

## *VASECTOMY: AN EFFECTIVE METHOD OF BIRTH CONTROL*

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### **What is a vasectomy?**

Vasectomy is a means of voluntary permanent contraception in men. It is a relatively minor procedure which involves the closing of a small tube on each side of the scrotum – the vas deferens- which carries the sperm. With local anesthesia, a tiny incision or puncture is made in each side of the scrotum so that the tube can be lifted out, tied off, and cut, thus blocking the passage of sperm. Neither the penis nor the testicle is involved. The testicle continues to form sperm which are then absorbed in the body.

### **Is vasectomy the same as castration?**

No. Castration involves the removal of the reproductive glands (the testicles). Vasectomy does not involve the removal of any glands or organs. It only closes the passageways which carry the sperm from the testicles.

### **Will vasectomy make a man impotent, prevent him from enjoying sex, or alter his manhood?**

No. Vasectomy does not change a man's ability to have an erection, orgasm, or full ejaculation. He will continue to enjoy sex as much as or more than before, since the fear of unwanted, accidental pregnancy is removed. The same amount of semen will be ejaculated as before the operation, but it contains no sperm. There is no change in the production of the male sex hormone.

### **Is vasectomy permanent?**

The operation is ordinarily performed as a permanent means of birth control and should not be considered unless the couple is certain they want no more children. It is true that the tube can be surgically rejoined with a variable degree of success, but even if successful, does not necessarily assure restoration of ability to have additional children.

### **Is birth control assured as soon as the vasectomy has been performed?**

No. A variable period of time is required after the operation for the sperm which are present beyond the point of blockage in the tube to be cleared from the system. For this reason it is necessary to submit a semen specimen at a designated time after the operation to determine that the sperm are no longer present. Until that report has been given, usual precautions for birth control must be continued.

### **Is vasectomy ever associated with any complication?**

Occasionally, the skin of the scrotum and possibly of the base of the penis may turn black and blue. This is not painful and lasts a few days and disappears without treatment. Occasionally, too, there may be mild pain or tenderness in the areas of the incision, with some swelling for a short time. Approximately 15-20% of men develop a small lump called a sperm granuloma at the vasectomy site. This is benign and usually not painful, although some patients have reported chronic pain associated with a sperm granuloma. Very rarely, a small blood vessel may escape into the scrotum and continue to bleed. Treatment would depend upon the degree of swelling, but might require hospitalization and general anesthetic to drain the blood clot. Rarely, epididymal inflammation and/or pain may onset after vasectomy. This is typically transient and self limited, but may be chronic. Less specific, generalized scrotal pain after vasectomy has also been reported. Finally, on very rare occasions the two ends of the vas deferens may reconnect and re-establish continuity of the vas deferens and fertility potential.

### **Will the resulting inability to have children cause later emotional conflict?**

If a man obtains vasectomy for valid reason, with full understanding of the nature of the operation, and without "pressure" from any source, the result usually is relief and peace of mind.

### **Are there any long-term complications?**

As far as medical science can determine at this time, there are no long-term complications associated with vasectomy. The results of a recent study suggest that there is no apparent association of coronary disease with prior vasectomy. A recent study by a group of psychologists showed a higher prevalence of prior vasectomy in men with a rare type of dementia; however, no studies proving causality between vasectomy and subsequent onset of this type of dementia have been published. Aside from sterilization, the only other known long-term side effect of the operation is that there may be a slight scar on each side of the scrotum where the incision is made.

### **When is vasectomy indicated?**

Vasectomy, as a means of birth control, is primarily indicated for the stable married couple who have decided that they do not want additional children.

### **How reliable is vasectomy?**

Vasectomy, or its counterpart in the female, commonly called tubal ligation, is the most reliable means of birth control known today.

### **Do the cut ends of the tube ever rejoin by themselves? In other words, what is the chance of failure of the operation of vasectomy?**

On rare occasions, the cut ends of the vas deferens may rejoin after the procedure. To reduce the chances that this may happen, a section of the vas is usually removed at the time of surgery sufficient to prevent their reconnection. Despite such a possibility, however, vasectomy is the safest, simplest and most permanent of all methods of preventing unwanted pregnancies.

