

## Vasectomy Information

### **Purpose of the operation**

The intent of this operation, known as bilateral partial vasectomy, is to render you sterile (i.e. unable to cause a pregnancy in a female partner.) You should also understand that there is only a remote possibility of reversing the state of infertility once achieved.

### **Nature of the operation**

The vas deferens are the tubes which conduct sperm from the testicles, and there is ordinarily one tube from each testicle. Bilateral partial vasectomy means dividing and closing each of these tubes and separating the severed ends. A segment may or may not be removed. The skin incisions in your scrotum may be closed with a suture material which will later dissolve as healing occurs.

### **Anesthesia for the operation**

The operation will be performed under local anesthesia. The skin of the scrotum and the nerves to the tube to be severed will be numbed by injection of the anesthetic and you will be fully conscious. At least one injection will be given on each side of the scrotum. Sometimes discomfort is experienced in the area of the groin and testicles.

### **After the operation**

You may expect some minor postoperative problems and occasionally some complications. The minor discomforts which frequently occur include: (1) black and blue marks on the scrotum, (2) swelling beneath the incisions, (3) tenderness around the incision sites and testicles or (4) a discharge from the edges of the skin incisions.

Some of the postoperative complications which can occur include:

- 1. Epididymitis:** Painful swelling of the tissues along side the testicles, which might include swelling of the testicles (epididymo-orchitis). The resolution of this inflammatory process, if it occurs, may take several weeks or longer.
- 2. Sperm Granuloma:** Persistent tender swelling beneath the skin incision above the testicle. This is commonly due to leakage of sperm from the severed ends of the tubes into the tissues causing an inflammatory reaction.
- 3. Hematoma:** Hemorrhage due to undetected bleeding into the scrotal sac. In this instance, the scrotum may become swollen and discolored, and may require a second incision to drain the accumulated blood.
- 4. Abscess:** Pus may form within the scrotum and require a second incision so it may be drained.
- 5. Recanalization:** The ends of the vas may rejoin themselves. If sperm are present in the semen later on, the operation would have to be redone.

### **Post vasectomy semen analysis instructions**

Semen must be delivered to our office within 24 hours of ejaculation (night before is okay). Semen older than 24 hours may be difficult to interpret. The first specimen should be brought in after 12 ejaculations and each specimen should be 2 weeks apart. You will need two consecutive negative specimens to be considered sterile. You should continue to use whatever contraception you and your partner are using until we tell you that you are sterile.

### **Failure of bilateral vasectomy**

You should understand that until you have had two consecutive negative sperm checks, you will continue to use other methods of contraceptions. The vasectomy will sometimes fail to produce sterility, and this occurs up to four percent of the time. Therefore, it is your responsibility to have your semen examined periodically, and understand that two negative semen checks are not an absolute guarantee against future pregnancies due to the remote possibility of recanalization.