
Vasectomy: procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

Removal of a small section of vas from both sides with interposition of tissue between the divided ends to prevent re-joining

What are the alternatives to this procedure?

Other forms of contraception (both male and female).

Vasectomy should be regarded as an "irreversible" procedure. If you have any doubt about whether it is the right option for you, do not proceed with the operation. Under normal circumstances, vasectomy will not be considered during pregnancy or within the first 6 months after the birth of a child.

What should I expect before the procedure?

You will usually be admitted on the same day as your surgery whether the procedure is being performed under local or general anaesthetic.

Please note: Sperm storage prior to vasectomy, for those who wish to consider this, is not available on the NHS and will need to be arranged separately with the Bourn Hall Clinic in Cambridge



Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

What happens during the procedure?

Vasectomy is usually performed under local anaesthetic, primarily for your own safety. If the tubes are difficult to feel, it may be necessary to carry out the procedure under a brief general anaesthetic. The injection is always uncomfortable but, thereafter, the skin is effectively numbed. The procedure itself cannot be made totally painless and the process of picking up the tubes in order to tie them can cause a variable degree of discomfort; this may make you feel slightly sick, sweaty or light-headed

What happens immediately after the procedure?

It is essential to have someone with you to drive you home after the procedure. You are advised to take the following day off work and sit quietly at home. The local anaesthetic will wear off after a couple of hours and the area may ache for 24-72 hours; this can usually be relieved by taking Aspirin or Paracetamol.

Vasectomy, whether under general or local anaesthetic, is normally carried out on a "day case" basis with a length of stay less than 1 day.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- A small amount of bruising and scrotal swelling is inevitable for several days
- Seepage of a small amount of yellowish fluid from the incision several days later
- Blood in the semen for the first few ejaculations

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- The procedure should be regarded as irreversible. Although vasectomy may be reversed, this is not always effective in restoring fertility, especially if more than 7 years have lapsed since the vasectomy
 - Sufficient specimens of semen must be produced after the operation until they have been shown to contain no motile sperms on two consecutive specimens
 - Contraception must be continued until no motile sperms are present in two consecutive semen samples
 - Chronic testicular pain (10-30%) or sperm granuloma (tender nodule at the site of surgery)

Occasional (between 1 in 10 and 1 in 50)

- Significant bleeding or bruising requiring further surgery
- Inflammation or infection of the testes or epididymis requiring antibiotic treatment

Rare (less than 1 in 50)

- Early failure of the procedure to produce sterility (1 in 250-500)
- Re-joining of vas ends, after negative sperm counts, resulting in fertility & pregnancy at a later stage (1 in 4000)
- No evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer)

Hospital-acquired infection (overall risk for Addenbrooke's)

- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

Over the first few days, the scrotum and groins invariably become a little uncomfortable and bruised. It is not unusual, after a few days, for the wound to appear swollen and slightly weepy. If you are at all worried about this, you should contact your GP. The skin sutures do not need to be removed and will usually drop out after a couple of weeks; occasionally, they may take slightly longer to disappear.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Are there any other important points?

Many people ask if they are "too young" to be accepted for vasectomy. There are no rules about how old you should be and each individual case will be considered on its own merits. However, vasectomy is not a suitable form of

contraception for a single man because of the poor success rates of reversal; it might be considered if there were specified (and very rare) medical conditions such as a severe inherited disease.

You are not sterile immediately after the operation because some sperms have already passed beyond the site where the tubes are tied off. These sperms are cleared by normal ejaculation; it takes, on average, 20-30 ejaculations before you are likely to be clear. At 16 and 20 weeks after the operation you will be asked to produce specimens of semen for examination under a microscope; please read the instructions for production and delivery of these specimens very carefully. If no sperms are present, you are sterile and we will write to tell you so. If there are still a few non-motile or dead sperms, you may be regarded as sterile but, if there are large numbers of motile sperms, further specimens will be required until you are clear. Until you get the "all clear" you must continue with your contraceptive precautions.

Vasectomy is only available on the NHS in Cambridge and Huntingdon for a few special reasons; this will require your GP to obtain written authorisation from the appropriate Primary Care Trust (PCT), in advance of referral, to cover the cost.

Most men, therefore, are obliged to undergo vasectomy on a private basis.

Vasectomy may also be available through the Marie Stopes Foundation or through designated GP surgeries licensed to carry out the procedure. If you wish to pursue these options, you should contact your GP who will be able to put you in touch with the appropriate agency.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this field at Addenbrooke's Hospital?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

Oncology Nurses

- Uro-Oncology Nurse Specialist
01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
01223 274608
- Prostate cancer Nurse Practitioner

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- 01223 247608 or 216897 or bleep 154-548
 - Surgical Care Practitioner
01223 348590 or 256157 or bleep 154-134

Non-Oncology Nurses

- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
01223 349800

Patient Advice & Liaison Centre (PALS)

- Telephone
+44 (0)1223 216756 or 257257
+44 (0)1223 274432 or 274431
- PatientLine
*801 (*from patient bedside telephones only*)
- E mail
pals@addenbrookes.nhs.uk
- Mail
PALS, Box No 53
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and Multi-Faith Community

- Telephone
+44 (0)1223 217769
- E mail
derek.fraser@addenbrookes.nhs.uk
- Mail
The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)

- Telephone
+44 (0)1223 274604

Access Office (travel, parking & security information)

- Telephone
+44 (0)1223 586969

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....

How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Russian Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese 若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Turkish Bu bilgiyi diğer dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya aşağıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।



Addenbrooke's is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169

Document history

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