**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**

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.