Complications

After a vasectomy, it is normal to have minor bleeding at the skin site, usually no more than a dull ache. If there is high fever (over 102 degrees), undue pain or excessive bleeding, report this to your doctor. The complications of vasectomy are usually minimal. Occasionally, the testes may have aching for more than just a few days. This is due to testicular congestion that develops when the vas deferens has been blocked. It will usually resolve spontaneously within a few weeks time. Longterm pain at the site is a potential complication related to any type of surgery, but chronic testicular pain from vasectomy is very rare, reported in less than 1% of vasectomies. The benefits of vasectomy as a permanent form of birth control far outweigh any minor risks. If you are interested in vasectomy or just want some additional information, please contact one of the vasectomy experts at The Conrad Pearson Clinic.

Vasectomy and Prostate Cancer

The majority of studies that evaluate any potential risk of prostate cancer related to prior vasectomy conclude that there is no added risk. One study, however, did suggest that there might be some added risk. Most urologists explain away this suggestion by looking at the statistical sampling bias. No biochemical or physiological pathways have ever been identified that would translate to an added risk of prostate cancer. Currently, we do not recommend any additional screening for prostate cancer just because someone has had a vasectomy. Semen is still ejaculated spontaneously decay and the sperm trapped in each testicle outside world. After vasectomy, the sperm trapped in each testicle can no longer reach the female reproductive tract. The decision is usually based on a vasectomy for temporary birth control and are equally effective, but there is minimal added risk. One study, however, did conclude that there is no added risk. As a result of vasectomy, semen contains no sperm. After vasectomy, sperm cannot reach the outside world.

Procedure

Vasectomy is a simple, outpatient procedure. The legendary accounts of "horrible pain" during vasectomy are nothing more than urban myths blown way out of proportion. There is no real change that is sensed after vasectomy. Sperm is still ejaculated with orgasm; however, there is no sperm in the semen. Everything else about the penis and testicle remain the same. Vasectomy does not affect orgasm sensation, or penile sensitivity or erection. Testosterone production is unaffected so there is no change in libido, voice, hair pattern, or muscle mass. There is no evidence that vasectomy causes any future health-related problems.

Vasectomy by Robert S. Hollabaugh, Jr. MD

Birth Control is an issue that every couple considers throughout the course of their relationship. A variety of options exist, and at various phases of a relationship, one method may be preferred over another. When couples realize that they want permanent birth control, the decision is usually based on a vasectomy or a tubal ligation in the woman. Both of these procedures are permanent methods of birth control and are equally effective, but there is a significant difference in the risks associated with each procedure. Some patients are completely comfortable with any future health-related problems. One research project suggested that there might be a higher risk of prostate cancer in men who had previously had vasectomy. Never has there been any physiologic explanation for this conclusion, and in fact, many other studies have shown no increased risk. Thus, currently, most urologists agree that vasectomy patients are not at any additional risk for prostate cancer.

Anatomy

To review anatomy, the vas deferens is the tube that connects the testicle to the prostate and urinary channel. During ejaculation, sperm is propelled out of the testicle and up the vas deferens to the prostate gland where the sperm mixes with seminal fluid. The muscular contractions of orgasm then push the semen thru the urethra and out of the penis. The normal volume of semen in an ejaculation is only 3 cc’s of fluid, but contains several hundred million sperm- any one of which may find the egg and create a pregnancy. Vasectomy surgically blocks the vas deferens so that the sperm cannot reach the outside world. After vasectomy, the sperm trapped in each testicle spontaneously decay and the testicle slows down its production of new sperm. Overall, there is no real change that is sensed after vasectomy. Sperm is still ejaculated with orgasm; however, there is no sperm in the semen. Everything else about the penis and testicle remain the same. Vasectomy does not affect orgasm sensation, or penile sensitivity or erection. Testosterone production is unaffected so there is no change in libido, voice, hair pattern, or muscle mass. There is no evidence that vasectomy causes any future health-related problems.

Considerations

Vasectomy is a simple, outpatient procedure. The legendary accounts of "horrible pain" during vasectomy are nothing more than urban myths blown way out of proportion. There is no real change that is sensed after vasectomy. Sperm is still ejaculated with orgasm; however, there is no sperm in the semen. Everything else about the penis and testicle remain the same. Vasectomy does not affect orgasm sensation, or penile sensitivity or erection. Testosterone production is unaffected so there is no change in libido, voice, hair pattern, or muscle mass. There is no evidence that vasectomy causes any future health-related problems.
VASECTOMY

The cut ends of the vas may be tied, closed with a clip, or sealed by heat (cauterized).

