

UNDERSTANDING VASECTOMY



Permanent Birth Control for Men

Is Vasectomy for You?

Vasectomy is a simple, safe procedure that makes a man sterile. It's the most effective birth control method for men. There are many good reasons to choose vasectomy. But it is a major step. You and your partner should know all the facts and share in the decision.



Be Informed

Having a vasectomy should be thought of as a permanent decision. Before you make this choice, be sure it's what you want. Many men choose it because their families are complete. Others, because it's more reliable than other birth control methods. No matter the reason, ask yourself these questions: Could anything make me change my mind? If I entered a new relationship, would I want to have children? How does my partner feel? If you do choose vasectomy, you should have no doubts.

▶▶ **Choosing vasectomy is a decision you should make with your partner.**

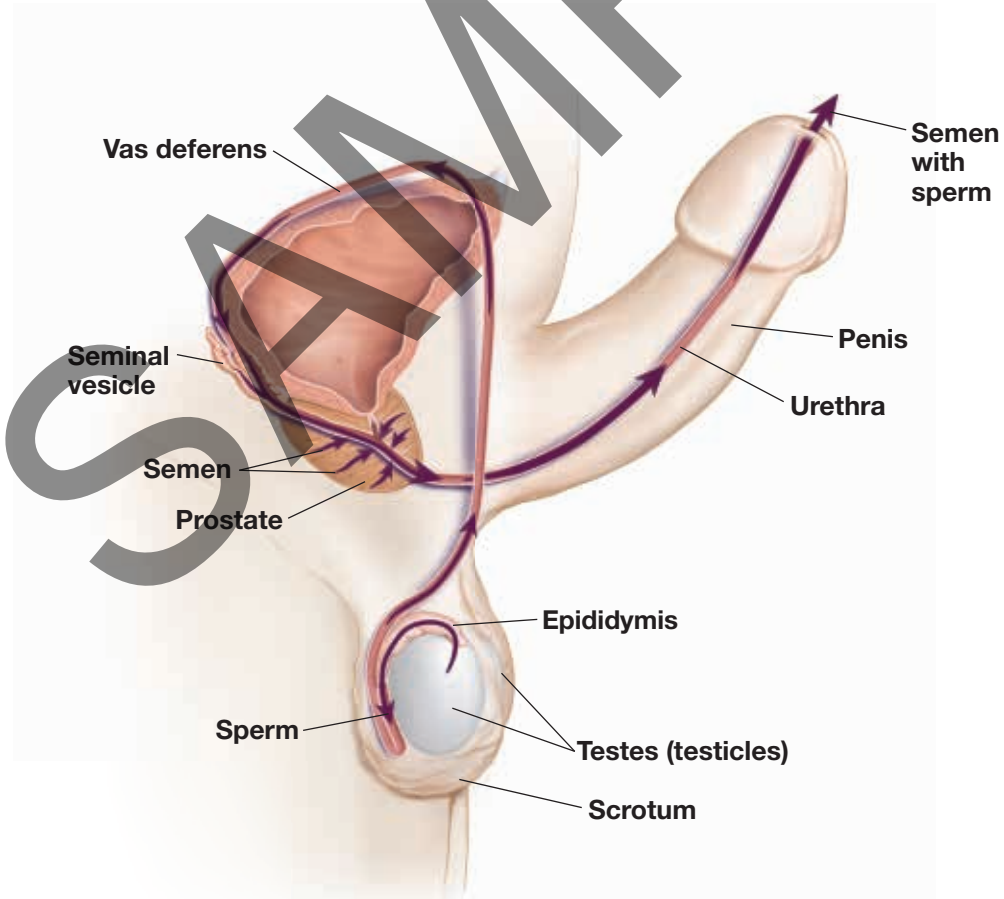
Get the Facts

- ✓ **FACT: A vasectomy does not mean you can't have or enjoy sex.** You'll still be able to have erections and orgasms and ejaculate normally.
- ✓ **FACT: A vasectomy does not reduce your sex drive.** Your male hormone levels remain the same. This means your sex drive and hair patterns won't change. Neither will the pitch of your voice.
- ✓ **FACT: A vasectomy will not solve relationship problems.** Vasectomy will not fix problems you and your partner may be having. It's also not a choice that you should make during times of stress.

