

Greater Manchester Surgical Centre

An NHS and Netcare Healthcare UK Ltd Initiative



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What You Need To Know About A Vasectomy



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NHS Treatment Centre



NHS Treatment Centre

This booklet is designed to provide you, the patient, with information and advice regarding your surgery at the Greater Manchester Surgical Centre (GMSC). Please take the time to read the information in this booklet as it will answer many of the questions you may have about your forthcoming surgery.

If you still have any questions after reading through the booklet, please do not hesitate to phone the **GMSC Advice Line on 0161 746 2828** where our staff will be more than happy to address any of your queries. You may also access further information on our website at www.netcareuk.com

IMPORTANT: At the time of going to print, the information contained within this booklet was deemed to be accurate.



Contents

Page

1. Introduction	3
1.1 Reasons for considering a vasectomy	3
1.2 Do not consider a vasectomy if...	4
1.3 Advantages of a vasectomy	4
1.4 Disadvantages of a vasectomy	5
1.5 Deciding to have a vasectomy	5
2. Before Surgery	6
2.1 Pre-assessment clinic	6
2.2 Countdown to surgery	7
3. During Surgery	8
4. After Surgery	9
5. At Home	9
6. Complications	11
6.1 Rejoining of the vas deferens	11
6.2 Future fertility	11
6.3 Sexuality	11
7. Frequently Asked Questions	12
7.1 Can the operation fail?	12
7.2 How soon can I have sex again?	12
7.3 How is the semen analysis done?	13
7.4 Will a vasectomy affect my sexual pleasure?	13
7.5 Will I be as masculine?	13
7.6 Will there still be fluid when I ejaculate?	13



7.7	After a vasectomy, where does the sperm go?	14
7.8	How much time will I need to take off work?	14
7.9	How long will the procedure take?	14
7.10	Will it hurt?	14
7.11	Does a vasectomy protect against sexually transmitted infections?	15
7.12	Can a vasectomy be reversed?	15
7.13	Is pregnancy still possible after a vasectomy?	15
7.14	Are there laws covering a vasectomy?	16
7.15	Are there special requirements?	16

8. GMSC Advice Line 16

9. About Netcare and the NHS Partnership 16

9.1	Netcare	16
9.2	The Netcare/NHS Treatment Centre Partnership	17



1. Introduction

A vasectomy is an operation which is performed on men to achieve permanent sterility. It is a male sterilisation technique that disrupts the passage of semen by cutting the vas deferens or the tubes that carry sperm. Vasectomies are almost 100 percent effective as a birth control method because they stop the sperm from mixing with the seminal fluid during ejaculation. Without sperm, fertilisation of a woman's ovum or egg cannot occur and pregnancy is thus prevented.

Most vasectomies are performed on a same-day basis and patients are discharged on the day they have their procedure. A vasectomy is an effective, simple and safe procedure which does not equate to castration, does not alter a man's libido, sensation of orgasm or ability to ejaculate. Having the operation will not alter the male sex hormones or the sexual characteristics.

1.1 Reasons for considering a vasectomy

- You want to enjoy sex without worrying about a possible pregnancy.
- You don't want a baby in the future.
- Your partner agrees that your family is complete, and no more children are desired.
- You and your partner have concerns about the side effects of other methods.
- Other methods are unacceptable to you and your partner.
- 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 sterilisation as sterilisation for women is more complicated and costly.



1.2 Do not consider a vasectomy if...

- You want to have a child in the future.
- You are being pressured 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 are unemployed. A vasectomy is not a good solution for temporary problems.
- You have not considered any possible changes in your life, such as divorce, remarriage, or the death of children.
- You have not discussed having the procedure 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 and after six months, frozen sperm may begin to lose its ability to fertilise an egg.

1.3 Advantages of a vasectomy

- It provides a permanent form of birth control.
- It allows for sexual spontaneity.
- No daily attention or planning is required.
- Sexual pleasure is not affected.
- It is less complicated and more cost-effective than female sterilisation.



