



# Vasectomy

A **vasectomy** is a surgical procedure that involves cutting or blocking the vas deferens, the tubes that transport sperm from the testicles to the prostate. This prevents sperm from mixing with semen, thereby rendering the man sterile (unable to father children). The volume and appearance of semen remain unchanged after the procedure.

## Male anatomy and vasectomy

In the male reproductive system:

- The **testes** produce sperm.
- Sperm travel via the **vas deferens** to the **prostate**, where they combine with seminal fluid.

A vasectomy interrupts this pathway by blocking or severing the vas deferens, so sperm no longer enter the semen.

## Why consider a vasectomy?

Vasectomy is a highly effective and permanent form of contraception. Its benefits include:

- **Greater reliability** than condoms, withdrawal, contraceptive pills, or other temporary methods
- A **safer, simpler, and more cost-effective** option compared to female sterilisation (tubal ligation)

## Who is a candidate?

Vasectomy is typically suited for men who:

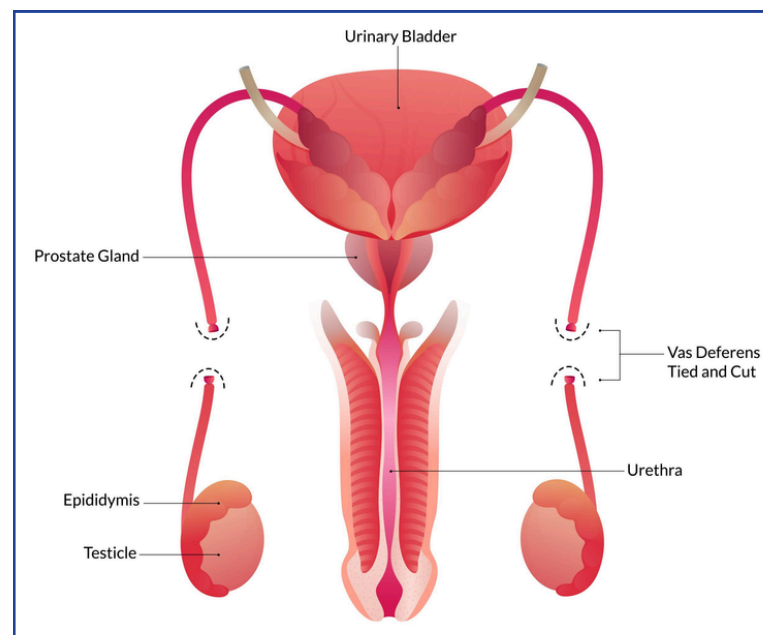
- Are certain that they no longer wish to have children
- Wish to seek a more permanent form of contraception

**Important:** Men under the age of 25 should carefully consider the decision to have such a procedure. If you have any doubts surrounding your circumstances changing in the future, you should not have the procedure.

## Addressing concerns - Vasectomy and masculinity

Concerns about masculinity or sexual performance post-vasectomy are not supported by medical evidence. Specifically:

- Testosterone production and secondary sexual traits (e.g. beard growth, voice depth) remain unaffected
- Sexual drive, erections, and orgasms are preserved
- Only a small portion of ejaculate consists of sperm, so semen appearance and volume remain virtually unchanged



# Vasectomy and Fertility

Sterility is **not immediate** after the procedure. Sperm may still be present in the vas deferens beyond the surgical site. It usually takes **10 to 15 ejaculations** to clear residual sperm. Sterility is confirmed through a follow-up semen analysis.

## Protection against STDs

A vasectomy does not protect against sexually transmitted diseases (STDs), including HIV/AIDS. Condoms should still be used when there is any risk of STI transmission or acquisition.

## Before your Vasectomy

Prof Lawrentschuk needs your full medical history to plan the procedure safely. If you have not already done so, please inform him about:

- Allergies to medications, anesthesia, or surgical tapes.
- Issues with prolonged bleeding or excessive bruising.
- Previous surgeries involving the testicles or hernia repair.
- Current or past illnesses, including psychological conditions.

Also, please let Prof Lawrentschuk know if your list of medications has changed. This includes **aspirin, medicines containing aspirin (such as cough syrups), Palvix, warfarin, anti-inflammatory medications (such as Nurofen), vitamin E, herbal medications, fish oil or garlic tablets**. Certain medications can increase the risk of bleeding, so Prof Lawrentschuk may recommend adjustments.

## Anaesthetic Options

Your vasectomy can be performed under:

- **Local anesthesia:** Numbs the surgical area while you remain awake.
- **General anesthesia:** You are asleep for the procedure.

Modern anesthesia is generally safe, though complications are possible. Prof Lawrentschuk will discuss any risks with you.

## Surgical Methods

The procedure typically takes **15 to 30 minutes**. Prof Lawrentschuk will recommend one of the following methods based on your preferences and medical considerations:

### Conventional Approach

A small scrotal incision is made; the vas deferens is cut, sealed, and the site stitched closed.

### No-scalpel Approach

Instead of an incision, a puncture technique is used to provide access to the vas deferens, often without stitches.

### Open-End Vasectomy

The testicular end of the vas deferens is left open to reduce pressure and potential discomfort.

# Recovery After Surgery

Recovery is generally smooth, with minor discomfort. You may experience some swelling, bruising, and a dull ache. These symptoms can be minimised by wearing supportive underwear and applying ice packs.

- **Incision Care:** Use gauze pads as needed and follow Prof Lawrentschuk's instructions regarding bathing and showering.
- **Pain Relief:** Over-the-counter painkillers like paracetamol are usually sufficient.
- **Activity:** Avoid strenuous activity for at least two weeks. Gradually resume sports and physical labour once discomfort subsides.
- **Sexual Activity:** You can resume sex when you feel comfortable, but continue using contraception until Prof Lawrentschuk confirms sterility.

## Possible Complications

While vasectomy is generally safe, complications can occur. These may include:

### Infection

It can occur at the surgical site and in the nearby tissues. The site may appear red, swollen and tender. If you experience this, please **contact Prof Lawrentschuk's rooms**, your **local GP** or visit your **closest Emergency Department**.

### Swelling and bruising

Blood or fluid may accumulate in the skin of the scrotum, causing swelling and bruising. The body will reabsorb small amounts of fluid but larger amounts may need to be drained by Prof Lawrentschuk. This rarely requires extra surgery.

### Small, tender and painful lumps

Sperm can occasionally leak from the cut ends of the vas deferens into the surrounding tissue. This can lead to small bumps forming under the skin of the scrotum. Often, no treatment is needed; some people take anti-inflammatory medication to ease any pain.

### Chronic pain

Although rare, some men experience consistent discomfort in the scrotum and others feel pain only during sex. If you experience this, anti-inflammatory drugs can help to ease discomfort. If it is still persistent, please book in to see Prof Lawrentschuk as it may be in your best interest to reverse the procedure.

### Spontaneous reconnection of the vas deferens

The cut ends of the vas deferens may rejoin months or years following the procedure. This can even occur after a completely negative sperm count.

## Follow-up and monitoring

You will usually have a follow-up appointment with Prof Lawrentschuk or our Urology Nurse, Thili, **3 months following your procedure**. In preparation for this appointment, you will be issued a **semen analysis pathology request slip**. Please ensure this is completed **1-2 weeks** prior to your scheduled appointment and that you have had **at least 20 ejaculations between your procedure and this test**.

Please note that there are only select pathology collection sites available for semen analysis. If you are unsure about where to go, please email our rooms and we can provide you with some locations.