



Vasectomy Consultation Information

A bilateral vasectomy is a surgical procedure intended to render a man sterile (i.e. unable to cause pregnancy in a female partner). This operation is not designed nor should it have any affect on a man's ability to achieve or maintain an erection. In addition, since the testicles contribute only a small percentage of the ejaculatory volume (most of the fluid in the ejaculate is from the prostate and seminal vesicles), there is no demonstrable change in ejaculation or semen quantity. The sole purpose of a vasectomy is to prevent further pregnancies. As such, a vasectomy is currently the most effective and reliable means of achieving that goal.

It is also very important to realize, however, that because the reservoir of sperm exists beyond the vasectomy site, the patient is not immediately infertile right after the surgery. This reservoir needs to be emptied before sterility is achieved, and this typically takes 2 -3 months and approximately 10 to 20 ejaculates. Other means of birth control must be continued during this time.

Equally important, a vasectomy should be considered a permanent means of birth control. Reversing the state of infertility achieved by a vasectomy requires an additional operation which carries no guarantee for success.

Nature of the operation

The vas deferens are tubes which conduct sperm from the testicles to the penile urethra (the tube inside the penis). During vasectomy these sperms ducts from each of the two testes are divided and sealed with cautery followed by either sutures or clips, and the severed ends are separated. A segment may or may not be removed. The skin incision in your scrotum may be closed with a suture material which will later dissolve as healing occurs.



UROLOGY GROUP of PRINCETON

281 Witherspoon Street, Suite 100
Princeton, NJ 08542
609-924-6487
Fax 609-921-7020



Anesthesia for the operation

The operation will be performed under local anesthesia. The skin of the scrotum and the vas deferens on each side will be numbed by injection of an anesthetic agent. You will be fully conscious during the whole procedure and should experience very little pain. While there is typically some mild discomfort that is experienced in the area of the testicles and groin, this is only transient. The remainder of the procedure is performed pain free.

After the operation

A vasectomy will not have an effect on your sexual performance or visible semen quality. The prostate and seminal vesicles produce 98% of the ejaculate, and as such, the ejaculate remains the same. The blocked sperm in the testicles simply die and are reabsorbed by the body. The testes will occasionally ache for a period of time after the procedure because of the remaining testicular congestion, but this resolves as the testicular sperm production drops and the swelling recedes.

It should be noted that there have been occasional scattered reports in the urologic literature linking male sterilization to such disease as prostate cancer, heart disease or other ailments, the vast majority of statistical data, both, old and new, demonstrate NO apparent link of vasectomy to any illness.

Post –Op Complications

Some minor post-operative side effects from surgery can occasionally occur and should not raise significant concern. Examples of such minor occurrences include: 1. black and blue marks on the scrotum and possibly the penis; 2. swelling beneath the incision; 3. mild tenderness around the incision site and of the testicles; 4. or a mild discharge from the edge of the skin incision.



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While uncommon, post –operative complications which can occur include:

1. **Epididymitis:** painful swelling of the storage sac along the outside of the testicle, which can occasionally also involve the testicle itself (epididymo-orchitis). The resolution of this inflammatory process, if it occurs, may take several weeks or longer to resolve. Heat and anti-inflammatory agents often help until the discomfort disappears. If secondary infection is suspected, antibiotics are occasionally also prescribed.
2. **Sperm Granuloma:** persistent tender lump beneath the skin at the vasectomy site. This is commonly due to leakage of sperm from the severed ends of the vas into the tissues causing an inflammatory reaction. This may resolve on its own or rarely require a surgical excision.
3. **Hematoma:** Hemorrhage due to undetected bleeding into the scrotal sac. If pronounced, the scrotum may become swollen and discolored, and your doctor should be notified. Minor black and blue is common and as mentioned is of no significant concern.
4. **Abscess:** Pronounced pain, redness and swelling, especially when associated with drainage of pus from the wound or fever raises concern for infection. This is typically treated effectively with antibiotics and on rare occasions, with drainage.
5. **Recanalization:** The ends of the vas may rejoin themselves. Fortunately this is extraordinarily rare, but if it occurs, fertility could return, necessitating a repeat vasectomy if desired.