

What is a Vasectomy?



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Vasectomy is the cutting of two tubes (vas deferens) that carry a man's sperm from his testicles. Vasectomy prevents sperm from being added to the man's ejaculation fluid (semen); therefore, he can no longer make a woman pregnant. The sperm containing fluid that is blocked by vasectomy constitutes only 3% of a man's semen volume, therefore, a man will not notice any changes in his semen. Vasectomy is simply an effective, inexpensive, easy-to-perform method of contraception.

What is the No-Scalpel Vasectomy (NSV)?

It is a safe minimally invasive procedure that reduces vasectomy's already low complication rate. The NSV was developed in China by Dr. Shunqiang Li in 1974. Instead of cutting the scrotal skin, the skin is punctured and the vas is held with two special instruments. Over 15 million men have undergone the NSV procedure worldwide since 1974. It is rapidly becoming the standard vasectomy technique in the United Kingdom.

What are the benefits of No-Scalpel Vasectomy?

The benefits of NSV are:

- Less discomfort.
- Fewer complications than conventional (scalpel) technique.
- No stitches needed.
- A quicker recovery time than conventional vasectomy.

What is different about a No-Scalpel Vasectomy?

No-Scalpel Vasectomy is different from a conventional vasectomy in the way the doctor approaches the vas deferens. In Addition, an improved method of anaesthesia helps make the procedure less painful.

In a conventional vasectomy, after the scrotum has been numbed with a local anaesthetic, the doctor makes one or two small cuts in the skin and lifts out each tube in turn, cutting and blocking them so the sperm cannot reach the semen. Then the doctor stitches the cuts closed.

In a No-Scalpel Vasectomy, the doctor feels for the vas deferens under the skin and holds them in place with a small clamp. Instead of making two incisions, the doctor makes one tiny puncture with a special instrument. The same instrument is used to gently stretch the opening so the tubes can be reached. The vas deferens are then blocked using the same methods as conventional vasectomy. There is very little bleeding with the no-scalpel technique. Usually no stitches are needed to close the tiny opening, which heals quickly.

Is No-Scalpel Vasectomy safe?

Vasectomy in general is safe and simple. Vasectomy is an operation, and all surgery has some risks, such as bleeding, bruising, and infection. However, serious problems rarely happen.

Is No-Scalpel Vasectomy painful?

The No-Scalpel Vasectomy is an almost painless procedure. You may experience mild discomfort when the local anaesthesia is administered. However, once it takes effect you should feel no pain. Some men feel a slight "tugging" sensation during the procedure.

Following your No-Scalpel Vasectomy

After surgery you may be a little sore for a few days and you might want to take a mild painkiller. Generally, three or four day's rest is enough time for recovery before men can return to work and most normal, non-strenuous physical activity. Sex can usually be resumed 7 days after the procedure. The discomfort is usually less with the no-scalpel technique, because there is less injury to the tissues. Your doctor or nurse will provide you with complete instructions about what to do after surgery.

How can I be sure I need a vasectomy?

You must be absolutely sure that you don't want to father a child under any circumstances. Then, talk to your partner; it's a good idea to make the decision together. Consider other kinds of birth control. Talk to a friend or relative who has had a vasectomy. Think about how you would feel if your partner had an unplanned pregnancy. Talk with a doctor, nurse, or family planning counsellor.

A vasectomy might not be right for you if you are very young, your current relationship is not stable, you are having the vasectomy just to please your partner, you are under a lot of stress, or you are counting on being able to reverse the procedure later.

Will a vasectomy change me sexually?

Vasectomy only interrupts the vas deferens that carry sperm from the testes to where they are added to your semen. It does not alter a man's sensation of orgasm and pleasure. Your penis and your testes are not altered in any way. The operation has no noticeable impact on the man's ability to perform sexually, nor does it affect the balance of male hormones, male sex characteristics, or sex drive. As always, testosterone continues to be produced in the testes and delivered into the blood stream. Your body still produces semen, and erections and ejaculations occur normally. As before, the body naturally absorbs unused sperm. The patient will not feel any different physically from the way he felt before. Vasectomy is simply a sterilization procedure; once it has been performed, a man's semen will no longer contain sperm and he can no longer father a child.