1.4 Disadvantages of a vasectomy

- It does not protect you from contracting sexually transmitted infections, including HIV/AIDS.
- It is not immediately effective.
- Only minor surgery is required – usually in a clinic.
- Although very rare, the vas deferens tubes can possibly rejoin.
- If you change your mind, a reversal of the procedure is not always successful.
- You may possibly regret having had the procedure.

1.5 Deciding to have a vasectomy

As a vasectomy is performed to bring about permanent male sterilisation, the decision to have the procedure should not be taken lightly. Before you decide to have a vasectomy, you really should consider all the potential future scenarios. You should ask yourself whether you would change your mind if major changes in your life occurred, such as a separation, divorce, remarriage, or even the death of a partner or child.

Having a vasectomy is a very important family decision. The surgeon will explain the procedure to you but the final decision must be made by you and your partner.



2. Before Surgery

2.1 Pre-assessment clinic

Before your surgery is scheduled, you will need to attend a pre-assessment clinic at the Greater Manchester Surgical Centre (GMSC). Here, you will be examined by a general surgeon and an anaesthetist (the doctor who is responsible for administering the anaesthetic while you are undergoing your surgery).

The anaesthetist will discuss the various methods of anaesthesia and the one best suited to you and your procedure (refer to the GMSC's Anaesthetic brochure). Your post-operative pain management plan will also be discussed.

During your appointment, your full medical history will be taken. If necessary, the surgeon or anaesthetist may send you for further investigations such as blood tests, X-rays and/or an ECG. Don't be alarmed if you are required to undergo one or more of these investigations. The doctors have your wellbeing and best interests at heart and need to ensure that you are able to cope with the respective surgical procedure.

It is important to discuss any medications you may be taking with the anaesthetist. If you are taking blood-thinners, you may be asked to discontinue them for some time before the surgery as they can increase the risk of bleeding and interfere with your surgery and recovery. For several weeks prior to your procedure, you will probably be instructed to avoid any aspirin, ibuprofen



and all herbal or homeopathic preparations. You should continue to take your normal medicines up to and including the day of surgery, unless the anaesthetist or surgeon has explicitly instructed you otherwise.

Once you fully understand what the procedure entails, you will be asked to sign an informed consent form in the presence of the surgeon. At your pre-operative assessment, the proposed date for your procedure will also be discussed and finalised.

2.2 Countdown to surgery

Do not eat or drink anything before the procedure.

Leave all jewellery, money, watches and valuables at home or with family members. The GMSC cannot be held responsible for your valuables.

Make sure you wear casual, comfortable clothing which is easy to put on and take off eg. drawstring-style sweat pants, boxer-style shorts, or loose items. You will be allocated a locker for storing your clothing while you are in surgery.

You will not be allowed to leave the hospital alone or drive yourself home so arrange for a responsible adult to drive you to and from the hospital.

You may also wish to bring along some reading material or crossword puzzles to occupy your time while you are in the hospital.

Note: In order for us to maintain a high quality of care and prevent any possible risks, we respectfully request your permission to exhibit your details at your bedside. Your initials, surname, doctor's name and possible risk factors, eg. diabetic, etc, will be displayed above your bed on a small white board.



3. During Surgery

The anaesthetist will start an intravenous line and discuss the type of anaesthesia which will be administered. This can vary and options include local anaesthesia, local anaesthesia with sedation, or general anaesthesia.

Once your anaesthetic has been administered, you will be taken through to the theatre where your procedure will be performed.

During a vasectomy, a local anaesthetic is injected into the testicular area to numb the tissue. Sometimes, a local anaesthetic with sedation is required and on occasion, very sensitive patients will be advised to have a general anaesthetic.

There are three different approaches to performing a Vasectomy:

1. Scrotal

This is the most common approach. The surgeon makes a small opening in the skin of the scrotum. This allows the sperm tubes or vas deferens to be cut. The procedure itself only takes about 15-20 minutes.

