

Vasectomy for contraception

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What is the evidence base for this information?

This publication 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 urological 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 normally available on the NHS and will need to be arranged separately through your GP or your Urologist.

Please be sure to inform your surgeon 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 regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix)
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

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?

In general terms, you should expect to be told how the procedure went and you should:

- Ask if what was planned to be done was achieved
- Let the medical staff know if you are in any discomfort
- Ask what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- Ensure that you are clear about what has been done and what is the next move

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.

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
- 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

- Colonisation with MRSA (0.9% - 1 in 10)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection 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?

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home
- Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Ask for a contact number if you have any concerns once you return home
- Ask when your follow-up will be and who will do this (the hospital or your GP)
- Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

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 disappear 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 an appropriate form of contraception for a single man unless there are specified (and 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 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 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; the total cost for this can be obtained from your Urologist or GP. You should ask exactly what this covers but it is important to note that private medical insurance companies will not normally pay for you to have a vasectomy.

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.

Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home.

Please feel free to contact 4A / 4B ward at the whiston or Sanderson Suite at St Helens for advice from the nurse in charge.

They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward (Monday to Friday only) – 0151 430 1440

Sanderson Suite – 01744 64 6084

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
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