



Vasectomy is the best form of male contraception. It is a surgical procedure during which your urologist ties off the *vas deferens*, the small tube that transport the sperm cells from the testicles into the body to behind the bladder where they are stored within the semen in the seminal vesicles. During ejaculation the semen (containing sperm) is deposited into the urethra to travel out through the tip of the penis.

During the vasectomy procedure, which can be performed under local or general anaesthesia, a small opening (*the non-scalpel method*) is made in the scrotal skin through which the *vas deferens* (about as thick as a match-stick) is brought out. A section of the *vas* is cut out and tied off with a suture and the open ends are fulgurated (sealed with heat) to obstruct the inside of the tube. The sperm cells therefore cannot travel into the body and join the semen. The spermatozoa remain in the epididymis and vas deferens until they die, and are reabsorbed by the body.

Vasectomy remains the most effective form of contraception and is much less invasive than female sterilisation. One is able to check whether a man is sterile by performing a semen analysis.

The semen stored inside the body will still contain sperm for an average of 30 ejaculations. After 3 months, take a **semen sample to the laboratory**. This sample will check whether the semen is free of live and dead sperms. Until such time, **you should continue to use contraception until you have received the "all clear" from your surgeon.** Only then may you stop contraception.

No procedure comes with a 100% guarantee and rare cases have been described where the two ends of the tubes have grown back together. This is why it is important to have a semen analysis done 3 months after the procedure.

Other complications include bleeding and bruising, and rarely infection. If you develop swelling or pain after the procedure, please contact our rooms. Long term testicular discomfort or pain, persisting for more than 1 year after the surgery, is very rare.

Vasectomy should be seen as a **permanent** procedure as the reversal operation is a much more complicated and costly procedure with a lower success rate, especially if it is performed long after the vasectomy has been done. If you are unsure, consider storing sperm at a fertility clinic before the operation.

VASECTOMY

Everything you need to know about having the snip

www.capeurology.co.za

Date: _____

Time: _____

Facility: _____

Doctor: _____

Fast from: _____

To get authorisation from your medical aid you need the following information:

Practice number: **0799246**

Diagnosis (ICD10) code: **Z30.2**

Procedure codes: **2207, 2802**

Remember that your medical aid might not cover the entire bill, and you remain responsible for any co-payment.



Top Tips for a stress free procedure:

- Get the admin out of the way. Contact our rooms early if you need more information eg. a quote.
- Talk to your urologist to decide between local anaesthesia, sedation or a general anaesthetic.
- Arrange someone to fetch you from the hospital or clinic.
- Make sure you take some time off work - this is an operation after all, even if it's only a little one.
- Wear your "jock-strap" when you are up and about. Avoid sex and exercise for one week.
- Take some pain killers - it's not a contest.

What to do after the vasectomy...

You should rest and not be up and about for the first 24 hours. Go straight home, recline on the bed or sofa and **minimise activity**. An **ice pack** may reduce swelling of the scrotum: use regularly over the first 8 hours.

Take **painkillers** when you get home, as the local anaesthetic will start to wear off after 6 hours. Avoid aspirin for 2 days after the vasectomy. We usually prescribe a combination tablet such as Myprodol which contains painkillers and an anti-inflammatory.

Wearing a **scrotal support** or tight clothing (cycling pants) will help a lot to minimise swelling and discomfort over the first 3 days. Remove it daily when taking a shower.

On the day after the procedure, you may walk and drive as much as you like, but **no sports (especially no running or cycling), no physical work and no swimming for a week**. It is advisable to work from home the next day.

You may have **sex** 5 days after the procedure. It is not unusual to have some blood in the semen for the first few ejaculations.

Remove the dressing after 2 days and wash normally with soap and water. The suture in the wound will take 2-3 weeks to dissolve. Feeling a lump under the wound/scar is a normal part of the body's healing process. The wound will usually have a little redness around the edges.

It is normal to have some black and blue **discoloration of the skin** around the wound. This can get worse after a few days, and spread to the rest of the scrotum. This blood under the skin sometimes takes several weeks to resolve completely but is not painful.

Some men (about one in 20) will develop **swelling** and discomfort on one side, sometimes on both sides, starting anytime from 3 days to 3 months following vasectomy. This is effectively managed with a 5 day course of an anti-inflammatories.

*If you notice severe painful swelling of the scrotum or testicle, experience worsening pain or constant bleeding from the wound - please visit your nearest Emergency Unit. They will contact the urologist on call. If it can wait until the morning, call our rooms during office hours to schedule a follow up consultation. **The on call urologist can be contacted on (021) 712 66 99.***