
Vasectomy

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

This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

What are the alternatives to this procedure?

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, do not proceed with the operation. Under normal circumstances, vasectomy will not be considered during pregnancy or within the first 6 months after the birth of a child.

Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
 - ~ Asasantin
 - ~ Aspirin
 - ~ Fish oil
 - ~ Iscover
 - ~ Persantin
 - ~ Plavix
 - ~ Warfarin
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5–10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

After admission, you will be seen by members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, and your named nurse.

The specialist registrar may perform your procedure in conjunction with Dr Campbell and with your permission.

In most circumstances Dr Campbell performs the operation with the use of a general anaesthetic. A local anaesthetic can be used instead but a general anaesthetic leads to a more pleasant experience.

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Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation.

If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

During the procedure

Vasectomy is usually performed under a general anaesthetic, primarily for your comfort.

A Local anaesthetic is injected into the wound at the end of the procedure to make your post-operative recovery more comfortable.

It is possible to have the entire procedure performed solely under a local anaesthetic, but it is impossible to make the procedure totally painless if performed in this manner.

The operation takes approximately half an hour to complete.

Immediately after the procedure

It is essential to have someone with you to drive you home after the procedure. You are advised to take the following 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 24-72 hours. This can usually be relieved by taking paracetamol or paracetamol/codeine compounds.

Vasectomy is normally carried out on a "day case" basis with a length of stay less than 1 day.

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- ~ A small amount of bruising and scrotal swelling is inevitable for several days
- ~ Seepage of a small amount of yellowish fluid from the incision 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 elapsed 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 (10-30%) or sperm granuloma (tender nodule at the site of surgery)

Occasional (between 1 in 10 & 1 in 50)

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

Rare (less than 1 in 50)

- ~ Early failure of the procedure to produce sterility (1 in 250-500)
- ~ Re-joining of the vas ends, after negative sperm counts, resulting in fertility and pregnancy at a later stage (1 in 4000)
- ~ No evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer)

Vasectomy continued...

General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

Hospital-acquired infection

- ~ Colonisation with MRSA (0.9%, 1 in 110)
- ~ Clostridium difficile bowel infection (0.2%; 1 in 500)
- ~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

Over the first few days, the scrotum and groins invariably become a little uncomfortable and bruised. It is not unusual, after a few days, for the wound to appear swollen and slightly weepy. If you are worried about this, you should contact the rooms or your family doctor. The skin sutures do not need to be removed and will usually drop out after a couple of weeks; occasionally, they may take slightly longer to disappear.

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 Dr Campbell or your family doctor.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

Are there any other specific points?

Many people ask are they "too young" to be accepted for 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 a suitable form of contraception for a single man because of the lack of a guarantee of success with reversal; it might be considered if there were specified (and very rare) medical conditions such as severe inherited disease.

You are not sterile immediately after the operation because some sperms have already passed beyond the site where the tubes are tied off. These sperms are cleared by normal ejaculations; it takes on average 20-30 ejaculations before you are likely to be clear. At 12 and 14 weeks after the operation you will be asked to produce specimens of semen for examination under a microscope; 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 but, if there are large numbers of motile sperms, further specimens will be required until you are clear. Until you get the "all clear" you must continue your contraceptive precautions.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

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Who can I contact for more help or information?

Dr Peter Campbell

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,
Chasely St,
Auchenflower, QLD 4066
(07) 3367 1608,
www.campbellurology.com.au

The Wesley Hospital, Urology Ward

451 Coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7168
www.uhc.com.au/wesley

The Wesley Emergency Centre

451 coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7978
www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 6777
www.greenslopesprivate.com.au

**The Queen Elizabeth II Jubilee Hospital,
Urodynamics Department**

Kessels Rd,
Coopers plains, QLD 4108
(07) 3275 6346

American Urological Association Foundation

1000 Corporate Blvd, Suite 410,
Linthicum, MD 21090
1800 828 7866
www.UrologyHealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

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

Signature

Date