2. Laparoscopic

The surgeon makes a small incision around the belly button. A camera is inserted through this incision and special laparoscopic instruments are used to insert the sperm tubes or vas deferens.

3. Groin

The surgeon makes one incision in the middle of the pelvic area or one incision on each side of the groin area. The sperm tubes are reached via these



incisions and excised.

The laparoscopic and groin approach are usually only selected if a patient has previously undergone surgery to his testicles.

It is common for men to feel faint during their procedure. Bruising and swelling around the testes is normal and this usually disappears within a few days to a week. However, you should report bleeding, pain, fever, or chills to the doctor.

4. After Surgery

After the procedure, you will rest at the hospital until you feel ready to go home (unless you have had a regional or general anaesthetic in which case you will probably stay in hospital for a few more hours). You will be advised of any follow-up appointments and tests which you will need to attend and undergo. On discharge you will be given 2 sample pots for your 12 week sperm test and 20 week sperm test. These samples should be taken to your GP who will send them to the laboratory on your behalf.

5. At Home

It is recommended that you take two days off work and perform only light activities for a week. At home, use ice packs and painkillers to ease any swelling and discomfort. For the first two days after the procedure, wear supportive underwear and shower rather than bath. Sexual activity can be resumed once the symptoms and discomfort settle down.

Before the doctor deems your vasectomy to be effective, you will need two negative semen tests. These are usually conducted at twelve and twenty weeks.





It is very important to understand that vasectomies are not effective right away. The sperm that was already in the vas deferens tubes before the operation still needs to be ejaculated. This may take about twelve weeks or 10-30 ejaculations. It is therefore necessary to use other forms of birth control, eg. condoms or contraceptive pills, until a follow-up semen analysis is completely clear of the presence of sperm.

Post-Vasectomy Sperm Testing

- 12 weeks after your operation, you will need to provide a semen sample
- This will be sent to the laboratory by your GP, so you will need to drop the sample off at the GP's rooms within two hours of producing the sample. A good idea is to keep the sample in your pocket for temperature purposes. (There is no need to make an appointment at the GP's rooms, simply drop the labelled sample off for them to send to the laboratory on your behalf.)
- You will need to abstain from sexual intercourse for 4 days prior to collecting the sample.
- Label the container with your name, date of birth and date of collection before dropping it off at the GP's rooms.
- Do not collect the sample into a condom but directly into the container provided by the hospital
- Before coming back to the GMSC for your 14 week follow-up appointment, you will need to collect your semen results from your GP in order to show the surgeon at the follow-up consultation.
- You will need to have two consecutive samples before the 'all clear' is



given. The second one will be at 20 weeks post-surgery.

- Remember to take precautions during sexual intercourse until all your results are negative.

It is your responsibility to provide these samples. Your surgeon cannot provide guidance as to the success of your surgery until testing has taken place.

6. Complications

6.1 Rejoining of the vas deferens

Few long-term complications occur with vasectomies although very rarely, the cut ends of the vas deferens can rejoin and allow sperm to flow back into the semen. This only happens in an estimated 0.1 – 0.3 percent of patients and can lead to an accidental pregnancy.

Please remember that unprotected intercourse before you have had two negative sperm counts can also lead to pregnancy.

6.2 Future fertility

A vasectomy is a permanent sterilisation technique. Reversal surgery is available but is not always effective. A vasectomy reversal involves rejoining the cut ends of the vas deferens. In more than 70 percent of these cases, sperm can again be found in men's semen. However, pregnancy occurs less frequently. The earlier a reversal is performed, the better the success rate for restored fertility.

6.3 Sexuality

The operation does not influence a man's libido or sexual performance. The drop in the volume of ejaculation is not significant. Men are able to fully enjoy



sex after having a vasectomy. Hormonal levels and the feeling of orgasm stay the same. It may even be true to say that the quality of the male sex drive is sometimes improved because the risk of pregnancy has been eliminated!

