

# VASECTOMY

F A C T S H E E T

## WHAT IS A VASECTOMY?

Vasectomy is the name given to surgical sterilisation of the male. The operation prevents sperm travelling out of the testes (balls) and into the semen (the fluid ejaculated). If there are no sperm in the semen it is impossible to make a woman pregnant.

The operation does not involve removing the testicles and will not affect a man's ability to produce semen. It will not change a man's sexual function or male characteristics. A man should still be able to enjoy sex and ejaculation (cumming) should feel the same. The only difference will be that the semen will not contain sperm.

## WHAT HAVING A VASECTOMY MEANS

Vasectomy is a permanent form of contraception, which is not easily reversed if a man changes his mind. A man thinking about vasectomy should feel sure that he does not want to father a child in the future, even if circumstances change. He should ask himself if he would still feel the same if he lost a child or began a new relationship. Although it is sometimes possible to reverse a vasectomy, there is no guarantee that a man will be able to father a child after a reversal.

## THE OPERATION

Vasectomy is a simple and straightforward operation. The surgeon usually makes one small opening, or sometimes two, in the front of the scrotum, picks up the vas deferens (the tube that carries the sperm) on each side in turn, and cuts and seals the ends of the divided vas. Sometimes a small part of each vas deferens is removed. The opening in the scrotum is closed with a stitch or by pressing the skin edges together. The operation takes about 20-40 minutes and in some places it is carried out under a local anaesthetic. Sometimes the operation is performed under sedation (light anaesthetic) or even a general anaesthetic.

## WHAT TO EXPECT

Even though the operation only takes about 20-40 minutes, the man may be asked to spend up to two hours at the centre where he has the vasectomy. When the anaesthetic wears off, he will probably feel some pain in the groin or scrotum and have some bruising. Pain-killing medication, ice packs and tight-fitting supportive underpants should relieve most of the soreness or discomfort.

After the vasectomy, the man should rest for a few days and avoid any strenuous physical activity or heavy lifting that puts pressure on the groin or scrotum, for one week. Normal day-to-day activity is not harmful, but if a man's work is physically strenuous he may need to take some sick leave.

The doctor performing the vasectomy will give instructions as to when the man can shower or bathe, when to remove the dressing, and when he can have sexual intercourse again.

## HOW SOON IS THE OPERATION EFFECTIVE?

A man will still have sperm in his vas tubes for some time after the operation. It may take as many as 16 ejaculations to clear. Two months after the vasectomy, he should take a sample of his semen to a pathology laboratory for testing. He will need to use another form of contraception such as condoms until these pathology tests show his semen has no sperm in it.

## WHERE DO THE SPERM GO?

Sperm continue to be produced in the testicles after the operation but the body harmlessly absorbs them.

## SIDE EFFECTS

Apart from slight soreness, swelling and bruising immediately after the operation, which lasts a few days, serious side effects are rare. Some men form antibodies to their own sperm after the operation, but these do not appear to affect any other part of the body or cause any disease or discomfort. However, these antibodies may be one of the reasons that men sometimes cannot father a child following a reversal operation.

There is no evidence that vasectomy increases the possibility of men developing cancer of the testis or the prostate gland.

It is rare, but some men have persisting discomfort in the scrotum following vasectomy. While this usually settles with time, very occasionally it does not, and further treatment or surgery may be needed to relieve this discomfort.

## COMPLICATIONS

A small number of men experience bleeding or infection after a vasectomy. Rest, support for the scrotum, pain relief and antibiotics resolve most problems quickly. Occasionally sperm can leak from the ends of the cut tubes and produce small, hard lumps at the site of the operation. With time, this can occasionally lead to spontaneous rejoining of the tubes.

## COULD THE OPERATION FAIL?

About one in every 500-1,000 vasectomies fail and the man may stay fertile or become fertile again. This can happen if the tubes are not fully blocked off, if they grow back together or if a third vas deferens exists. Normally this is picked up when the sperm count is done two months after the operation, but it can occur at any time, even years after the vasectomy.

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## REVERSAL

Some surgeons have been reasonably successful at rejoining cut vas tubes. However, these surgeons normally only take on cases they consider to be straightforward, and even if the operation is successful, there is no guarantee that the man will then be able to father a child. The chance of successful vasectomy reversal decreases with time since the operation. An alternative procedure involves retrieval of sperm directly from the testis followed by in-vitro fertilisation (IVF) with intracytoplasmic sperm injection (ICSI).

If a man is considering a vasectomy, he should regard it as a permanent decision. If he thinks there is any possibility he may want to father children in the future he should definitely not have a vasectomy.

## ARRANGING A VASECTOMY

Vasectomy can be arranged through a local doctor, hospital outpatient department or Family Planning NSW centre. A man does not need permission from his partner to have a vasectomy.

## FOR FURTHER INFORMATION

**Contact the Healthline on 1300 658 886**

**Or email: [healthline@fpnsw.org.au](mailto:healthline@fpnsw.org.au)**

**TTY (for deaf) 02 8752 4360**

*The information in this Factsheet has been provided for educational purposes only. FPNSW has taken every care to ensure that the information is accurate and up-to-date at the time of publication. Individuals concerned about any personal reproductive or sexual health issue are encouraged to seek advice and assistance from their health care provider or visit an FPNSW clinic.*

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