



Vasectomy

The operation involves the removal of a small segment about 1cm long of the vas deferens. This is the tube which conducts the sperm from the testis to the urethra and out through the penis.

The operation is best done under a General Anaesthetic because the procedure can be performed more satisfactorily that way and is much more comfortable for the patient.

The procedure is usually carried out on a Wednesday morning or Thursday afternoon and this means coming into Hospital in the morning. Patients may go home after the procedure.

The two small pieces of vas are removed by making an incision on each side of the scrotum. The reason for removing the two segments of the vas is twofold -

1. to reduce the chance of spontaneous re-union of the vas which can occasionally occur, and
2. to submit the section to Pathology for confirmation for the sake of both the patient and the Surgeon confirming that the vas has been satisfactorily divided. The Federal Government has decided not to give any Medicare Rebate for the pathology charge made for examination of the specimen.

The medical literature reports that there is an approximately 1 in 3000 to 1 in 30,000 incidence of spontaneous re-anastomosis (re-joining) of the vas.

There is also an incidence of duplication of the vas (two on one side) noted in some men. The incidence of this is around 1 in 3000. The duplicated vas may not be noted at the time of routine operation but may be suspected if the sperm count does not decrease post operatively.

There is no form of fertility control except abstinence which is free of potential complications. Therefore the decision for proceeding to Vasectomy rests with the patient.

It is important to remember that as soon as the operation is done, it does not mean that sterility immediately occurs because stored in the seminal vesicles (two small sacs at the base of the bladder) there are millions of sperms which may survive for some weeks. It is essential therefore, that contraceptive measures be continued until satisfactory results are obtained from two seminal analyses (zero sperm counts on two occasions).

Some men experience discomfort in the testicles following Vasectomy and it is thought that may be the result of the fact that the testicle continues to make sperm causing it to swell slightly and stretching the nerves which go there. That usually settles in time. However, chronic (long lasting) pain has been described in the testicles following Vasectomy but equally so, many men who have never had a Vasectomy have chronic discomfort in the testicles. Some discomfort in the testis is usual and lasts for a variable period of time, depending upon the individual. If a man has chronic testicular discomfort then he should not contemplate Vasectomy as his pain may get worse.

Over the long term, occasionally small cysts develop from the epididymis. These only require treatment if they become large enough to get in the way or if they develop infection or pain. Malignancy (cancer) is virtually unheard of.

Semen Analysis

Arrangements are made for these tests when the patient returns for review, usually about a month later. The scrotal sutures usually dissolve in about 3-7 days and fall out by themselves. If this does not happen then they may be removed at the time of review. Instructions with regard to these seminal tests are provided at the time.

Vasectomy should be regarded as irreversible but satisfactory results can be obtained from re-joining the divided vasa deferentia. However, even after successful re-union of the vasa deferentia has been achieved, normal fertility may not ensue.

Instructions to patients following vasectomy

It is important to bear in mind that you are not to be regarded as sterile until seminal tests have shown the absence of spermatozoa in the seminal fluid. It is important therefore that you should continue with whatever contraceptive measures you have recently been employing until tests are satisfactory.

Ejaculation post operatively on a number of occasions will help reduce your stores of spermatozoa. It usually takes between 10-20 ejaculations to reduce the sperm count to zero.

After you have been reviewed post operatively, a specimen of seminal fluid obtained by masturbation and collected directly in the plastic container provided should be taken to the Laboratory within one hour of ejaculation. The specimen must not be exposed to heat nor must it be placed in a refrigerator.

You must have four days of abstinence of ejaculation prior to providing the specimen.

Please telephone this surgery two days after the first specimen for the results.

A second specimen of seminal fluid should be collected in the same way as the first and taken to the Laboratory, again with four (4) days' abstinence.

If these show the presence of no spermatozoa, then no further contraceptive measures need to be taken. In some instances, it is necessary to repeat the test on one or two further occasions to be quite certain.