



VASECTOMY

Vasectomy is the process of dividing the vas (the tube that delivers the sperm from the testis to the prostate) in order to prevent conception. It is the most common method of male contraception in the United States. Since vasectomy simply interrupts the delivery of the sperm, it does not change the hormonal function of the testis, and sexual drive and ability remain intact. Vasectomy is thought to be free of known long-term side effects, and is considered to be the safest and most reliable method of permanent male sterilization.

Q. HOW DOES THE VASECTOMY PREVENT PREGNANCY?

A. Sperm is made in the man's testicles. The sperm then travels from the testicle through a tube called the vas into the body where it enters the prostate gland. In the prostate, the semen is made and here the sperm mixes with the semen. The prostate is connected to the channel in the penis, and hence, the sperm and semen are ejaculated. In a vasectomy, the vas or tube is blocked so that sperm cannot reach the prostate to mix with the semen. Without sperm in the semen a man cannot make his partner pregnant. Since most of the semen is composed of fluid from the prostate, the semen will look the same.

Q. HOW CAN I BE SURE THAT I WANT A VASECTOMY?

A. You must be absolutely sure that you do not want to father a child under any circumstances. You must talk to your partner. It is a good idea to make this decision together, consider other kinds of birth control, and talk to friends or relatives who may have had a vasectomy. Think about how you would feel if your partner had an unplanned pregnancy. Talk to your doctor, nurse, or family planning counselor.

A vasectomy might not be right for you if you are very young, if your current relationship is not permanent, if you are having a vasectomy just to please your partner and you do not really want it, if you are under a lot of stress, or if you are counting on being able to reverse the procedure at a later time. Common reasons for having a vasectomy include:

- You want to enjoy sex without worrying about pregnancy.
- You do not want to have more children than you can care for.
- Your partner has health problems that might make pregnancy difficult.
- You do not want to risk passing on a hereditary disease or disability.
- You and your partner do not want to or cannot use other kinds of birth control.
- You want to save your partner from the surgery involved in having her tubes tied and you want to save the expense.

Q. WILL IT HURT?

A. When the local anesthetic is injected into the skin of the scrotum, you will feel some discomfort, but as soon as it takes effect you should feel no pain or discomfort. Afterwards, you will be sore for a couple of days and may want to take a mild pain killer such as Tylenol, but the discomfort is usually less with the no-scalpel technique because of less trauma or injury to the scrotum and tissues.

Q. HOW SOON CAN I GO BACK TO WORK?

A. You should be able to do routine physical work within 48 hours after your vasectomy, and will be able to do heavy physical labor and exercise within a week.

Q. WILL THE VASECTOMY CHANGE ME SEXUALLY?

A. The only thing that will change is that you will not be able to make your partner pregnant. Your body will continue to produce the same hormones that give you your sex drive and maleness. You will make the same amount of semen. Vasectomy will not change your beard, muscles, sex drive, erections, climaxes, or your voice. Some men say that without the worry of accidental pregnancy and the bother of other birth control methods, sex is more relaxed and enjoyable than before.

Q. WILL I BE STERILE RIGHT AWAY?

A. No. After a vasectomy there are some active sperm left in your system. It may take a dozen to two dozen ejaculations to clear the sperm out downstream from where the vasectomy is performed. You and your partner should use other forms of birth control until we have had a chance to check your semen specimens at least twice to make sure that they are free of sperm.

Q. WHEN CAN I START HAVING SEX AGAIN?

A. About a week. Remember, however, that the vasectomy only divides the vas and has no effect on the sperm that are already beyond that point. IT IS IMPORTANT NOT TO HAVE UNPROTECTED INTERCOURSE UNTIL THE ABSENCE OF SPERM FROM THE EJACULATE HAS BEEN CONFIRMED WITH TWO (2) NEGATIVE SPERM CHECKS TWO (2) WEEKS APART.

Q. CAN A VASECTOMY BE REVERSED?

A. You should never have a vasectomy with the idea that you will want to or you will have it reversed at some point. But, it can be reversed. The ultimate success of a reconstructive procedure is pregnancy and is dependent on several factors: the age and fertility of the female partner, the age and previous fertility of the male, the method of vasectomy, the surgeon's experience, the technique of vasectomy reversal (the use of optimal magnification/microscope), the quality of the fluid seen coming from the vas at the time of the operations, and most importantly, the length of time since the vasectomy was performed. In a large study of 1500 patients from multiple institutions, the success rate correlated with the length of time since vasectomy. The shorter the interval from vasectomy to reversal, the higher the success rate. In men whose obstructed interval was less than 3 years,

the likelihood of sperm present in the semen after reversal is as high as 95% and pregnancy was observed in 75% of the wives. On the contrary, when the obstructed interval was greater than 15 years, only 70% of men will have sperm in their semen following reversal and the pregnancy rate was significantly lower at 30%. In most men, i.e., those with obstructed intervals between 4 and 14 years, the likelihood of having sperm in the semen is about 80% with a pregnancy rate of 45% to 60%. In interpreting this data, one should keep in mind that the age of the wives plays an important role in the overall pregnancy rate. Men who are older, i.e., those who have had long obstructed intervals, may have older partners. This difference may account for some of the pregnancy rate difference as outlined above.

THOMAS G. STOVALL, M.D.

Dr. Stovall is a Clinical Professor of Obstetrics and Gynecology at the University of Tennessee Health Science Center in Memphis, Tennessee and Partner of Women's Health Specialists, Inc.

Date Published: 2000-09-25

Health Information Provided by Women's Health Specialists

7800 Wolf Trail Cove, Germantown, TN 38138, (901) 682-9222, www.whsobgyn.com

This information is for educational purposes only. It does not represent comprehensive coverage of the topics addressed and is not a substitute for direct consultation with your health care provider. Always consult a health care provider regarding your specific condition. Trademarks referred to are the property of their respective owners.