Will I be sterile right away?

No. After a vasectomy, there are always some active sperm left in your system. It takes about at least 50 ejaculations to clear them. **You and your partner should use some other form of birth control until your doctor tests your semen and tells you it is free of sperm.**

Can I discontinue other birth control methods right away?

No! Sperm can remain in the vas deferens above the operation site for weeks or even months after vasectomy. You will not be considered sterile until a post-vasectomy semen analysis shows that no sperm remain in your ejaculate. Until then, you must continue to use other birth control methods to prevent pregnancy.

How soon can I go back to work?

You should not do heavy physical labour for at least 72 hours after your vasectomy. If your job doesn't involve this kind of work, you can go back sooner if you feel comfortable.

When can I start having sex again?

Sex can usually be resumed 7 days after the procedure, **but remember to use some other kind of birth control until the doctor says you are sterile.**

Are there potential complications associated with vasectomy?

Yes. All contraceptive methods carry some risks as well as benefits. Vasectomy is a very low risk procedure, but complications are possible.

Bleeding and infections are the most common (although rare) complications of vasectomy. These occur in 3.1% of men undergoing a conventional vasectomy and less than 0.4% of men undergoing a No-Scalpel Vasectomy. The no-scalpel method we describe is associated with a much lower rate of bleeding because the skin and vas sheath are punctured and the opening is then dilated, so blood vessels are more likely to be pushed aside rather than cut. The risk of a severe complication occurring, one that would require admission to the hospital is less than one in a thousand (0.01%).

Failure of the procedure. Vasectomy is not guaranteed to be 100% effective. Even when the procedure is performed perfectly, recanalization, (sperm finding their way across the blocked ends of the vas deferens) can occur. Although this is very rare (less than 0.2% of the time), it can occur months or even years later. This demonstrates the necessity of performing semen analyses some 16 weeks post-vasectomy to verify that the patient's semen contains no sperm. Recanalization usually occurs in the first 2-3 months after vasectomy (incidence 1/500), but has been known, in extremely rare cases,

to occur even years later (incidence 1/4500).

Sperm granuloma, a hard, sometimes painful lump, about the size of a pea, may form as a result of sperm leaking from the cut vas deferens. The lump is not dangerous and is almost always resolved by the body in time. Scrotal support and mild pain relievers are usually all that are required to alleviate the symptoms, although the doctor may suggest other treatments.

Congestion, a sense of fullness or pressure caused by sperm in the testes, epididymis, and lower vas deferens, may cause discomfort some 2 to 12 weeks after vasectomy. Like granuloma, congestion is not serious and usually resolves itself in time.

Are there long-term health risks?

Since most men live for a long period of time after a vasectomy, it has not been possible to investigate thoroughly, the possibility of long-term health risks associated with vasectomy. Over 10 studies have evaluated more than 20,000 men who have had vasectomies, documenting their progress for up to 25 years after the procedure. **The data indicates that men having a vasectomy are no more likely to develop cancer, heart disease or other health problems.**

Will it protect me from getting or passing on STDs or AIDS?

No. It will only prevent you from making your partner pregnant. If you or your partner have a sexual disease, or have more than one sexual partner, the best way to protect yourself and your partner is to use a condom.

Can a vasectomy be reversed?

An estimated 2% to 6% of men undergoing vasectomy may request a reversal at a later date. In many cases, the cut ends of the vas deferens can be surgically reattached. However, this operation does not guarantee a return to fertility. Vasectomy reversal appears to be more successful if performed within 10 years of the vasectomy, but again, there is no guarantee that fertility will be restored. Vasectomy should therefore be considered a permanent procedure. Before you choose to have a vasectomy, make quite sure that you and your partner do not want any more children. If you are thinking about a reversal now, perhaps you should take more time to decide whether vasectomy is right for you.