**Introduction:**

Vasectomy is as a means of **permanent** contraception (birth-control). Vasectomy is covered by OHIP. Vasectomy reversal is not covered and is not always successful.

This is a minor procedure in which the vas deferens from each testicle are divided and blocked. The vas is a long tube that runs from each testicle to the urethra (urinary passage). It conducts sperm at the time of ejaculation. When the vas is divided and blocked, the ejaculation fluid (semen) is free of sperm. After the procedure you will still have ejaculation semen that will be virtually identical in volume, colour, and consistency. Vasectomy should not affect your sexual function. There is no reason to believe that having a vasectomy can cause prostate cancer, despite conflicting reports in the scientific literature.

**The procedure:**

The procedure typically takes 10-20 minutes and is be performed at the Ambulatory Procedures Unit (APU) at Joseph Brant Memorial Hospital (2nd floor, south tower). Blood thinners must be held for the procedure. If you have ever had a reaction to local anesthetic (freezing), if you have a disorder of blood clotting, or if you require antibiotics prior to dental procedures due to heart abnormalities or an artificial joint, it is important that you inform us in advance of the procedure.

On the day of the procedure, you should shave the hair from the front part of your scrotum prior to arrival. The procedure is performed with local anesthetic. The skin and vas are ‘frozen’ with an anesthetic solution injected through a fine needle. This blocks the sensation of pain, although you may still notice some pressure and pulling. We perform a no-scalpel vasectomy technique, which is associated with an eight times lower complication rate, quicker healing and less intra-operative discomfort compared with a conventional approach. We do not place any permanent foreign bodies, such as clips, in the scrotum. A dissolving stitch will be used to close the skin opening; this should fall out within a few weeks.

After the procedure, snug underwear or a scrotal support can keep you more comfortable. It is recommended, but not mandatory, that someone drive you home after the procedure. Plan to restrict your activities for the first 2-3 days after your vasectomy. Avoid any physical activity, heavy lifting, or exercise for about one week. You will be prescribed a mild painkiller that can be used as required when the local anesthetic has worn off (usually Tylenol # 3 1-2 tablets every 4 hours). I recommend that you take 2 plain Tylenol (350 mg tablets) every 4 hours to prevent development of pain, (and if you are still having pain take Tylenol # 3 instead of the plain Tylenol). Application of an ice pack (or a package of frozen peas) to the scrotum for 20 minutes, 3-4 times a day, for the first day or two, will help bring down any swelling. As the ice is quite cold, place a thin tea towel or cloth between the ice and your scrotal skin. You may shower after 24 hours but avoid baths, hot tubs, pools etc. for a week. Sexual activity and exercise may be resumed when you are comfortable, usually within one or two weeks.

Since you will remain fertile for several months after your vasectomy, another form of birth control must be used until you are advised that your semen is free of sperm. Regular ejaculation will help to clear out the remaining sperm from the tubes. Three months after your vasectomy, you must produce a semen analysis for laboratory analysis. To obtain a semen analysis – collect by masturbation, do not use a condom, keep at room temperature and deliver to the lab within 1 hour of collection. **If you do not hear from our office within a week of the semen test, please contact our office for the result**. If there are no sperm present at that time (this happens in about 90% of cases), your procedure has been a success. If there are sperm present, you will need to repeat a semen analysis one month later. Until you confirm that your semen is sperm-free, you must use another form of birth control (or risk a pregnancy).

**Potential Risks:**

* Bleeding: Most men report a bruised sensation to the scrotum for a few days to a week after the procedure. Some mild bleeding into the scrotum (1/100) may occur which forms a small tender swelling for a few days. A scrotal hematoma (1/1000) is a major bleed into the scrotum causing an enlarged tender scrotum which can be disabling for several months.
* Infection: A skin infection requiring antibiotics can occur (1/100), as can epididymitis or orchitis, which are infections of the epididymis or testicle, respectively (1/50).
* Pain: A sperm granuloma can occur which is a lump that may develop at the site behind the testicle where the tube is divided. Many men may feel a permanent lump behind the testicle after vasectomy. This is rarely painful or tender. Post-vasectomy pain syndrome (1/1000) is a rare complication of pain in the scrotum that can persist for months. Even less frequently, it can persist indefinitely and be quite disabling.
* Vasectomy failure: Late vasectomy failure (ie: return of sperm to the ejaculate) is a rare outcome (1/2000). This may be due to recanalisation (re-connection) of the vas, which can occur months or years after the procedure.

**Questions?:**

It is important that you are fully informed and have had all your questions answered prior to the procedure. If you have any questions or concerns at any time either before or after the procedure, please discuss with us.