Your Reproductive System

Knowing how sperm are made, stored, and released by the body can help you understand how vasectomy works. For pregnancy to occur, a man's **sperm** (male reproductive cells) must join with a woman's egg.

- The **testes (testicles)** are glands that produce sperm and male hormones.
- The **scrotum** is a pouch of skin that contains the testes.
- The **epididymis** is a tube that holds the sperm while they mature. Each testicle has an epididymis.
- The **vas deferens** are tubes that carry the sperm from the epididymis to the penis.
- The **seminal vesicles** and the **prostate gland** secrete fluids called **semen**. This fluid helps nourish and transport sperm.
- The **urethra** is the tube in the center of the penis. It transports both urine and semen. When you have an orgasm, semen is ejaculated out of the urethra.




Having a Vasectomy

Vasectomy is an outpatient (same-day) procedure. It may be done in a provider's office, clinic, or hospital. Follow all of your provider's instructions to prepare.

Preparing for Surgery


Your provider will talk with you about getting ready for surgery. You may be asked to do the following:

- **Sign a form** prior to the procedure. This gives your provider consent to do the procedure. It also notes that a vasectomy is not guaranteed to make you sterile.
- **Tell your provider** about all medications, supplements, or herbal remedies you take. This includes prescription and over-the-counter drugs. It also includes medications that thin your blood. You may be asked not to take some or all of them before surgery.
- **Tell your provider** if you've had prior scrotal surgery.
- **Shower and clean** your scrotum the day of surgery. Ask if you should avoid shaving.
- **Bring an athletic supporter** (jock strap) or pair of snug cotton briefs.
- **Eat no more than** a light snack before surgery.
- **Have an adult** family member or friend prepared to drive you home.



▶▶ After a vasectomy, some active sperm remain in the semen. You and your partner need to use another form of birth control until lab tests show you're sterile.

Risks and Complications

 *Vasectomy has some risks and possible complications. These include:*

- Bleeding or infection of the incisions.
- Reconnection of the vas deferens. Requires another procedure to correct.
- Sperm granuloma (a painful lump where the vas deferens is sealed off). Requires another procedure to correct.
- Congestion (sperm buildup in the testes). Causes soreness.
- Epididymitis (inflammation). May cause aching in the scrotum.
- Long-term testicular discomfort (rare).

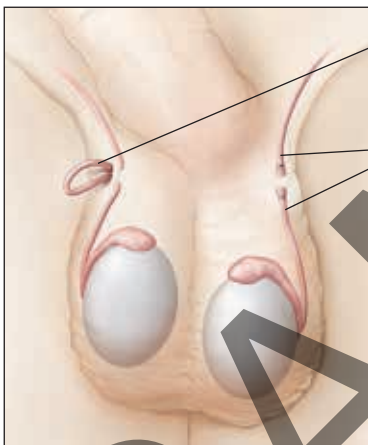
Only a very small amount of semen is made up of sperm. After vasectomy, your semen won't look or feel any different.

DID YOU KNOW?

How Vasectomy is Performed

You may be given medication to help you relax. To prevent pain, you'll be given an injection of anesthetic in your scrotum or lower groin. One or two small openings are made in the scrotum. Each vas deferens is lifted through the incision—you may feel a tug. A small piece of the vas deferens may be removed and sent to a lab for testing. The ends of the vas deferens are sealed off. This keeps sperm from traveling from the testes to the penis. The opening in the scrotum may be closed with skin glue or absorbable stitches, or left to close on its own. The procedure usually takes around 30 minutes. Afterward, the testes will still produce hormones and sperm, but the sperm have no place to go. They are absorbed by the body.

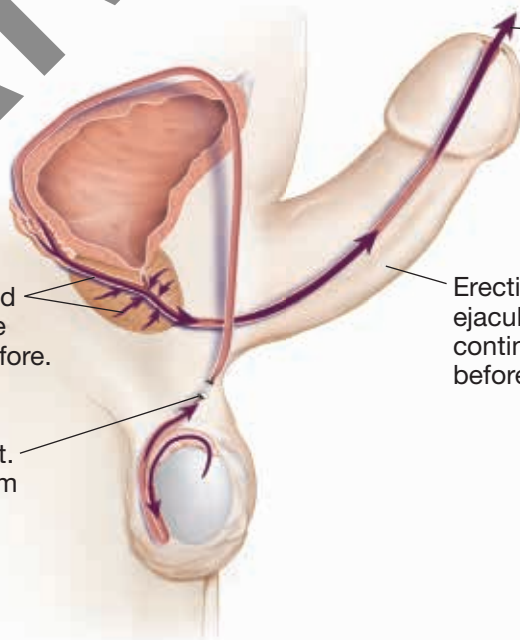
During the Procedure



Vas deferens lifted through skin incision.

