What is a Vasectomy?

Vasectomy is minor surgery to block sperm from reaching the semen that is ejaculated from the penis. Each year, more than 500,000 men in the U.S. choose vasectomy as permanent birth control. During vasectomy, each vas deferens (the two tubes that move sperm from each testicle) are separated. This blocks sperm from reaching the semen that is ejaculated from the penis. After a vasectomy, the testicles still make sperm, but the body absorbs them. A vasectomy prevents pregnancy better than any other method of birth control, except abstinence. Only 1 out of 2,000 women will get pregnant after their partners have had a vasectomy.

What is the Procedure?

Your doctor can perform a vasectomy in an office or hospital. Vasectomy is a minor surgery that should take about 20 minutes. One urologist who performs vasectomies tells patients to “…take a long hot shower the morning before with a lot of soap and make sure to have a bag of frozen peas and a couple of rented movies at home” for after the surgery.

Before the vasectomy, your scrotum will be shaved and cleaned. Usually local anesthesia is used. You will be awake, but should not feel any pain. Some patients may also be given medicine to reduce anxiety. With a standard vasectomy, the urologist makes one or two small cuts in the scrotum. One vas deferens tube is cut and tied or sealed with heat. The tube is replaced inside the scrotum. The procedure is then repeated on the other side. Lastly, the skin is closed with stitches that dissolve and do not have to be removed.

Another popular option is a no-scalpel vasectomy. In this procedure, a small clamp with pointed ends is used to puncture the skin. Then each vas deferens is lifted out, cut, sealed and then put back in place. A no-scalpel vasectomy works just as well as a standard vasectomy. Usually, no skin sutures are used.

What are the Risks?

About one to two percent of men may have ongoing pain or discomfort after a vasectomy. The pain is most often treated with anti-inflammatory drugs, like ibuprofen. Exact causes of pain are not known, but in some rare cases, additional medical or surgical treatment may be needed. Other risks after a vasectomy are very low, but may include:

• Bleeding under the skin, which may cause swelling or bruising (call your doctor if your scrotum swells a lot soon after your surgery).
• Infection at the site of the cut, but it is rare for an infection to occur inside the scrotum.
• A small lump caused by sperm leaking from a vas deferens into nearby tissue. This is usually not painful, but if it is, it can be treated with rest and pain medicine. Sometimes, surgery may be needed to remove the lump, which is called a “sperm granuloma.”
• Swelling of the vas deferens.

In very rare cases, the vas deferens may grow back together, which would allow the man to have children again. Studies show men who have had a vasectomy are not at a higher risk for any other medical conditions such as heart disease, prostate cancer, testicular cancer, or other health problems.
What Should I Expect After Surgery?
Your scrotum will be numb for a few hours after a vasectomy. Once home, you may put cold packs on the area, such as a bag of frozen peas and lie on your back as much as you are able for the rest of the day. Mild discomfort or pain is normal after a vasectomy and should be treated with over the counter pain relievers. Wearing snug underwear or a jockstrap will help ease discomfort and support the area.
You may have some swelling and minor pain in your scrotum for a few days after the surgery.

When Can I Resume Normal Activities?
You may be able to go back to work in one or two days if you do deskwork. Men with more activity and heavy lifting at work may need more time off, as you should avoid heavy lifting for a week. You can have sex as soon as you are comfortable, which is usually within a week. Just keep in mind the vasectomy is not effective from day one. Sperm may still be in the semen for many months after a vasectomy. It takes about 20 ejaculations or about three to four months to clear the sperm from the tubes; however, results vary for different men. Most often, your doctor will test your sperm count three months later. Until the sperm count is zero or there are less than 100,000 sperm and none are moving, sex without another method of birth control may lead to pregnancy. Having a semen analysis after your vasectomy is the only way to confirm this. After recovering from a vasectomy, a man and his partner should notice no difference during sex. An uncomplicated vasectomy does not cause erection problems. Ejaculation and orgasm should feel the same. The amount of semen does not decrease more than five percent. The only change your partner may be able to feel is a lump at the vasectomy site if one has formed.

Things to Think About Before Surgery
The choice to have a vasectomy is a very personal one. Talk with your partner and think about what is best for you and your family. It is of great value to think through all your choices carefully before deciding to have a vasectomy. Below are some things to keep in mind:

• Safety: Vasectomy for men is safer and cheaper than a tubal ligation for women (blocking the fallopian tubes to prevent pregnancy).
• Cost: The one-time cost of a vasectomy may be cheaper over time than the cost of other birth control methods, such as condoms or the pill.
• STDs: A vasectomy does not protect against sexually transmitted diseases (STDs). Use condoms to protect against STDs.
• Permanent: Vasectomy is a permanent method of birth control. This may be a plus or a minus based on your own situation. You should not have a vasectomy if you may want to father children in the future. While it is possible to have a vasectomy reversed, this is more complex and costly procedure and success rates are lower than not having a vasectomy. In addition, reversing or “undoing” a vasectomy does not always result in pregnancy.

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