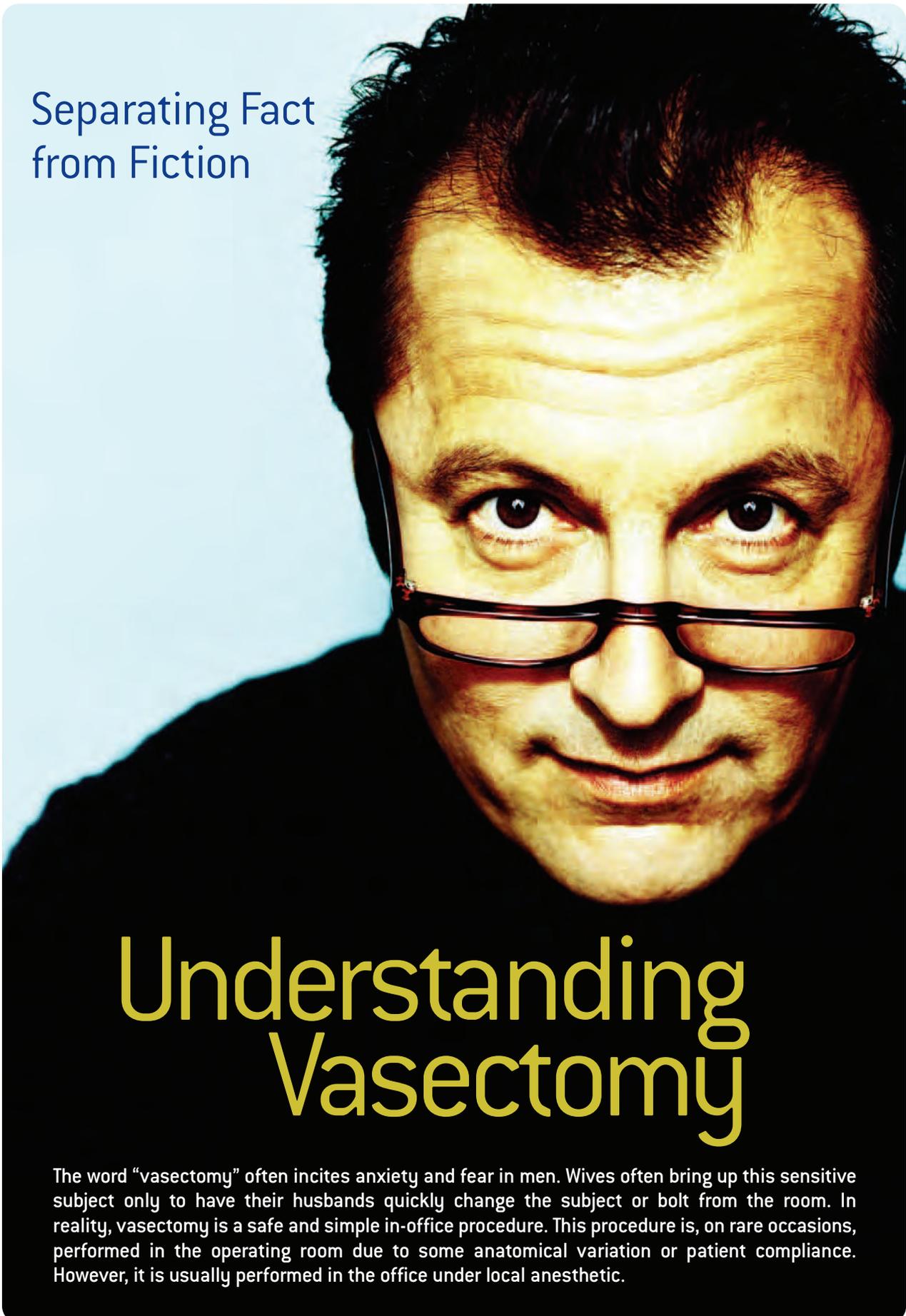


Separating Fact
from Fiction

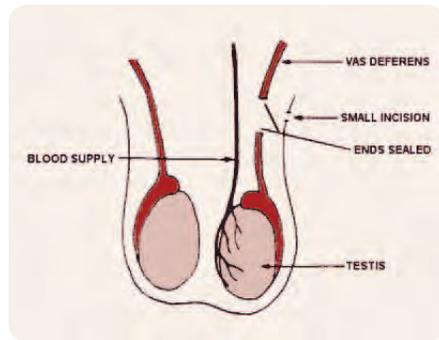


Understanding Vasectomy

The word “vasectomy” often incites anxiety and fear in men. Wives often bring up this sensitive subject only to have their husbands quickly change the subject or bolt from the room. In reality, vasectomy is a safe and simple in-office procedure. This procedure is, on rare occasions, performed in the operating room due to some anatomical variation or patient compliance. However, it is usually performed in the office under local anesthetic.