Vasectomy as Birth Control

Because vasectomy is minimally invasive and can be performed without general anesthesia, it has become the preferred method of permanent birth control. Nothing, except abstinence from sex altogether, is more reliable. The risk of pregnancy following proper vasectomy is approximately 1 in 100,000. The main reasons for failure include spontaneous reconnection of the vas deferens or residual sperm in the open segment of the system. Recanalization of the tubes was more an issue in the past when vasectomy consisted only of kinking or tying off the tube in a single location. Today’s procedures involve multiple safeguards for a more reliable result: complete division of the tube, removal of a small segment of the tube, and cauterization closure of the tube ends. In addition, many surgeons also use titanium clips on the ends of the vas deferens to assure that the seal is reliable. Residual sperm in the tube is another area of concern. Sperm naturally can survive in the entire length of the vas deferens. When the vas is divided, no new sperm can get into the system, but the existing sperm in the system have to be flushed out. As a definite warning, urologists caution patients to continue using some alternative form of birth control until a semen test confirms that all of the sperm have been flushed out. Usually this flushing process will occur by natural ejaculation over the first 4-6 weeks after vasectomy; however, cases have arisen where small numbers of sperm were present for as long as several years. A fresh vasectomy is not considered to be a reliable form of birth control until a semen analysis performed after the vasectomy shows a complete absence of sperm.

Comparison to Tubal Ligation:

Tubal ligation may be equally effective to vasectomy, but carries a much higher surgical risk. Unless a woman is ready and prepared to get her tubes tied at the time of a cesarean-section, separate elective tubal ligation requires another general anesthetic and invasive surgery. While anesthesia and elective surgery is considered very safe, cases do exist where otherwise healthy patients have catastrophic events. The American Board of Anesthesiology recognizes a 1 in 100,000 risk of unexplained death due to general anesthesia for all patients. In addition, errant injury to vital neighboring organs during the procedure is possible, including bowel, bladder, and major blood vessels. Clearly, the risk for tubal ligation is much higher than the risk of vasectomy.

Vasectomy Preparation

To prepare for a vasectomy, patients should bathe or shower on the morning of the procedure. Patients must be off any blood thinners (including aspirin and anti-inflammatory medications) for 10 days prior to the procedure. Wear loose clothes and bring a jockstrap with you. If you are planning to have anesthesia for the vasectomy, and then you must not eat or drink anything after midnight prior to the procedure, and you will also need to have a driver to take you home. If no anesthesia is planned, you may eat a light breakfast on the day of the procedure and recovery is the same. While a smaller incision is made (with scissors rather than a scalpel), the same division of the vas is performed and the same mild tenderness results. Most of the “horror stories” that exist surrounding vasectomy procedures are more related to what patients do the day after the vasectomy than to the operation itself.

Anesthetic risks for the vasectomy are much lower than for tubal ligation. You may take a quick shower at any time afterwards, but avoid baths or hot-tubs for a week. Avoid any exercising or sports for 1-2 weeks (sex is equivalent to exercising), and when you resume these activities, start gradually. If you are hurting, it is fine to take aspirin or Tylenol, and if the pain is bad, use the narcotic that was prescribed. Do not consume alcohol or drive when taking narcotics. If an antibiotic is prescribed, take it as directed and take it all.

Following a vasectomy, patients should go directly home and take it easy for the next 72 hours. Bedrest is best, but at least prop your feet up and relax. Keep an ice pack on the scrotum for the first 24 hours, as this will help control any swelling. Do not do any strenuous activities, such as running, walking, golfing, hunting, karate lessons, etc.

When the vas is lifted through the incision, you may feel a tug. But you should not have any pain.

Either option. Some conditions require special considerations before performing vasectomy, particularly severe medical illnesses, ongoing use of blood thinners (including aspirin and anti-inflammatory medications), previous hernia or testicle surgery, or history of undescended testicle. To perform the procedure, the surgeon feels the vas deferens in the scrotum and then exposes it thru a small incision in the scrotal skin. The vas deferens is then divided and sealed with either cautery, titanium clips, or both. Most urologists send a small specimen of the vas deferens to the pathology lab for verification. Depending on how supple and loose the skin of the scrotum is, the operation may be done thru a single or double incision. The decision for one versus two incisions really varies with each case, and does not have any bearing on post-operative pain and suffering. Some urologists advertise a “no scalpel” technique for vasectomy. To patients, this is appealing as it suggests a less painful procedure. In reality, the

Post Op Instructions – PAY ATTENTION

Vasectomy is usually simple and easy. Adherence to instructions afterwards is what will make the recovery uneventful.

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Even if you feel perfectly normal the day after a vasectomy, you should do nothing more than prop your feet up and watch television.

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