Contact the GMSC Advice Line on 0161 746 2828, call your local general practitioner, or go to the nearest Accident and Emergency Centre if you experience:

- Signs of infection, including fever and chills.
- Redness, swelling, increasing pain, excessive bleeding, or discharge from the incision site.

7. Frequently Asked Questions

7.1 Can the operation fail?

Yes, but in fewer than two in every 1,000 cases.

7.2 How soon can I have sex again?

That all depends on you. Most men resume sexual activity within a week of their procedure. Others have sex sooner. Some wait longer. But remember, it takes about 10-30 ejaculations to clear the sperm out of your system. Use another form of birth control until two semen analysis tests find that there is no longer any sperm in your seminal fluid.



7.3 How is the semen analysis done?

You will need to provide a sample of your semen. The fluid will be examined under a microscope to see if there is any sperm in your seminal fluid.

7.4 Will a vasectomy affect my sexual pleasure?

Your erections, orgasms, and ejaculations will most likely be the same. Most men say they have greater sexual pleasure because they don't have to worry about an unwanted pregnancy. Many say there is no change at all.

Sexual desire is only lost very rarely and failure to get an erection is even more rare. In the extremely unusual instance where this has happened, these issues often relate directly to the man's emotional condition before the operation.

7.5 Will I be as masculine?

Yes. Vasectomy is not castration and being sterile does not mean that you are impotent. The hormones that affect your masculinity, beard, voice and sex drive are still made in the testicles and still flow throughout the bloodstream in your body.

7.6 Will there still be fluid when I ejaculate?

Yes. But there will not be any sperm in the ejaculate. Your semen comprises between two and five percent sperm. The rest is seminal fluid from the prostate and other glands. The change in the amount of fluid is too small to notice.



7.7 After a vasectomy, where does the sperm go?

They dissolve and are absorbed back into the body. Antibodies to sperm develop in 50 percent of men who have vasectomies. Normally, antibodies protect the body against viruses and bacteria. Sperm antibodies will not affect your general health but they may decrease the chance of restoring fertility if the vasectomy is reversed.

7.8 How much time will I need to take off work?

That all depends on your general health and job. Most men lose little or no time from work. A day to two is all you really need to rest. You will however, need to avoid strenuous work or exercise for three to five days. Rare complications may mean that you might need to spend a few extra days at home. However, prompt medical attention should clear up any problems.

7.9 How long will the procedure take?

The procedure takes about 15-20 minutes.

7.10 Will it hurt?

You and your doctor will discuss which type of anaesthetic to use. Local anaesthetics are the most common. Sometimes though, a general anaesthetic is required. No pain is felt under general anaesthesia because you are asleep.



Some discomfort may be felt when a local anaesthetic is injected or when the tubes are brought into the incision.

As with any surgery, there will be some discomfort after the operation but this will vary from patient to patient. An athletic supporter, ice bag, and non-aspirin-based pain reliever should help ease the pain and discomfort.

7.11 Does a vasectomy protect against sexually transmitted infections?

No. Sexually transmitted infections can still be carried in the ejaculate or seminal fluid, whether or not it contains sperm, so ensure that you still practice safe sex!

7.12 Can a vasectomy be reversed?

It is sometimes possible to reverse the procedure but there are no guarantees. Success in restoring fertility is uncertain. Between 16-79 percent of men with reversed vasectomies are able to impregnate their partners. The factors influencing this very wide range include:

- The length of time since the vasectomy was performed.
- The age of the woman partner.
- The method used for the vasectomy and the length and location of the segment of the vas deferens that was removed or blocked.

7.13 Is pregnancy still possible after vasectomy?

Some sperm will remain in your system for a short time after the operation



and these can result in a pregnancy. Your ejaculate will be tested after 10-30 ejaculations following the operation. The test will be repeated until no sperm is present. Only then should you stop using other birth control.