Cut ends of the vas deferens are sealed using one of several methods.

After Vasectomy



Semen without sperm

Erection and ejaculation continue as before.

The seminal vesicles and prostate make the same amount of semen as before.

The vas deferens are cut. This prevents sperm from moving to the penis.

After Vasectomy

Follow all your provider's advice for what to do at home. You will have swelling and discomfort. There are simple steps to help this pass quickly.

Recovering at Home

For about a week, your scrotum may look bruised and slightly swollen. You may have a small amount of bloody discharge from the incision. This is normal. To help ease swelling and pain, follow these tips:

- Try to stay off your feet for the first 24 hours. Lie flat when you can.
- Wear an athletic supporter or snug cotton briefs for support for the first day or two, until you feel comfortable without it.
- Place an ice pack or bag of frozen vegetables in a thin towel. Then place the wrapped cold pack on your scrotum. This reduces swelling. Do this on and off as needed for the first 24 to 48 hours.
- Ask your provider which over-the-counter pain medications are best for you to take.
- Ask your provider how long to wait before bathing and returning to work.
- Follow your provider's advice about heavy lifting and exercise after vasectomy.
- Ask your provider how long to wait before having sex again.



When to Call Your Provider



Call the provider if you have any of these after surgery:

- Increasing pain or swelling in your scrotum
- A large black-and-blue area or a growing lump
- Fever or chills
- Increasing redness or drainage of the incision
- Trouble urinating

Until You're Sterile

Active sperm remain in your semen for a time. It takes many ejaculations before they are gone. Semen exams are needed to make sure no sperm remain. For these, you'll collect a semen sample at home and bring it to a lab or to your provider's office (often about 6 to 12 weeks after the vasectomy). The sample is checked for sperm. You're sterile only when these samples are clear of sperm. Your provider will tell you more.

After You're Sterile

After your provider confirms you're sterile, you don't need to use any form of birth control. You're free to have sex without risking pregnancy. But remember, a vasectomy does not protect you from STIs, including HIV. If you have more than one sex partner, practice safer sex by using condoms.

If You Change Your Mind



A change in your life may make you want to have children, or more children. In such a case, a vasectomy reversal might restore fertility. But it doesn't always mean you'll be able to father a child. Also, the procedure is expensive and may not be covered by insurance. If you choose, you can freeze your sperm before a vasectomy. The sperm are stored in case you decide to have a child later. This approach can also be costly and uncertain.



▶▶ Remember: You won't become sterile right away. It will take time and your provider's okay before you can have sex without the need for birth control.

Consider the Alternatives

Below is a complete list of birth control options available. It is important to know all of your options before making a final decision. If you have any questions about these options or about vasectomy, talk with your healthcare provider.

Method	How it's Used	Things to Consider
Female sterilization (tubal ligation)	Surgery to block a woman's fallopian tubes. Prevents eggs from joining with sperm.	Requires surgery. Procedure is permanent. More involved and costs more than vasectomy.
IUD (intrauterine device)	Small device placed in the opening of the uterus.	Prescription needed. Must be placed into the uterus by a provider. Can have side effects.
Birth control pills, patches, or ring	Medication or devices that stop a woman's egg production, using hormones.	Prescription needed. Can have side effects.
Hormone injections	Hormones injected every 3 months that prevent a woman from producing eggs.	Prescription needed. Requires regular injections. Can have side effects.
Diaphragm or cervical cap	Small, thin rubber cup placed over the cervix to keep sperm out.	Prescription needed. Should be used with spermicide.
Condoms	Thin sheath over the penis or inside the vagina. Semen cannot enter the vagina.	No prescription needed. Latex condoms help prevent transmission of many STIs.
Spermicides	Chemical substances that kill sperm in the vagina. Often used along with other methods.	No prescription needed. Not as effective as many other methods. Allergic reaction possible.
Natural family planning (rhythm method)	Abstaining from sex during a woman's fertile period (5 to 15 days per menstrual cycle).	No prescription needed. Not as effective as many other methods. Talk with your provider.

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