

VASECTOMY INFORMATION

VASECTOMY VENUE SOUTHPORT GOLD COAST QLD

Including [Risks](#), [Preparation](#) and [Aftercare](#)

What is a Vasectomy?

A vasectomy is a minor surgical operation where the goal is to block the passage of sperm along two small tubes known as the vas deferens, this causes a man to become infertile (or sterile) which means he is unable to get a woman pregnant.

How does it work?

Sperm are made in the testes and from there sperm passes into the epididymis located behind each testicle where they become mature. Next sperm passes through two tubes called the vas deferens (there is one vas deferens on each side of the scrotum) to the region of the prostate where they combine with seminal fluid and lastly they are ejaculated through the urethra (the tube through which men urinate and ejaculate).

Vasectomy is a simple procedure by which the flow of sperm is interrupted by severing and sealing the upper end of both vas deferens. The man will still ejaculate as normal but the sperm is prevented from combining with semen before ejaculation.

No Scalpel technique

There are two different methods of accessing and dividing the vas deferens. These are called the No Scalpel Vasectomy (NSV) and the Traditional Vasectomy.

Dr Valentine prefers to use the No Scalpel Vasectomy method.

During a No Scalpel Vasectomy a tiny needle is used to anaesthetise a small area of skin as well as the vas deferens at the front of the scrotum. A small hole is then made in the front of the scrotum using a pointed haemostat. The use of the pointed haemostat to spread, rather than cut the skin, has been shown to reduce

the risk of bleeding. Each vas deferens is lifted through the small hole and divided (cut). The upper end of each vas deferens is sealed using cautery. The ends of each vas deferens are then separated and placed out of alignment by applying a dissolvable tie to the sheath surrounding each vas deferens such that the upper end remains enclosed within the sheath and the lower end outside the sheath. No sutures (stitches) are required and the wound is usually sealed by the next day.

Traditional Vasectomy

During a traditional vasectomy a needle is used to anaesthetise a small area of skin on each side of the scrotum. A scalpel is then used to make a small incision on each side of the scrotum and access each vas deferens. A small segment is removed from each vas deferens and the ends ligated with dissolvable ties. The wounds are then closed with sutures which remain in place for 6 days and require removal.

Optional Anxiety treatment

Prior to either procedure patients may elect to have a dose of intravenous diazepam at no extra cost. This has the advantage of relaxing anxious patients but is not necessary for patients who are not anxious or concerned.

What to expect

Following a vasectomy patients should notice no changes to their:

- Semen
- Sex drive
- Erections
- Sensations of sex or ejaculation
- Testes or scrotum

Recent studies have actually concluded that **vasectomy significantly improves sexual satisfaction for males** and for females (in an opposite sex coupling) their sexual satisfaction did not change significantly* [\[1\]](#).

*Except that the level of arousal for females in the study improved.

RISKS OF VASECTOMY

Bleeding - there is a 1-2 percent risk of developing a haematoma (blood clot) within the scrotum following a vasectomy. Most of these are small and the body will reabsorb them over 2-4 weeks. Very rarely patients can develop a larger haematoma requiring hospital admission and drainage. It is common for patients to have some bruising in the skin following a vasectomy which normally resolves over a week or so.

Infection - there is a 1-2 percent risk of developing an infection following a vasectomy. Most of these will respond to oral antibiotics. Very rarely patients will require admission to hospital for management (which may include intravenous antibiotics and drainage of an abscess).

Orchalgia - patients can develop pain in the scrotum or up into the abdomen following a vasectomy which may be related to disruption of nerves in the membranes surrounding the vas deferens. In most cases this will resolve of its own accord by 6 months. Rarely mild discomfort will persist. Around 1 in 1000 patients will experience more severe pain that persists and may need to consider further surgery or medication to try to resolve this.

Congestion - patients can develop a tender build-up of sperm upstream from the vasectomy site. In most cases this will settle with simple anti-inflammatory medications. Around 1 in 1000 patients will have continued discomfort severe enough to require surgical intervention.

Sperm Granuloma - patients can develop a pea sized lump on the end of a vas deferens at the vasectomy site. These can be tender and discomfort will normally respond to simple anti-inflammatory medications. Around 1 in 1500 patients may require surgical intervention to remove the tender lump.

Ongoing pain - it is important for patients to be aware that treatment for ongoing pain following vasectomy (whether it be related to orchalgia, congestion or sperm granuloma) may not always be successful. As such, despite meticulous vasectomy technique, there is a very small risk that patients can experience ongoing pain, sufficient to impact on their quality of life, that is resistant to all treatment.

Recanalisation - there is approximately a 1 in 2500 risk (0.04%) of **vas deferens tubes rejoining** following a vasectomy. If this happens early then the semen test never becomes sperm free so it is detectable but if recanalisation happens late (months or years after the semen test has tested to be clear of sperm) it can result in an unplanned pregnancy. Vasectomy still remains the most effective form of contraception available (including tubal ligation).

Patients need to **continue contraception** until they have submitted a semen test

confirmed to be free of sperm. This is normally conducted **four months after a vasectomy**. It normally takes a good 25 ejaculations plus a time frame of 3-4 months for sperm to be cleared from the upper ends of the vas deferens. Patients are normally contacted via email or mail with the results of their semen tests. Patients with sperm remaining will need to repeat their test in another two months.