7.14 Are there laws covering a vasectomy?

Mentally competent adults can legally choose sterilisation. No-one who is mentally competent can be forced to have the operation.

7.15 Are there special requirements?

You are not required to have the consent of your wife or partner, but you are strongly encouraged to discuss the operation with her beforehand.

8. GMSC Advice Line

The staff at the GMSC are available to assist you at any time. You can reach them by calling: 0161 746 2828.

9. About Netcare and the NHS Partnership

9.1 Netcare

Network Healthcare Holdings Limited (Netcare) is one of the largest integrated private healthcare organisations in South Africa. Listed on the Johannesburg



Securities Exchange (JSE) in 1996, the Netcare group owns and manages 45 private hospitals and clinics, 61 specialised medical centres and 53 Medicross Family Medical and Dental Centres throughout South Africa.

In total, Netcare hospitals comprise 7 200 beds, 319 operating theatres; all of which are supported by over 2 200 medical practitioners in private practice. Collectively, over 4.8 million patients a year are cared for in medical facilities within the Netcare group.

Specialised hubs of clinical excellence focusing on disciplines such as cardiology, cardiothoracic surgery, neurosurgery, orthopaedic surgery, gastroenterology, oncology, ophthalmology, renal dialysis and organ transplantation, are located in numerous Netcare hospitals around the country.

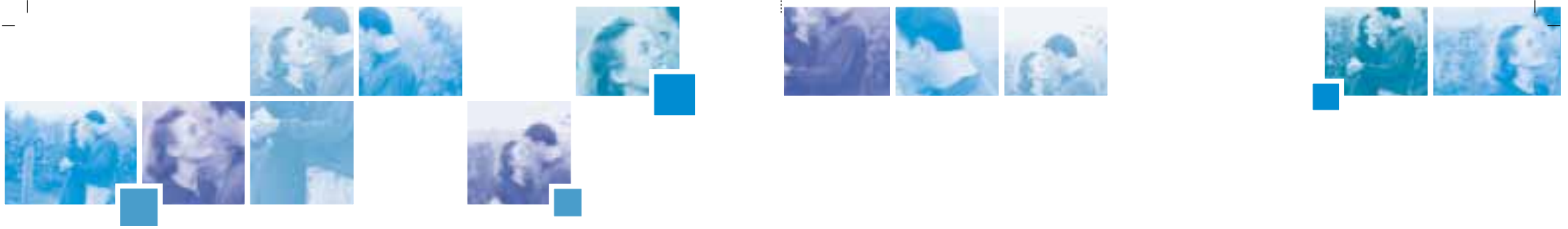
9.2 The Netcare/NHS Treatment Centre Partnership

During the past two years, Netcare has participated in four successful NHS Waiting List Initiatives which were specific to ophthalmology; orthopaedic surgery; and ear, nose and throat surgery.

Committed to reducing waiting times for those needing surgical procedures and to improving choice and access to facilities; in 2003, the NHS launched its Treatment Centre (TC) initiative, a programme designed to provide rapid, safe and effective medical treatment to patients on Waiting Lists.

Against the backdrop of its previous experience with NHS Waiting List Initiatives, Netcare was selected as the successful bidder for two such five-year TC Initiatives; the first of which is based on a mobile ophthalmology chain that will perform 44 000 cataract procedures over five years.

The second TC initiative will see 45 000 orthopaedic and general surgery



procedures performed at the newly-constructed Greater Manchester Surgical Centre (GMSC) over the five-year period.

The Netcare/NHS partnership upholds the NHS' principle of delivering excellent service free at the point of access. Providing the highest possible quality of care while maintaining patient dignity at all times, is a fundamental objective of the partnership.

Netcare's medical team consists of highly skilled, experienced and professionally qualified consultant surgeons, anaesthetists and nursing personnel, all of whom are supported by an additional administrative, technological and patient care team.

We dedicate our efforts to providing you with quality care in a safe, efficient and caring environment.