

Snip & Unsnip



SNIP

Every year Fathers' Day occurs in September and there comes a time when the question is asked: "To be or not to be?"

Many men are choosing to take the responsibility of contraception by undergoing "the snip" which is known as a vasectomy.

The vas deferens is the tube through which the sperm travel from the testis to the urethra and they then out through the penis.

Techniques vary in all surgical procedures but usually an incision is made on each side of the scrotum and the vas deferens is cut and the ends tied off. A number of techniques may then be used to reduce the chance of spontaneous re-joining of the vas which can occasionally occur. The medical literature reports that there is an approximately 1 in 3000 to 1 in 30,000 incidence of spontaneous re-joining.

It is important to remember sterility does not occur immediately after the operation is done because there are millions of sperms stored in the seminal vesicles (small pouches next to the prostate) which may survive for some weeks. It is essential therefore, that contraceptive measures be continued until satisfactory results are obtained from a "sperm count" after the procedure.

Arrangements are made for these tests when the patient returns for review, usually about a month later. Ejaculation post operatively on a number of occasions will help reduce the stores of sperm. It usually takes between 10-20 ejaculations to reduce the sperm count to zero. If the count shows no sperm present, then no further contraceptive measures need to be taken and the man can be regarded as sterile.

UNSNIP

Vasectomy should be regarded as a permanent procedure. However, unsnip or vasectomy

reversal may be requested if circumstances change and the man wishes to have children. The success of a reversal depends on many factors including the man's age, the time since the vasectomy was done and anti-sperm antibodies which disable the sperm rather like an infection is removed by the immune system. The procedure involves a small incision being made on either side of the scrotum over the vasectomy site. The scar tissue from the vasectomy is cut away the two ends are then stitched together using very fine material with the aid of the operating microscope. There will be some swelling after the operation which is likely to be more than experienced when undergoing the vasectomy.

It is important to realise that in the topic of fertility, success can be measured in different ways. For the patient and Cairns Urology, success is measured by the production of a baby and overall this is around 60%. For some other institutions success may be measured by the ability to achieve joining the ends of vas together. Sometimes success is measured by the presence of sperm in the ejaculate.

If a couple is contemplating In Vitro Fertilisation (IVF) after vasectomy then success is usually greater if ejaculated sperm are used than sperm taken directly from the testes. The reason is thought to be related to sperm maturity. For that reason, vasectomy reversal may be a better first-choice procedure.



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- The medical literature reports that there is an approximately 1 in 3000 to 1 in 30,000 incidence of spontaneous re-joining.
- Unsnip or vasectomy reversal may be requested if circumstances change and the man wishes to have children.
- The procedure involves a small incision being made on either side of the scrotum over the vasectomy site.

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