

What is a vasectomy?

Vasectomy is a minor surgical procedure that typically leads to permanent sterilization. It is the most common form of male contraception in the United States, and more than 500,000 men have a vasectomy each year. It is safe, highly effective, and has no impact on erection or sexual performance.

How does vasectomy work?

Sperm are produced in the testicles; they then pass through the urethra and are ejaculated during sexual intercourse. Vasectomy prevents sperm from mixing with semen by blocking the sperm ducts. After vasectomy, sperm continue to be produced. However, during ejaculation, the sperm make it only as far as the newly blocked point in the ducts, where they are reabsorbed. As a result, there are no sperm in the ejaculated semen during intercourse.

What are the benefits?

Vasectomy is intended as a permanent means of birth control. Freedom from fear of producing an unwanted child may improve the enjoyment of sex for you and your partner. But, a vasectomy will not prevent infection if either of you have a sexually transmitted disease (such as Chlamydia or HIV).

How will a vasectomy affect me?

Vasectomy only affects sperm in your ejaculation. The prostate and seminal vesicles continue producing fluids that are ejaculated. After vasectomy, the amount of fluid ejaculated decreases by 5%. Vasectomy has no effect on the ability to get or keep an erection, and male hormone levels remain the same. It will not cause impotence or decrease your sex drive.

How effective is vasectomy?

Bottom line: Vasectomy is the safest and most effective form of long-term contraception. Less than 2 out of every 1000 men who have a vasectomy continue having sperm in their semen. However, it takes about 20 ejaculations to empty sperm already produced. So you should expect to use alternate contraception for about 3 months before submitting sperm samples to verify sterility. If no sperm are found in these samples, the chance of “accidentally” fathering another child is near zero.

Is the procedure always successful?

It is rare (1 in 4500) for sperm ducts not to seal completely. If this happens, you may need a second vasectomy. Unplanned pregnancy can occur.

Will my masculinity be affected?

No. Vasectomy is not castration, and sterility does not mean impotence. The testicles still produce hormones affecting masculinity (e.g., sex drive, deep voice, facial hair). These hormones continue flowing throughout your bloodstream

How long does the procedure take?

A vasectomy takes about 15 to 30 minutes. You will be able to return home shortly afterwards, but do not attempt to drive yourself.

How is vasectomy done?

Vasectomy is an outpatient procedure, which is performed under local anesthesia (although you may receive a mild sedative to help you relax). Your scrotum will be shaved and washed with sterile soap. One or 2 small incisions (cuts) are made in the scrotum. Then, short segments of the sperm ducts (vas deferens)—about 1/2 inch to 1 inch of each duct—are cut and removed to reduce the possibility of their rejoining. You will feel a pulling sensation from the testicles and perhaps a dull ache for a brief moment. The sealed ends of the vasa will be returned to the scrotum. The incisions are so small that stitches may not be needed. If stitches are used, they will dissolve by themselves. You should bring an athletic supporter with you to wear after the procedure.

No Scalpel Vasectomy

Scalpel-free vasectomy is not very different from routine vasectomy. The skin is opened using a razor-sharp clamp rather than a surgical blade. A length of each sperm duct is still removed, but the incisions are even smaller. The procedure is also done under local anesthesia and is associated with little post-operative discomfort. There are no serious complications associated with the procedure, and the minor ones that can arise are short-lived and usually easily dealt with. Long-term safety is excellent.

What should I expect after a vasectomy?

After the procedure, you should go straight home, apply ice to the scrotum, and continue wearing the athletic supporter. You may bathe the next day. No exercise, straining, or heavy lifting should be done for at least 48 hours. A pulling sensation to the scrotum may persist for a week or two. This is normal and is usually relieved with scrotal support (i.e., athletic supporter). Some swelling to the scrotum and testicles is normal, as is moderate discomfort for a day or two. Swelling is normal for even several weeks, but you should notify your doctor if swelling grows larger than a silver dollar.

Will I miss any days at work?

Most men return to work after 2 days. Some choose to recuperate over a weekend so they don't miss any work.

When can I resume sexual activity?

You should postpone sexual activity for 72 hours. Because sperm can survive for 6 months or more, you will be asked to bring one or more specimens of semen to your follow-up visit to verify the success of the procedure. Unprotected intercourse should not take place until sterility is assured. Most doctors suggest a minimum of 3 to 4 months, and we advise a minimum of 20 ejaculations before performing the first semen analysis. A second analysis indicating absence of sperm is recommended before you resume unprotected intercourse.



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Are there risks or complications?

Yes. Vasectomy is a very low-risk procedure, but there is always possibility of complications. Although they are rare, bleeding (hematoma) and infections are the most common complications. Sperm granuloma, which is a hard (sometimes painful) pea-sized lump, may form as a result of sperm leaking from the cut vas deferens. Such a lump is not dangerous. In time, it is nearly always reabsorbed back into the body. Congestion is a sense of pressure caused by sperm in the testes, epididymis, and lower vas deferens that may cause discomfort for as long as 2 to 12 weeks after vasectomy. Like granuloma, congestion usually eventually resolves itself. In the rare event that vasectomy is unsuccessful, unplanned pregnancy can occur, and a second procedure may be necessary.

What if I change my mind?

Vasectomy is not intended for men who plan to have children later. Reversing vasectomy is possible, but it is a far more demanding procedure, the costs are significantly greater, and insurance may not cover them. Therefore, you should approach a vasectomy as if it were irreversible.

Some men choose to place one or more sperm samples in the sperm bank prior to vasectomy. They view this as a type of insurance in case they change their minds. However, sperm banking only saves a limited supply of sperm and does not guarantee fertility. Lastly, there are alternatives to vasectomy reversal, but they are even more challenging in terms of cost and safety.

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