

Frequently Asked Question

1. Can my partner tell I have had a vasectomy?

There is no significant change in the ejaculate after a vasectomy.

2. Will my sense of orgasm be altered by having a vasectomy?

Ejaculation and orgasm are generally not affected by vasectomy.

3. Can I become impotent after a vasectomy?

An uncomplicated vasectomy should not cause impotence.

4. Can a vasectomy fail?

Yes, sometimes during the healing process, the cut ends of the vas deferens "heal together" allowing sperm to get into the ejaculate. Occasionally, even after semen samples have shown clearance of sperm, new channels can form bypassing the vasectomy. This "re-canalization" is found to happen in approximately 4/ 1000 vasectomies. Repeat vasectomy is required in these circumstances.

5. Can something happen to my testicles after a vasectomy?

Rarely, the testicles may be injured during a vasectomy as a result of injury to the testicular artery. In addition, a hematoma or blood clot may develop in the scrotum next to the testicles.

6. When can I resume sexual activity after my vasectomy?

*Generally 7- 10 days you can resume normal sexual activity. You **WILL NOT** be sterile at this point and need to continue to use other forms of birth control until the semen sample is clear.*

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Vasectomy



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Introduction

Vasectomy is the most common surgical procedure used for male sterilization. This is a minor procedure wherein the vas deferentia of a man are tied to prevent sperm from entering the ejaculate.

In the United States, roughly one in five men over the age of 35 have had a vasectomy, and approximately 43 million men worldwide have undergone this operation.

Male Anatomy

The testicles produce sperm and the male sex hormone testosterone. After vasectomy, the testes continue to produce both sperm and hormones.

The second group of organs is a series of connected ducts: the epididymitis, the vas deferentia, and the urethra. Each of the two epididymides is connected to one of the vas deferentia. Sperm pass through the epididymis to get from the testis to the vas deferentia.

The urethra carries the semen out of the body during ejaculation.

The seminal vesicles, the prostate, and the bulbourethral glands, these glands secrete the seminal fluid that carries sperm through the urethra during ejaculation.

The vas deferentia are sometimes called the “TUBES” that are cut during a vasectomy.

Procedure

An opening is made in the scrotum to expose the vas deferens. The “tubes” (vas deferens) are cut and sealed by stitching and cauterizing (burning) the tubes to prevent sperm from entering the seminal stream. The procedure will be repeated on the second side. The opening will then be closed and covered with antibiotic ointment and a loose dressing. A scrotal support will be worn for comfort after the procedure. Ice (frozen peas) can be applied as needed for pain and swelling. Prescription pain medication and an antibiotic will be given to take.

Effectiveness

The Royal College of Obstetricians and Gynecologists state there is a generally agreed upon rate of failure of about 1 in 2000 vasectomies which is considerably better than tubal ligations for which there one failure in every 200 to 300 cases.

Early failure rate, i.e. pregnancy within a few months after vasectomy typically results from having unprotected intercourse too soon after the procedure. Although late failure, i.e. pregnancy is very rare, it has been documented.

We recommend protected sex for 8 weeks following your procedure. At this time a semen count will be taken to verify a successful vasectomy. If there is no sperm in the ejaculate normal sexual activity can begin.

Complications

Short term:

- Temporary bruising
- Bleeding
- Swelling

Long term:

- Post Vasectomy Pain Syndrome

Vasectomy does not increase atherosclerosis. Evidence regarding prostate and testicular cancer suggests that men with vasectomy are not at increased risk of these cancers.

We recommend using a scrotal support, ice and pain medications immediately after the procedure. We also prefer no lifting or intercourse for 1 week after the procedure.

Reversal

Men considering vasectomies should not think of them as reversible. There is a procedure to reverse vasectomies. The effective rate of achieving pregnancy is only 50% to 70%. The rate of pregnancy depends on such factors as the method used for vasectomy and the length of time that has passed since the vasectomy.