a very small puncture (a hole) in the scrotum. The puncture is so small that it heals without stitches. This type of vasectomy is becoming more common.

How effective is vasectomy in preventing pregnancy?

Vasectomy may be the safest, most effective kind of birth control. Only about 15 out of 10,000 couples get pregnant the first year after a vasectomy. This is a better result than any other type of birth control besides not having sex.

Are there any reasons I shouldn't have a vasectomy?

Don't have a vasectomy unless you're sure you don't want to have children in the future. Your doctor will probably talk to you to make sure you understand this. Other reasons you may need to wait to have a vasectomy or may not be able to have one include having an infection on or around your genitals or having a bleeding disorder.

Some vasectomies can be undone, or "reversed," but the surgery is expensive and must be performed in a hospital. Even though most men can ejaculate sperm after the reversal surgery, the sperm are often not able to fertilize an egg. The likelihood of pregnancy declines the longer you wait to have the vasectomy reversed. Most men who decide to reverse a vasectomy do so because they get remarried and change their minds about having children.

How can I prepare for the operation?

On the day of the operation, bring a jockstrap (an athletic supporter) with you and make sure your genital area is clean. Your doctor will probably give you instructions on how to clean the area before you come in. This may require cleaning the area with a special solution for 10 minutes. This may help prevent infections.

Your doctor may suggest that you and your spouse sign a release and that you have someone drive you home after surgery.

If you like, you can bring a radio and headphone set with you to help you relax during the operation. Check with your doctor to make sure this is okay.

What can I expect after the operation?

Right after the operation, your doctor will have you lie down for a couple of hours with an ice pack placed on your scrotum.

You may have some bruising in the area of the surgery. The bruises should slowly lighten and be gone in about two weeks. You should feel back to normal within a couple of weeks. To speed healing, follow the tips in the box on page 3.

Tips for taking care of yourself after a vasectomy

- For the first eight hours after the operation, rest with your legs elevated or lie on your back. Raise your testicles slightly by putting a rolled-up washcloth under your scrotum. Place an ice pack rolled in another towel on top of your scrotum. Keep your jockstrap on and place the ice pack outside of it.
- Keep the area dry for 24 hours.
- Take it easy for a couple of days. Use an ice pack when resting.
- Avoid strenuous activity, including heavy lifting, for a week.
- Wear a jockstrap or tight underwear for the first few days or as long as needed to ease the dragging feeling.
- Avoid having sex or ejaculating for the first week after the operation.
- Use another type of birth control until your doctor tells you that your semen is clear of sperm.

Is it okay to take medicine?

Avoid taking aspirin, ibuprofen (Advil, Medipren, Motrin, Nuprin), ketoprofen (Actron, Orudis) or naproxen (Aleve) two weeks before or after the operation. All of these can thin your blood and cause bleeding. Try acetaminophen (Datril, Panadol, Tylenol) to relieve pain.

When can I go back to work?

If you have a desk job, expect to return to work after a couple of days. If you do physical labor, or walk or drive a lot, talk with your doctor about when you can go back to work.

Will the vasectomy work right away?

No. You'll need to ejaculate as many as 15 to 20 times before the sperm will be cleared from both the vas deferens. For that reason, keep using some form of birth control. Your doctor will ask you to bring in samples of your ejaculation after the operation. Only after you have two sperm-free samples will you be considered unable to get a woman pregnant. This may take three months or longer.

What are the risks of a vasectomy?

Problems that might occur after your vasectomy include bleeding, infection and a usually mild inflammatory type of reaction to sperm that may have gotten loose during the surgery (called *sperm granuloma*). Call your doctor if you notice any of the signs in the box below.

Another risk is that the two ends of the vas deferens may find a way to create a new path to one another. This doesn't occur very often. But if it does occur, sperm can get into your semen, and you'll be able to cause a pregnancy.

Vasectomies don't raise the risk of heart disease. They may be associated with a higher risk of prostate cancer. But this added risk of prostate cancer is very small. Your doctor may recommend that you be checked for prostate cancer periodically. This may be more important if you have a blood relative who has had prostate cancer. Talk with your doctor about how often you should be checked.



Call your doctor if

- You have a fever.
- You have swelling that won't go down or keeps getting worse.
- You have trouble urinating.
- You can feel a marble-sized lump forming in your scrotum.
- You have bleeding from an incision that doesn't stop even after you've pinched the site between two gauze pads for 10 minutes.

What happens to the sperm and testicles?

Once sperm can't get through the vas deferens, your testicles will begin making fewer sperm. Your body will absorb the sperm that are made. But your testicles will keep making *testosterone*, a male sex hormone, just as they did before the vasectomy.

Will a vasectomy affect my sex life?

After you have healed from the vasectomy, your sex life shouldn't change at all. You'll still ejaculate almost the same amount of semen as you did before, and you won't notice a change in your sex drive. In fact, some men report having an even stronger sex drive because they no longer have to worry about pregnancy.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.



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