

Is the operation always successful?

Vasectomy is a very effective method of contraception. Overall, 1 in 300 may fail. After you have had two negative sperm counts, the chance of failure drops to 1 in 2000.

Is it reversible?

It is not always possible to reverse a vasectomy. Many factors can affect the success rate of a reversal. On average, 50% of reversals result in a pregnancy.

Some men produce antibodies to their own sperm after a vasectomy. This may make pregnancy after reversal less likely.

A second option after vasectomy is direct retrieval of sperm from the testicle, then In Vitro Fertilisation to achieve pregnancy.

Another option is to freeze some of your sperm so that they can be used later. If this is something you would like to consider, talk it over with your doctor or vasectomy counsellor before your operation.

What are the possible complications?

- Infection is uncommon and is not usually serious
- internal bleeding may cause swelling and pain
- a painful lump may form in the scrotum where the operation was done. The pain usually disappears in a few weeks
- rarely, men may experience intermittent long term scrotal pain.

Are there any long term health risks?

Research shows no association between vasectomy, heart disease, or cancer of the testicles or prostate.

Why choose vasectomy?

- you don't want any children
- you don't want any more children
- you have decided that you cannot have any more children because of your mental or physical health, age or income
- vasectomy is a simpler operation than female sterilisation.

Have you considered

- if one of your children died, would you want another?
- if your present relationship ended, would you want to have a child with a new partner?

Consent

It is recommended that you discuss sterilisation fully with your partner. This is because you are both affected by the decision. However, it is not a legal requirement for your partner to give consent.

You can choose a vasectomy if:

- you have no partner
- you have no children.

For more information about Family Planning resources, clinics and health promotion services go to our website, familyplanning.org.nz

Vasectomy

© Written and produced by Family Planning 2000. Last update November 2012.

Family Planning provides confidential and non-judgemental sexual and reproductive health and education services. Please contact us for further information.

What is a vasectomy?

Permanent contraception is called sterilisation. When a man is sterilised the operation is called a vasectomy. When you ejaculate (come) the fluid or semen from your penis contains sperm. Sperm are made in your testicles (balls) and travel up your vas deferens (tubes) to mix with your semen. These are the tubes that are cut and tied when you have a vasectomy.

After a vasectomy there are no sperm in your semen. Your testicles still make sperm which are absorbed by your body.

Where is it done?

A vasectomy is a simple operation. It can be done in some FPA centres (Family Planning), doctors' surgeries or hospitals.

The doctor or a vasectomy counsellor will explain the operation and answer questions you or your partner may have. If you decide to go ahead, an appointment will be made for the operation.

How is it done?

TRADITIONAL METHOD

Usually you will be awake during the operation. You can ask for a sedative. The doctor will give you a local anaesthetic so that it will not be painful. Some men prefer not to be awake and can be referred to a private specialist for a general anaesthetic.

The tubes feel like two firm narrow cords under the skin in your scrotum. An opening is made in the scrotum and a loop of vas deferens is very gently drawn out through the cuts. A small piece of each tube is removed. Different methods are used to close the end of the tubes. The small

cuts in the scrotum may be operation talk with the doctor about the method she or he uses.

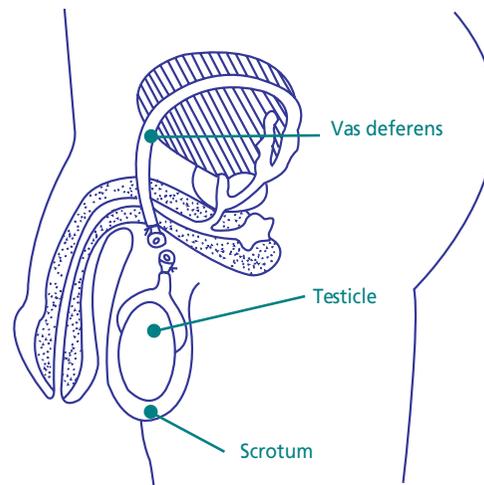
NO-SCALPEL METHOD

No-scalpel vasectomy differs from the conventional vasectomy as there are no incisions or stitches.

In no-scalpel vasectomy the doctor feels the tubes under the skin and holds them in place with a small clamp. Instead of making two incisions, the doctor makes one tiny puncture with a special instrument. The same instrument is used to gently stretch the opening so that the tubes can be reached.

The tube is brought to the surface through the small opening. Different doctors use different techniques but all are designed to ensure that the two ends of the cut tubes remain separate. The second tube is treated in the same way through the same hole.

There is very little bleeding with this technique. No stitches are needed to close the opening, which heals quickly, without leaving a scar.



After the operation - how can I take care of myself?

You will be given detailed instructions at the time of the operation.

You can expect some soreness and bruising for a few days. Plan to stay home and rest. Ask the doctor about pain relief. You can probably return to light work after two days. Avoid heavy lifting, exercise or sexual intercourse for 7-10 days. Remember you still need contraception.

You can have sexual intercourse after 2 to 3 days if it is comfortable but remember you still need contraception.

When is the operation effective?

Your partner will not be protected from pregnancy until two semen samples are sperm free.

Your doctor will arrange the tests. They are done 3 months after the vasectomy. Until then you will need to use another method of contraception.

Can it affect my sexuality?

After a vasectomy you still have erections and orgasms. You ejaculate about the same amount of semen but it no longer contains sperm.

- your hormones and maleness do not change
- your sex drive and ability to have sex do not change.

The only change is that you cannot father a child. If you consider your decision carefully and do not feel pressured by anyone, you are unlikely to regret your choice.