

PERMANENT CONTRACEPTION: MALE STERILISATION (VASECTOMY)

What is vasectomy?

Vasectomy is a permanent form of male contraception. It's a simple surgical procedure to prevent sperm travelling out of the testes and into the semen. If there are no sperm in the semen it is impossible to make a woman pregnant. The procedure does not affect your ability to produce semen. It will not change your sexual function or male characteristics. You should still be able to enjoy sex and ejaculation should feel the same. The only difference will be that the semen will not contain sperm.

Vasectomy is a permanent form of contraception, which is not easily reversed if you change your mind. If you are thinking about vasectomy, you need to feel absolutely sure you don't want children in the future. Life can sometimes change unexpectedly, for example, if you lose a child or you begin a new relationship.

Although it is sometimes possible to reverse a vasectomy, there is no guarantee that you will be able to have a child after a reversal. If you have concerns about this please talk to your doctor as it may be useful for you to consider the option of sperm freezing and get further advice.

Having a vasectomy does not protect you from sexually transmitted infections (STIs). It is important to use a condom if you are at risk of STIs.

The decision must be your own decision. It is best to avoid making such an important decision at times of stress or pressure, such as just after the birth of a child, or when there are financial or relationship problems. Nobody should force you to have a vasectomy.

How does the procedure work?

Vasectomy is a straightforward procedure. The doctor begins by making one or two small openings in the front of the scrotum. The doctor will then cut and seal the vas deferens (the tube that carries the sperm) connected to each testicle. The opening in the scrotum is closed with a stitch or by pressing the skin edges together. This is called the open procedure method.

An alternative method is the 'no-scalpel vasectomy'. In this method, one or two small punctures are made in the scrotum with fine sharp forceps and each vas deferens is cut as in the open procedure. No stitches are required for this method. The procedure takes about 20-40 minutes and is usually carried out under a local anaesthetic.

Sometimes the procedure is performed under sedation or general anaesthetic – not all clinics offer this.

What should I expect?

Even though the procedure only takes a short time, you may be asked to spend up to two hours at the clinic where you have the vasectomy. When the anaesthetic wears off, you will probably feel some pain in the groin or scrotum and have some bruising. Pain-killing medication, ice packs and tight-fitting supportive underpants should relieve most soreness or discomfort.

After the vasectomy, you should rest for a few days and avoid any strenuous physical activity or heavy lifting that puts pressure on the groin or scrotum for one week. Normal day-to-day activity is not harmful. If your work is physically strenuous you may need to take some time off work. The doctor performing the vasectomy will give you instructions about when you can shower or bathe, when to remove the dressing, and when you can have sexual intercourse again.

How soon will it work?

You will still have sperm in your vas deferens for some time after the procedure. It may take as many as 20 ejaculations to clear. Three months after the vasectomy, you should take a sample of your semen to a pathology laboratory for testing. You must continue to use another form of contraception such as condoms until these pathology tests show your semen has no sperm in it. Your partner may decide to continue with their current method of contraception until your sperm count is confirmed to be zero.

Where do the sperm go?

Sperm continue to be produced in the testes after the procedure - the body harmlessly absorbs them.

What about complications?

A small number of men experience bleeding or infection after a vasectomy. Rest, support for the scrotum, pain relief and antibiotics resolve most problems quickly. Occasionally sperm can leak from the ends of the cut tubes and produce small, hard lumps at the site of the procedure. With time, this can occasionally lead to spontaneous rejoining of the tubes. There is no evidence that vasectomy increases the risk of cancer of the testes or prostate.

Can the procedure fail?

Vasectomies are 99.5% effective. In the rare circumstance where a vasectomy fails, you may stay fertile or become fertile again. This can happen if the tubes are not fully blocked off, if they grow back together or if a third vas deferens exists. Normally this is picked up when the sperm count is done three months after the procedure, but it can occur at any time, even many years after the vasectomy.

Can it be reversed?

Some doctors have expertise in rejoining cut vas deferens. However, even if the operation is successful, there is no guarantee that you will then be able to have a child. The chance of successful vasectomy reversal decreases with time after the procedure. An alternative procedure involves retrieval of sperm directly from the testes followed by in-vitro fertilisation (IVF).

If you are considering a vasectomy, you should regard it as a permanent decision. If you think there is any possibility you may want to have children in the future you should discuss the possible option of sperm freezing and storage with your doctor before having your vasectomy.

How do I get the procedure?

You can get a vasectomy at Family Planning NSW or at a specialist. Speak with a health professional about options close to your home.

For more information

Family Planning NSW Talkline –
www.fpnsw.org.au/talkline or 1300 658 886

National Relay Service (for deaf people) –
13 36 77

TIS National's interpreting service –
131 450

Visit your nearest Family Planning NSW clinic –
www.fpnsw.org.au/clinics