

Fact Sheet

Permanent contraception for men: Vasectomy

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What is Vasectomy?

Vasectomy is a type of permanent contraception for men. Permanent means it lasts forever. Vasectomy is an option for men who have completed their family or do not want to have children.

Every year in Australia, twenty-five thousand men decide to use this form of contraception.

Vasectomy is a simple operation that is usually done under local anaesthetic.

How well does vasectomy work?

Vasectomy is the most effective type of male contraception available but, like all ways of preventing pregnancy, it is **not** 100% guaranteed. Slightly less than 1:1000 women will get pregnant in the first year after their partner has a vasectomy.

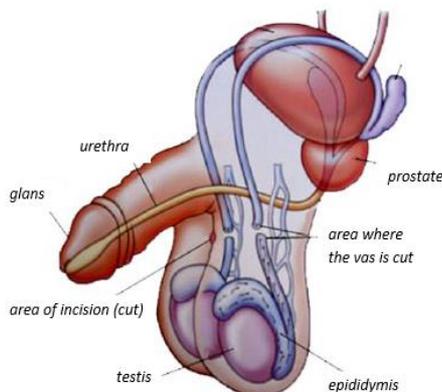
What is vasectomy?

With vasectomy the tube (called the vas deferens) that connects the testes (balls) to the penis is cut. Sperm are made in the testes, so this means that sperm no longer reach the penis when the man ejaculates (comes). Fluid made in other areas of the male reproductive system still forms the semen so it looks the same as before.

How is vasectomy done?

Vasectomy is done with local anaesthetic injected into the skin.

This will sting for a short while and then you should feel no pain during the procedure. The area will feel numb for an hour or so after the operation.



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There are two ways the operation can be done:

- **Scalpel vasectomy** – a small cut is made in the skin and the vas deferens is cut.
- **No scalpel vasectomy** – a small tweezer is used to open the skin and grasp the vas deferens, after which it is cut.

Some men prefer 'twilight sedation' during the operation which means they will feel drowsy and not remember the procedure. If you would prefer this option, a responsible person must be available to drive you home from the clinic after the operation.

What should I expect after surgery?

- You may feel mild pain after the anaesthetic wears off and for a few days after the surgery. Paracetamol (Panadol™) should relieve the pain. It is not advised that you take aspirin or non-steroidal pain killers like Neurofen™.
- Most men return to work the day after the operation, unless they have a very strenuous (physically tough) job that requires heavy lifting or physical labour. If this applies to you please discuss it with your doctor.
- You should avoid heavy lifting for a week after the procedure.
- You should be able to have sex again about one week after the procedure.

What should I look out for after surgery?

During the days after your procedure, you should contact your doctor, clinic or local hospital if any of the following happens:

- severe bruising - purple/blue colour of the skin
- severe pain - not relieved by paracetamol
- significant swelling
- significant redness around the cut area which could be a sign of infection

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It is important to know that having a vasectomy does not mean that you are immediately sterile (unable to have children). It can take 3 months, or sometimes longer, for all sperm to be cleared from the vas after the surgery. Your doctor will give you a specimen jar to collect an ejaculate specimen (semen) 3 months after surgery. The sample will be checked under the microscope to make sure there are no sperm left. Until this check has been cleared you, or your partner, must continue to use other contraception to prevent pregnancy.

What are possible complications (problems) with or after vasectomy?

Vasectomy is a very safe and successful procedure but no operation is completely without risks. Risks of vasectomy include:

- Haematoma (bleeding): 5% of cases. 'No scalpel' vasectomy is slightly less likely to cause bleeding and pain after the operation. Bleeding can usually be managed without difficulty and it is rare for further surgery to be needed.
- Infection: 0.5 - 1.5% of cases.
- A small lump forming under the skin where the vas has been cut, this may be caused by sperm leaking out and forming a scar. Occasionally this lump is painful and can be removed if needed.
- Chronic pain¹: about 1-2% of men who have a vasectomy complain of chronic (ongoing) pain after the procedure. The pain may be there all the time, happen occasionally, or happen with sex. The cause of the pain is not well understood, though it may be because of:

- sperm leaking from the vas
- the vas deference being blocked
- damage to nerves in the area

This pain can be treated with pain killing tablets but occasionally surgery is needed. Surprisingly, 50% of men who had scrotal pain before vasectomy, the pain disappeared after their vasectomy.

- Extremely rarely, after vasectomy, the vas deferens grows back together again and pregnancy may occur.

There is **no** evidence that having a vasectomy increases the chance that you will get cancer of the testes or prostate gland.

Vasectomy is an effective and very safe form of permanent contraception to consider and discuss with your partner once you have decided that you do not want to more children.

Remember that vasectomy provides contraception but does not protect you against sexually transmitted infections (STIs). If you are unsure whether your partner has sexual partners other than yourself then you should still use a condom to protect against STIs, including HIV.

We welcome further feedback on this brochure as a way of continually improving our service.

Please send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au

¹ The most robust (reliable) study of post-vasectomy pain, according to the American Urology Association's Vasectomy Guidelines 2012 (amended 2015) found a rate of 14.7% of men reported any, new-onset, scrotal pain at 7 months after vasectomy with 0.9% of men describing the pain as "quite severe and noticeably affecting their quality of life".