### **WHAT TO DO IN PREPARING YOURSELF FOR VASECTOMY**

1. Make every effort to keep your appointment, since the time required for this procedure has been blocked out for you.
2. DO EAT and DRINK normally the day of the procedure. This procedure will be done under a local anesthetic, so there is no need to fast.
3. If you can, arrange to have someone drive you home from the office after the procedure.
4. At a drug store, purchase a large-size athletic supporter (Jock strap). Please bring this and a pair of sweat pants with you on the day of the procedure. Mesh support will be provided if you do not have an athletic supporter.
5. Do not take aspirin, ibuprofen, or any blood thinning products one week before or after your vasectomy. We recommend acetaminophen (Tylenol) be used if needed during this time.  
**FAILURE TO DO THIS COULD RESULT IN CANCELLATION OF YOUR SURGERY**

## **POST-PROCEDURE INSTRUCTIONS FOR VASECTOMY**

- An athletic supporter (the plastic cup is not necessary) or mesh support has been applied following the procedure. The purpose is to provide support to the testicles in an effort to prevent movement bruising and/or swelling as well as to keep the gauze dressing and ice packs in place over the surgical area. It is recommended that you keep the supporter on as much as possible until tomorrow at noon.
- Leave the gauze dressing on until tomorrow morning (if the dressing is in the way during urination, move it aside to urinate and replace accordingly). You may remove the dressing and supporter tomorrow at noon and shower. After the shower, wear briefs style underwear or the supporter.
- An ice pack should be applied to each side of the scrotum (over each surgical area) to help prevent bruising, swelling and discomfort. An ice pack should be worn as much as possible for the next 24-48 hours (you do not need to sleep with the ice packs).
- No ejaculation and/or intercourse for the next 7 days.

## **HOME CARE AFTER VASECTOMY**

1. Wear the scrotal suspensory or supporter until the morning after the vasectomy. Thereafter, you should wear briefs-style underwear or the supporter for at least one week.
2. Avoid strenuous physical exercise for seven days. You may perform all other normal duties. You may resume sexual activity as soon as you feel well enough to do so. Keep in mind that some patients may need more time to recover before resuming these activities. Also, please remember that you will not be sterile until sometime after the operation. Therefore you should continue to use some form of birth control until your doctor confirms that all sperm have disappeared from your semen on two separate, consecutive semen samples.
3. You may shower on the day following vasectomy and thereafter. You may apply soapy water gently to the scrotum to wash. Rinse and dry by blotting the skin, not rubbing.
4. All "stitches" will dissolve by themselves. They do not require removal. If a stitch comes away prematurely, the incision may open a little and possibly a small discharge from the wound or a slight amount of bleeding may develop. Do not worry about this – continue to bathe as before, and place a small gauze sponge inside the suspensory, which you are to wear until the incision dries up.
5. If you have pain or discomfort immediately after the vasectomy, we recommend acetaminophen (Tylenol). For more significant discomfort, you may take Vicodin, but do not concurrently take Tylenol and Vicodin, because this would result in over dosage of acetaminophen. Do not take aspirin or ibuprofen for one (1) week after your vasectomy. An ice bag will provide additional comfort after the local anesthetic wears off- if used for several hours.
6. A small amount of oozing of blood (enough to stain the dressing), some tenderness and mild swelling in the area of the incision are not unusual, and should subside by seventy-two hours. These should cause no alarm, but if there is an unusual amount of pain, a large swelling of the scrotum, or continuing free flow bleeding, feel free to call the doctor at any time. If for any reason you cannot reach your doctor, you may go to the Emergency Department at OHSU or your local Emergency Department.
7. You will need to bring a semen specimen to our office (produced by masturbation) in a clean, wide mouthed receptacle. This is to be done after at least 20 ejaculations. It is essential that you use some form of contraceptive until your semen analysis results confirm that you are sterile. There will be no charge for semen specimens.
8. Remember to continue usual contraceptive methods during intercourse until advised by the doctor that it is no longer necessary.