

Patient's Guide
To
Vasectomy &
Pre Operative Care

People consider a vasectomy when they are sure their family is complete.

It is one of the most effective forms of contraception. However, it is a decision that needs a lot of thought and it needs to be recognised that personal circumstances can change, (e.g. a tragedy to existing partner or children, or a new partner in the future). Reversal operations are not always successful; they are not usually available on the NHS and can be costly. Studies suggest that up to 7% of patients being sterilized later express regret, especially when there have been recent difficulties in the relationship with your partner.

Who can have a vasectomy?

Any man can have a vasectomy regardless of age, or whether they are married, single, divorced, widowed, and childless or have a family. If you have a permanent partner, their consent is not legally necessary. It is recommended however that your decision is discussed with her and that she agrees with it. You should be aware that if you are under 30 years old or not in a stable relationship, you are at a higher risk of regret and requesting a reversal in the future. It is also recommended that, if your partner is pregnant, you should consider waiting until the baby is born and at least 6-12 months old before having your vasectomy.

Special considerations if your partner is over 40

If your partner is in her 40s or above, you should also consider the menopause in your decision making. If your partner is nearing the age when her mother went through the menopause or if your partner has menopausal symptoms (reduced frequency of periods, hot flushes, etc) it may be that the vasectomy will not be needed for very long and thus the risks of the procedure may outweigh any benefit.

We are happy for a woman to abandon the need for contraception if she is over 50 and has not had a period in 1 year, or for women who are between 40 and 50 and have not had a period for 2 full years. When thinking about this, bear in mind that the vasectomy does not work immediately and there is at least a 4 month wait until your first test.

Additionally, if your partner were to consider HRT, the safest way of giving HRT is with a progesterone releasing coil that will not only help with menopausal symptoms (in conjunction with a tablet or patch) but will also provide effective contraception – so if your partner thinks she may use HRT please discuss your options more fully with your GP, or alternatively call us and request a phone consultation with one of our doctors.

How effective is a vasectomy?

A vasectomy is over 99.8% effective; currently 1 in 150 may fail initially if one of the tubes joins straight back after the operation (hence the requirement for a test at 4 months).

The operation is a lot easier than a female sterilisation, and more effective.

Failure can be due to one of two reasons:

1. Very rarely there can be an additional tube in one or both sides, in which case the post semen analysis test will be positive at the end of four months; or
2. The divided ends of one of the tubes can rejoin.

Even after the 'all clear' has been given a pregnancy can still occur many years later if micro-channels grow between the cut ends allowing live sperm to get through—this risk of pregnancy is about 1:2000

What are the alternatives to Vasectomy?

There is no 'male pill' yet. **However, it is essential that alternative forms of long-term contraception for your partner have been considered and discussed with your own GP.** These are called 'LARCs' and include hormonal implants, hormone injections and hormone (Mirena) coils. These are all very effective methods of contraception (risk of pregnancy is only about 1:1000), are 'reversible', can have benefits for many women with their periods, and have far fewer potentially serious/severe complications, (LARCs will not suit all women but can easily be stopped or removed if any side effects). Female sterilisation is not routinely available in Coventry, including the Essure device, where a metal implant is inserted into the end of each Fallopian Tube.

Am I suitable for a vasectomy?

Any man can have a vasectomy but some medical conditions (including severe obesity) may make the procedure more difficult. You must let your GP or surgeon know if you have had any infections or operations (including as a child) in the genital area (including hernias) and if you have any known abnormality of the urogenital system (e.g. kidneys, bladder).

If you are taking anticoagulant medication such as warfarin or dabigatran, anti-platelet medication such as aspirin or clopidogrel, any immune-suppressant medication, have a clotting disorder such as haemophilia, or have any allergies (eg. latex, local anaesthetic), you MUST ensure that the surgeon is informed at least 2 weeks before your appointment for your operation.

If you have diabetes, this should be under the best control that you can possibly achieve to minimize risk of post-operative complications

Complications of vasectomy

Important early complications that you should be aware of include in the first couple of weeks:

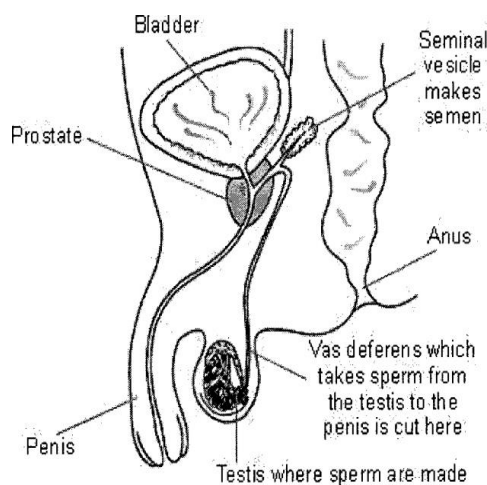
- Infection, swelling and excessive bruising (1-2%); there is usually little pain and only discomfort that usually settles within 7-10 days.
- Chronic post-vasectomy scrotal pain, sometimes occurring years later; it is rarely severe.
- Complications from any form of surgery can become severe enough to require further treatment, hospitalisation, surgery and/or affect long-term quality of life (1-2%)

Non-Scalpel/Minimally Invasive Vasectomy (NSV/MIV). How is it performed?

A small local anaesthetic injection is given to a small area of skin in the middle of the scrotum. This numbs the area to enable the surgeon to access the vas deferens on each side through a small cut (the vas deferens is a tube attached to the testis on either side; it transports the sperm to the penis.) With special instruments a small loop of the vas deferens on each side is brought outside the skin, cauterised and cut so the sperm can no longer pass through to the penis. Sperm are still made in the testes, but hit a "dead end", they then die and are dissolved.

The procedure should be almost painless, but some men experience some discomfort that can be felt like pressure or pinching.

Your wife/partner may be allowed to accompany you throughout the procedure if you wish. The operation itself takes about 15 minutes, after preparation, and you may be asked to wait and rest for about 20 minutes afterwards. You must not drive yourself home, and ideally, should be accompanied

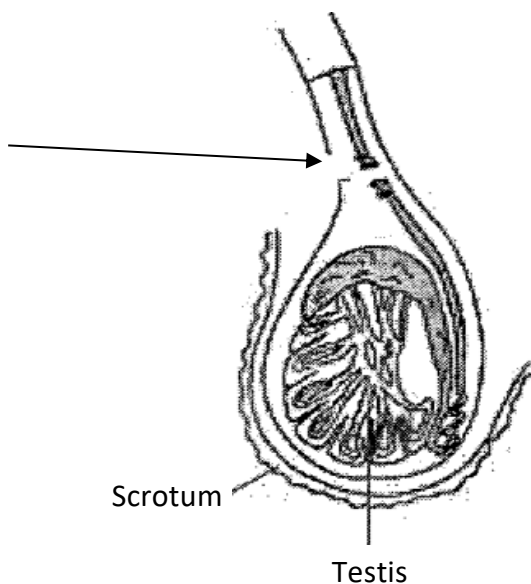


A small area of skin in the middle of the scrotum is numbed with an injection of local anaesthetic.

A small opening is made in the skin. The vas deferens is found under the skin, a short loop pulled out and cauterized each side.

Each tube is cauterized to block any sperm getting through

The sperm made in the testis then hit a dead end. They die and get dissolved into the bloodstream.



The day of your operation.

Immediately before coming, please have a bath or shower and wash the genital area thoroughly with soap and hot water, and keep the area very warm. **You do not need to shave** any of the genital area. Eat a light meal before arriving at the clinic and bring a pair of tight underpants (or jockstrap) to support the scrotum afterwards.