



## The British Association of Urological Surgeons

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# VASECTOMY FOR CONTRACEPTION

## INFORMATION FOR PATIENTS

### What evidence is this information based on?

This booklet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice in the UK. You should read this booklet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

### What does the procedure involve?

Removal of a small section of vas from both sides with insertion of tissue between the divided ends to prevent re-joining.

### What are the alternatives to this procedure?

Alternatives to this procedure include other forms of contraception (both male and female).

Vasectomy should be regarded as an "irreversible" procedure. If you have any doubt about whether it is the right option for you, you should not go ahead.

Under normal circumstances, vasectomy is not appropriate during pregnancy or within the first six months after the birth of a child.

### What should I expect before the procedure?

You will usually be admitted on the same day as your surgery whether the procedure is being performed under local or general anaesthetic.

**Please note:** If you wish to consider sperm storage before your vasectomy, you should be aware that it is not normally available on the NHS. This needs to be arranged separately through your GP or urologist, and there will be an associated cost for storage.

Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent



- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

## What happens during the procedure?

We usually carry out vasectomy under local anaesthetic, largely for your safety. If your tubes are difficult to feel, however, we may need to do it under a brief general anaesthetic.

It is uncomfortable when you have local anaesthetic injected but the injection numbs the skin quickly.

We cannot, however, make the procedure completely painless; the act of picking up the tubes (pictured) cause a variable degree of discomfort. This may make you feel slightly sick, sweaty or light-headed.



## What happens immediately after the procedure?

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.

It is essential to have someone to drive you home after the procedure; you should **not** attempt to drive yourself. We advise you to take the next day off work and sit quietly at home. The local anaesthetic will wear off after a couple of hours and the area may ache for 24 to 72 hours. You can usually relieve this by taking aspirin or paracetamol.

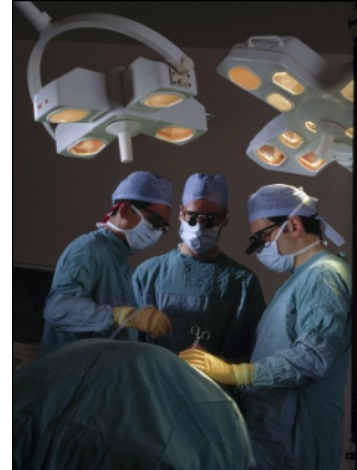
Vasectomy, whether under general or local anaesthetic has a length of stay less than one day.

## Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

### Common (greater than 1 in 10)

- A small amount of bruising and scrotal swelling for several days.
- Seepage of a small amount of clear, yellow fluid several days later.
- Blood in the semen for the first few ejaculations.
- The procedure should be regarded as irreversible. Although vasectomy may be reversed, this is not always effective in restoring fertility, especially if more than 7 years have lapsed since the vasectomy.
- Sufficient specimens of semen must be produced after the operation until they have been shown to contain no motile sperms on two consecutive specimens.
- Contraception must be continued until no motile sperms are present in two consecutive semen samples.
- Chronic testicular pain (10 to 30%) or sperm granuloma (tender nodule at the site of surgery).



### Occasional (between 1 in 10 and 1 in 50)

- Significant bleeding or bruising needing further surgery.
- Inflammation or infection of the testes or epididymis needing antibiotic treatment.

### Rare (less than 1 in 50)

- Early failure of the procedure to produce sterility (1 in 250 to 500).
- Re-joining of the ends of the vasa, after negative sperm counts, resulting in fertility and pregnancy at a later stage (1 in 2000).

Despite published information in the press, there is no evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer).

### Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).

