

Vasectomy

Single biggest cause of litigation in UK. Careful counselling required:

Discuss

With partner if at all possible:

- ? Completed family
- ? Considered other alternatives
- ? Partner aware

Irreversibility on NHS

Examine

Scrotum for palpable vasa

If difficult to palpate or re-do procedure perform under GA utilising midline raphe incision

Benefits

Simple procedure

May be performed under LA/GA

Most reliable method of contraception

Risks

Anaesthetic complications

Infection

Bleeding

Haematoma

Irreversible on NHS

Failure rate

Early Failure to become azoospermic (technical/early recanalisation). Rate 1:200

Late Reappearance of sperm after negative SAV (semenalysis after vasectomy)

Requirement for additional contraception until negative SAV

Persistent pain syndromes 10% (approximately 1% severe)

Techniques

Multiple techniques employed

Evidence base to support diathermy to cut ends and fascial interposition

Timing of SAV

Disappearance of sperm from semenalysis related to number of ejaculates - emptying sperm from seminal vesicles. Guidance contradictory and confusing:

1. WHO recommend single SAV at 12 weeks or at least 15 ejaculates.
2. British association of Andrology (2002) recommend 2 azoospermic samples for clearance
 - #1 @ 16 weeks (assuming 24 ejaculates)
 - #2 @ 18-20 weeks
3. Leicester Andrology Guidelines (Bodiwala et al)
 - Single SAV at 18 weeks

Best study Griffin et al 2005 - >80% azoospermic rate at 12 weeks and after 20 ejaculates. 95% will be azoospermic 6 weeks later. Traditionally 2 semen samples required at 3months and 4months, but compliance reduces for

second specimen. Therefore current recommendations suggest a single SAV at 12 weeks, then further specimen for those not azoospermic at 18 weeks.

Special clearance

Br J Urol. 1990 Aug;66(2):211-2.

Related Articles, Links

The long-term outcome following "special clearance" after vasectomy.

Davies AH, Sharp RJ, Cranston D, Mitchell RG.

Elliot Smith Clinic, Churchill Hospital, Oxford.

Between 1980 and 1985, 6067 out-patient vasectomies were performed under local anaesthesia at the Elliot Smith Clinic in Oxford. During this period 151 men (2.5%) were given a "special clearance". This sanctioned the discontinuation of other forms of contraception despite the persistence of scanty (less than **10,000/ml**) **non-motile sperm in 2 consecutively examined semen samples at least 7 months after vasectomy** (assuming 28 weeks and 24 ejaculates). These men have been reviewed and further specimens of semen requested after a minimum follow-up of 3 years (range 3-8); 50 patients supplied a specimen and all except 1 were azoospermic. No pregnancies attributable to failure of the vasectomy have been identified.