Vasectomy should be seen as a permanent sterilization procedure but if required a **vasectomy reversal operation** (vasovasostomy or vasoepididymostomy) results in a desired pregnancy in approximately 60 percent of cases*. ^[2] The reversal operation, however, requires microsurgery, is expensive, and there is no guarantee of success.

*Varies from 50-80% depending on age, the length of time from when the vasectomy was performed, and other contingent factors.

PREPARATION

BEFORE VASECTOMY SURGERY INSTRUCTIONS:

1. It is recommended patients shave the entire scrotum and pubic region prior to their vasectomy. This reduces the risk of infection and makes the procedure easier to conduct.
2. It is important to bring two pairs of supportive “briefs” style underwear (aka jocks or y-fronts **not** bonds trunks or jockey shorts) to your procedure as these are to be worn **immediately following the procedure** and for the next 2-3 days. Good scrotal support will reduce the risk of postoperative bleeding and discomfort.
3. It is best to arrange someone to drive you safely home following your procedure. This is compulsory for those that took diazepam prior to their vasectomy as the effects of diazepam will render them unfit to drive for the remainder of the day. For the remaining there is a risk they may experience delayed light-headedness following the procedure. Note that a car accident or flat tire may in some cases lead to complications following a vasectomy. Patients should plan to recline at home for the afternoon and evening following their procedure.

4. Do not take any **aspirin** containing medication for 5 days prior to your procedure. This includes Alka-Seltzer, **Aspro**, Asasantin SR, Astrix, Cardasa, Cardiprin, **Cartia**, Co-Plavix, Diasp SR, **Disprin**, Duocover, DuoPlidogrel, Solprin or Spren
5. **Do not take any supplements containing fish oil** for 7 days prior to the procedure.
6. Do not take **Ibuprofen** or any other other anti-inflammatory medications on the day of the procedure including Act-3, **Advil**, Brufen, Bugesic, Butafen, Butalgin, Caldolor, Dimetapp, Fenpaed, **Nurofen**, Panafen, Pedea, Proven, Rafen, Tri-Profen or Zavance
7. Patients should eat prior to their procedure and plan on a normal lunch and dinner.

AFTERCARE

AFTER VASECTOMY SURGERY INSTRUCTIONS:

1. Spend a quiet evening at home, reclining in bed or on the sofa. Minimising activity is important.
2. For pain you may take paracetamol (**Panadol**) if you have any discomfort but you must **avoid aspirin** for 2 days after the vasectomy. Ibuprofen (such as Nurofen) may only be used for pain beginning 3 days after your vasectomy (on day four).
3. Applying ice under the scrotum for 15-20 minutes each hour following your procedure may improve discomfort and reduce swelling following your vasectomy.
4. Use two pairs of undergarments with good scrotal support - such as double pouch "briefs" style underpants - for 2-3 days following your vasectomy and during sports for the next 7 days.
5. On the day after the procedure you may walk and drive as much as you like, but no sports, yard work, swimming or heavy lifting. If your job is done sitting down you may return to work.

6. Don't bathe or shower on day one following the procedure, your first shower should be the day after the procedure.
7. Two days after the procedure you may return to more strenuous work and regular activities whilst wearing your scrotal support undergarment. After any lingering pain is gone you may return to the gym or to running but on the first day back do only half of your usual workout, half the weight, half the reps, half the speed and distance, etc. If pain does not return you can then return to your usual workout the next day.
8. When you no longer have any pain or tenderness you may ejaculate. It is best to wait at least 7 days. Blood in the semen in the first few ejaculations is not common but is **no cause for concern**.
9. It is normal to have some discolouration of the skin (black and blue) around the puncture site a day or two after the vasectomy. Some patients will develop considerable discolouration about 4 days after a vasectomy but this will gradually dissipate.
10. Some patients (around 1 in 20) will develop swelling and discomfort on one side, sometimes on both sides, starting anytime from 3 days to 3 months following the vasectomy. This usually represents an exaggerated form of the normal inflammatory response necessary for sperm resorption and recycling. This is effectively managed by a 5-7 day course of ibuprofen 600mg three times a day.
11. Patients are required to have their semen tested for sperm 4 months following their vasectomy. Appropriate paperwork and instructions will be provided at the time of the vasectomy. Semen content test results will be emailed or mailed. Patients are required to use contraception until advised otherwise.
12. Patients who have had the **traditional method of vasectomy** will need to ice following the procedure. They will also need to have their stitches removed on day 6 after the vasectomy.

If you have any other problems or queries then contact your vasectomy doctor.

CITATIONS

1. Engl T, Hallmen S, Beecken WD, Rubenwolf P, Gerharz EW, Vallo S. **Impact of vasectomy on the sexual satisfaction of couples: experience from a specialized clinic.** [Central European Journal of Urology. 2017;70\(3\):pages 275-279.](#) doi:10.5173/ceju.2017.1294
2. Owen E, Kapila H. **Vasectomy reversal. Review of 475 microsurgical vasovasostomies.** [Medical Journal of Australia. 1984 Mar 31;140\(7\):398-400.](#) doi: 10.5694/j.1326-5377.1984.tb108097.x. PMID: 6700508.

For more questions and answers see our frequently asked questions:

[FAQ](#)



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