



Vasectomy

Vasectomy is an operation providing longterm male contraception, and is an excellent procedure in the setting of a “completed” family.

Extensive studies have established the safety of the procedure in both the short and longterm, and there is no association with systemic illnesses or malignancy. The operation is much simpler than the equivalent in the female, and is a reasonable “act of kindness” towards one’s wife/partner who has borne the children. Although the procedure can be reversed, it should be regarded as permanent, as the results of vasectomy reversal are variable owing to the very fine nature of the divided tubing.

The procedure involves the simple interruption and ligation of the sperm tubing. The testes continue to function normally producing sperm and hormones. The sexual function is unaffected by the procedure. The sperm comprise only 1% of the ejaculate and hence the fluid volume is unchanged.

Performed as a Day Care procedure, in ideal circumstances, maintaining strict sterile process, the operation involves a ½ to 1cm incision on each side of the scrotum, the wound closed with fine dissolving sutures. A light general/local anaesthetic is required.

Post-operatively the patient experiences discomfort, minor swelling and a little discharge from the wound is anticipated. Minor irritation of the wound is normal due to chaffing against the thigh. No specific dressings are required and showering is commenced immediately post-operatively. Exercise is curtailed for ten days post-operative to reduce irritation of the wound. Sexual function may resume at any stage according to the patient’s comfort. Dr Currer performs vasectomies on a Friday afternoon operating list such that patient’s may return to work on the Monday.

Minor wound infections may occur, requiring a course of antibiotics, and other possible sequelae include small haematomas at the wound, and sperm granulomas, the latter resolving spontaneously.

A semen analysis is mandatory at eight weeks to ensure sterility and “protection” should be maintained in the interim.

It is important to recognise that longterm sterility cannot be absolutely guaranteed. Very rarely, recanalization of the tubules may occur. Also, duplicate sperm channels may occur, not detected, at operation, although this should be indicated by a persistent sperm count, on semenanalysis.

Dr Currer has an experience of more than 2500 vasectomy procedures.

PATIENT DECLARATION

I have read and understand the implications of vasectomy as outlined in this document.

Signed _____

Date _____