**Please note:** The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

## What should I expect when I get home?

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;
- ask when your follow-up will be and who will do this (the hospital or your GP); and
- be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a “draft” discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

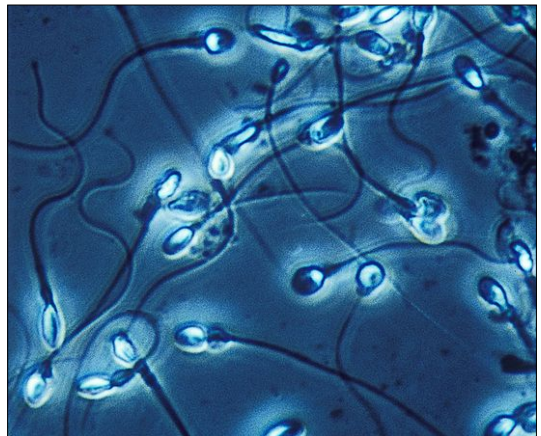
Over the first few days, your scrotum and groins may become a little uncomfortable and bruised. It is not unusual for the wound to appear swollen and slightly weepy. If you are worried about this, you should contact your GP. Your sutures do not need to be removed and will usually drop out after a couple of weeks although, sometimes, they may take slightly longer.

## What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

## Are there any other important points?

Many people ask if they are “too young” to have a vasectomy. There are no rules about how old you should be and each individual case will be considered on its own merits. However, vasectomy is not an appropriate form of contraception for a single man unless there are specified (and rare) medical conditions such as a severe inherited disease.



It is essential that you understand you are **not** sterile immediately after the operation. This is because some sperm have already passed beyond the site where the tubes are tied off.

These sperm need to be cleared by normal ejaculation. On average, you will need 20 to 30 ejaculations to clear them.

At 16 and 20 weeks after the operation, you will be asked to produce specimens of semen for examination under a microscope (pictured). Please read the instructions for production and delivery of these specimens very carefully.

If no sperms are present, you are sterile and we will write to tell you so. If there are still a few non-motile or dead sperms, you may be regarded as sterile. If there are large numbers of motile sperms, you will need to provide further specimens until you are clear.

**Until you get the “all clear” on your semen samples, you MUST continue with your contraceptive precautions**

Vasectomy is only available on the NHS for a few special reasons. This requires your GP to obtain written authorisation from the appropriate authority, in advance of referral, to cover the cost. Most men, therefore, can only have their vasectomy performed on a private basis. The total cost for this can be obtained from your urologist or GP. You should ask exactly what this cost covers. Private medical insurance will **not** pay for you to have a vasectomy.

The procedure may also be available through the Marie Stopes Foundation or through designated GP surgeries. If you wish to pursue these options, you should contact your GP who will put you in touch with the appropriate agency.

### **Driving after surgery**

It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery, unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to give you advice on this.

You should not, under any circumstances, attempt to drive yourself home immediately after the procedure.

### **Is any research being carried out in this area?**

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.

All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.



**What should I do with this information?**

Thank you for taking the trouble to read this booklet. If you want to keep a copy for your own records, please sign below. If you would like a copy of this booklet filed in your hospital records for future reference, please let your urologist or specialist nurse know. However, if you do agree to go ahead with the scheduled procedure, you will be asked to sign a separate consent form that will be filed in your hospital records; we can give you a copy of this consent form if you ask.

I have read this booklet and I accept the information it provides.

Signature..... Date.....

## How can I get information in alternative formats?

Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.



Most hospitals are smoke-free. Smoking can make some urological conditions worse and increases the risk of complications after surgery. For advice on stopping, contact your GP or the free **NHS Smoking Helpline** on **0800 169 0 169**

## Disclaimer

While we have made every effort to be sure the information in this booklet is accurate, we cannot guarantee there are no errors or omissions. We cannot accept responsibility for any loss resulting from something that anyone has, or has not, done as a result of the information in this booklet.

### The NHS Constitution Patients' Rights & Responsibilities

Following extensive discussions with staff and the public, the NHS Constitution has set out new rights for patients that will help improve your experience within the NHS. These rights include:

- a right to choice and a right to information that will help you make that choice;
- a right to drugs and treatments approved by NICE when it is considered clinically appropriate;
- a right to certain services such as an NHS dentist and access to recommended vaccinations;
- the right that any official complaint will be properly and efficiently investigated, and that patients will be told the outcome of the investigations; and
- the right to compensation and an apology if you have been harmed by poor treatment.

The constitution also lists patients' responsibilities, including:

- providing accurate information about their health;
- taking positive action to keep yourself and your family healthy.
- trying to keep appointments;
- treating NHS staff and other patients with respect;
- following the course of treatment that you are given; and
- giving feedback (both positive and negative) after treatment.

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