VASECTOMY

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.

http://rb.gy/zf69k

KEY POINTS

- Vasectomy is the most effective method of male sterilisation
- It should always be regarded as "irreversible"
- You will not be sterile immediately, but will need to continue alternative contraception until you have been given the "all-clear" from your post-operative semen tests after at least 12 weeks and 20 ejaculations
- Late failure, due to the ends joining themselves back together, occurs in 1 in 2000 men
- There is no evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer)
- Troublesome chronic testicular pain severe enough to affect day-to-day activities in up to 5%

What does this procedure involve?

Vasectomy is the most effective method of male sterilisation. It involves removal of a small section of vas from both sides with insertion of tissue between the divided ends to stop them re-joining.

What are the alternatives?

- **Other forms of contraception** – both male and female

You should regard vasectomy as an "irreversible" procedure. If you have any doubt about whether it is the right option for you, you should not go

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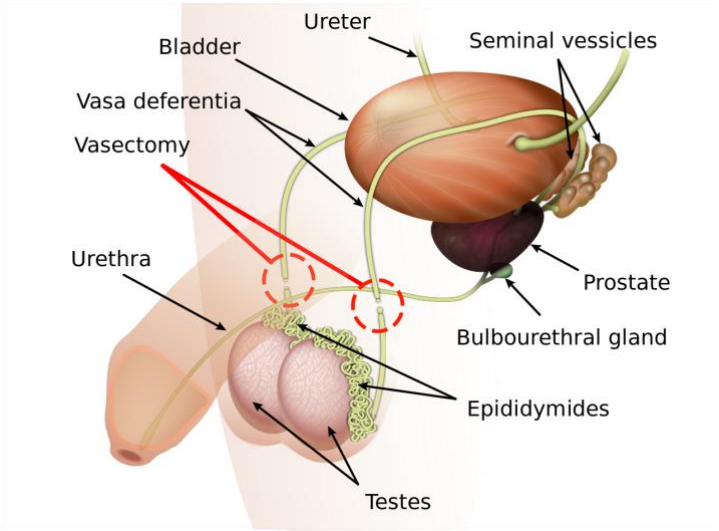
ahead. Under normal circumstances, vasectomy is not appropriate during pregnancy or within the first six months after the birth of a child.

Vasectomy is **NOT** recommended in men who have not had any children.

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.



If you are scheduled to have your vasectomy under general anaesthetic, an anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We usually provide you with a pair of TED stockings to wear. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- If your tubes are difficult to feel, or if you have issues with injections and/or a low pain threshold, we normally recommend a general anaesthetic
- local anaesthetic causes some discomfort when injected and is like a “bee sting”
- you will need two injections of local anaesthetic, one on each side
- once this has worked, your skin will be numb and you will not feel anything sharp or painful; you will still feel sensations of touch, hot and cold
- when the surgeon picks up each tube in turn, you may get a little discomfort; this can make you feel light-headed, sweaty and slightly sick but subsides very quickly

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- we use absorbable stitches to close the scrotal skin which disappear within two to three weeks

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have listed some important but very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Mild bruising and scrotal swelling with seepage of clear yellow fluid from the wound after a few days	Almost all patients
Blood in your semen the first few times you ejaculate	Between 1 in 2 & 1 in 10 patients
Troublesome chronic testicular pain which can be severe enough to affect day-to-day activities	Up to 1 in 20 patients
Significant bruising and scrotal swelling requiring surgical drainage	Between 1 in 10 & 1 in 50 patients
Epididymo-orchitis (infection or inflammation of your testicle)	Between 1 in 10 & 1 in 50 patients
Early failure (post-operative semen analysis shows persistent motile sperms) so that you are not sterile	1 in 250 patients
Late failure (re-joining of the ends of the tubes after initial negative sperm counts) resulting in fertility & pregnancy at a later stage	1 in 2000 patients

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What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- the local anaesthetic will wear off after four to six hours
- it is advisable to take simple painkillers such as paracetamol, before the local anaesthetic wears off, to help keep discomfort at bay
- we usually provide you with a scrotal support ("jock strap") to make the post-operative period more comfortable. If you find this difficult to wear, you can use tight, supportive underwear or cycling shorts
- it is advisable to take some simple painkillers such as paracetamol or ibuprofen to help any discomfort in the first few days
- you may find ice packs helpful to reduce pain and swelling in the first few days after surgery (but do not apply them directly to your skin)
- if your bruising, swelling or pain is getting progressively worse, day-by-day, you should contact your surgical team for advice
- your stitches do not need to be removed and usually disappear after two to three weeks, although this may sometimes take slightly longer
- try to avoid any heavy lifting or strenuous exertion for the first few weeks
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- we will give you information about your follow-up appointments and post-vasectomy sperm counts

Am I sterile straight after my vasectomy?

No, you are not.

It is essential that you understand you are **not** sterile immediately after the operation. This is because some sperms have already passed beyond the

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site where the tubes are tied off. These sperms need to be cleared by normal ejaculation. On average, you will need 20 to 30 ejaculations to clear them

IMPORTANT INFORMATION ABOUT SPERM COUNTS

At least 12 weeks after your vasectomy, you will be asked to produce a specimen of semen for examination under a microscope. Please read the instructions for producing and delivering the specimen very carefully.

If no sperms are present, you will be given the "all-clear" that you are sterile. If your sample still contains a few sperms, you will be asked to produce a further sample a few weeks later to ensure that you are clear.

More details about your post-operative fertility tests are available in the information leaflet about post-vasectomy sperm counts on the BAUS website.

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

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- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

If you are having a local anaesthetic, stopping smoking will have no effect on this procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

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- the Royal National Institute for Blind People (RNIB);
- the Patient Information Forum; and
- the Plain English Campaign.

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.

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