Particularly nervous patients usually have the option of an in-office procedure with oral sedation taken about an hour prior to the vasectomy. A patient who desires oral sedation often needs to attend a counseling conference prior to his vasectomy and will thus require two office visits. However, the majority of patients opt for local anesthetic alone, and the counseling session and vasectomy are done in one clinic visit with the patient driving himself home afterward.

The trend in no-scalpel vasectomies has received notoriety over the last several years; however, this technique is merely a matter of semantics. In all vasectomies, the skin and vas deferens are numbed



with local anesthetic. In the traditional vasectomy, a small nick is made in the skin with a scalpel, while the no-scalpel technique utilizes a small tear made in the skin with a special hemostat. The results are the same. Once a small skin opening is made, the vas deferens is grasped with a special clamp and tied off. The skin is closed with an absorbable suture. Some urologists prefer two separate incisions, while others prefer a single incision for the entire procedure. The procedure itself takes only 10 to 15 minutes total.

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Permanent Sterilization

Vasectomy is considered a permanent and irreversible sterilization technique, which physicians should stress to all patients. Some patients indicate they are not sure they want this procedure's permanency and have "seen the billboards for guaranteed vasectomy reversal." Patients should understand that while some men do have their vasectomies reversed, there is no way to guarantee success. Furthermore, insurance does not cover vasectomy reversals, which can cost from \$7,500 to \$10,000. If patients have any doubts about wanting more children, they should not have a vasectomy.

The goal is for a postvasectomy patient to say, "That was easy, and I do not know why I waited so long to have the procedure."

After a vasectomy, men should rest at home for about 24 hours, while applying ice packs to the scrotum as needed. Patients should avoid exercise, heavy lifting, working around the house, and intercourse for three days. After three days, patients can return to normal activity. Men are often concerned about pain afterward, but most only need Tylenol or ibuprofen.

Most men who have a desk job or a job with no heavy lifting can return to work after 24 hours as long as they avoid heavy activity. All men will have a little swelling and bruising after the vasectomy, but this resolves quickly. Most men are quick to tell stories about friends who had "horrible swelling and pain," and while this does occur on occasion, it is rare. A lot of the horror stories come from men who did not avoid activity for three postoperative days. With rare exception, men who have a vasectomy on Friday are back to work and normal activity on Monday.

Many men are concerned about the effect a vasectomy will have on their libido, erections, urination, or ejaculation. A vasectomy has no effect on libido, erections, or urination.

The amount of semen a man ejaculates will not change after a vasectomy; the only difference is that there are no sperm in the ejaculate. The testicles will also continue to produce testosterone at the same rate. The only change is the sperm production in the testis, which will begin to slow; the body will reabsorb the sperm in the testis.

Benefits vs. Tubal Ligation

A vasectomy is a simple procedure compared to a woman undergoing a tubal ligation. For a woman, this involves a major abdominal procedure, which includes the risks of surgery and a general anesthetic. The recovery time for a tubal ligation is much longer and more painful than that of a vasectomy.

Physicians should counsel men that the vas deferens could grow back together (recanalization) after a vasectomy. This usually occurs in the first six to eight weeks after the procedure, before the sperm count goes to zero. It is important to use birth control until a postvasectomy semen analysis is performed (usually 15 to 20 ejaculations after the vasectomy). Once the sperm count is zero, it is rare but possible for the vas deferens to recanalize.

Undergoing a vasectomy is easier than going to the dentist. The goal is for a postvasectomy patient to say, "That was easy, and I do not know why I waited so long to have the procedure." ■

Reasons For Considering Vasectomy

- You want to enjoy having sex without causing pregnancy.
- You don't want to have a child biologically in the future.
- Your partner agrees that your family is complete, and no more children are wanted.
- You and your partner have concerns about the side effects of other methods.
- Other methods are unacceptable.
- Your partner's health would be threatened by a future pregnancy.
- You don't want to pass on a hereditary illness or disability.
- You want to spare your partner the surgery and expense of tubal sterilization — sterilization for women is more complicated and costly.

Do Not Consider Vasectomy If

- You want to have a child biologically in the future.
- You feel pressure by your partner, friends, or family — you must want the operation.
- You have marriage or sexual problems, short-term mental or physical illnesses, financial worries, or you are out of work — vasectomy is not a good solution for temporary problems.
- You have not considered possible changes in your life, such as divorce, remarriage, or death of children.
- You have not discussed it fully with your partner.
- You plan to bank sperm in case you change your mind - sperm banks collect, freeze, and thaw sperm for alternative insemination. However, some men's sperm does not survive freezing. After six months, frozen sperm may begin to lose the ability to fertilize an egg.