Patient Information Leaflet: Vasectomy

Ashfields Primary Care Centre

Abstract

This leaflet provides essential information for individuals considering a vasectomy, a safe and effective form of permanent male contraception. It outlines what the procedure involves, how it works, the potential risks and benefits, and what to expect before, during, and after surgery. The aim is to help patients make an informed decision by addressing common questions and concerns in a clear and supportive manner. This guide also includes advice on recovery, follow-up care, and when to seek medical attention.

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Version Control

Version	Review Date	Comments
19.0	22/09/2025	SG,AKR,WMO,CG reviewed and agreed
19.1	14/11/2025	How to book appointment information changed. CG

Introduction

Your General Practitioner has referred you to us for a vasectomy procedure.

Please ensure you read the enclosed information; ('Vasectomy – A Patient's Guide' and 'Vasectomy Post Operative Instructions'). This information is designed to provide you with the answers to any questions you may have about the procedure and what happens next.

Once you have read and understood the information, discussed the alternatives with your spouse/partner and your GP, and feel confident that you have no further questions you will be referred to Ashfields Primary Care Centre for your vasectomy.

Referral Process

If your GP feels you are suitable for a vasectomy, you will be referred electronically via the Electronic Referral System (ERS). Ashfields Primary Care Centre will contact you directly to book your vasectomy. Your GP practice will provide you with referral confirmation letter which will have all relevant information regarding your referral.

What is a Vasectomy?

A vasectomy is a minor surgical procedure that provides permanent contraception for men. It involves cutting or sealing the vas deferens—the tubes that carry sperm from the testicles to the urethra—thereby preventing sperm from entering the semen during ejaculation.

Why Consider a Vasectomy?

You might consider a vasectomy if:

- You are certain you do not want to father any (or anymore) children.
- You and your partner have discussed all other contraceptive options.
- You are aware that a vasectomy is intended to be permanent.

How is the Procedure Performed?

Vasectomy at Ashfields is performed using the Minimally invasive technique under local anaesthesia.

Minimally Invasive Vasectomy (MIV)

A small puncture is made in the scrotum. The vas deferens are gently lifted through the puncture, cut, and sealed.

Benefits of MIV include:

- Less bleeding and bruising compared to conventional vasectomy
- Lower risk of infection
- Faster recovery and less discomfort
- Usually no stitches required, as the puncture is very small and closes quickly
- The procedure may take 20-30 minutes

Pre-Procedure Instructions

To help your procedure go smoothly and reduce the risk of complications:

- Please shower and shave the area around your scrotum the day before or the morning of the procedure
- Wear comfortable, supportive underwear on the day of your appointment to help reduce swelling after the procedure.
- Avoid blood-thinning medications (such as aspirin or ibuprofen) for at least 48 hours before the procedure unless advised otherwise by your doctor.
- Arrange transportation if you feel you may be uncomfortable after the procedure, although local anaesthesia usually allows you to drive home safely. If driving yourself home after the procedure you will be asked to wait at the surgery for 30 minutes before driving.
- Eat a light meal before your appointment and stay hydrated.
- Inform your healthcare provider if you have any infections, skin problems in the genital area, a history of previous genital problems or any other health concerns.

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Semen Analysis and Contraception

- A vasectomy does **not** provide immediate contraception.
- Continue to use alternative contraception until your semen analysis confirms the absence of sperm.
- Semen samples are typically requested around 12 weeks or after 20 ejaculations following the procedure. You will receive an appointment in the post, together with a sample pot and form.
- Follow your clinic's instructions on when and how to submit your semen samples.
- If sperm are still present, continue contraception and retest as advised.
- Once semen analysis confirms no sperm, the vasectomy is considered effective.

Effectiveness

- Vasectomy is highly effective but not immediate.
- Semen analysis is essential to confirm success.

Risks and Complications

Vasectomy is usually very safe and serious side effects are rare. Below are some possible associated risks and complications of having a vasectomy, should you have any concerns you can talk to your surgeon about the risks and their impact on you as an individual.

- Infection or bleeding at the puncture site
- Minor swelling or bruising
- Lumpy testicles
- Testicular atrophy- rarely
- Chronic pain:-

i. Vasectomy is not usually a particularly painful procedure although some wound discomfort is common. Most men manage perfectly well with simple painkillers (e.g. paracetamol and/or ibuprofen) available over the counter at a local chemist. However, some find that they have testicular pain for a few days or even weeks. This can be reduced by supporting the scrotum well following the procedure using an athletic/scrotal support (Jock strap), tight swimming trunks or closely fitting underpants, avoiding boxer shorts

ii. You may experience discomfort, a dull ache or pain during the procedure, felt in the stomach area; this is due to the pulling and handling of the vas deferens and is to be expected. It is something local anaesthetic will not stop. Ideally, you should take two paracetamols before the procedure to minimise the risk.

iii. Occasionally testicular pain can be severe. This may be persistent from the time of operation, but it can occur at any time, even many years later. It is rarely clear why pain should occur later, although transient pain can occur adjacent to the divided ends due to an inflammatory reaction to sperm; this may settle down with a non-steroidal anti-inflammatory agent (e.g. ibuprofen)

- Very rare failure due to reconnection of the vas deferens. Rarely (estimated at 1/2000 cases) following a successful vasectomy the vas deferens that have been divided may spontaneously re-join and allow the passage of sperm into the ejaculate once more. There is no way of predicting when this 'recanalization' may occur or in whom. It may occur at any time after a vasectomy, early or very many years after the procedure. If you are not prepared to accept this risk, it stands to reason that you should not proceed with a vasectomy.

Post-Operative Instructions

- Rest for at least 24-48 hours after the procedure
- Wear tight-fitting underwear or a scrotal support to reduce swelling and provide comfort
- Use over-the-counter pain relief such as paracetamol or ibuprofen as needed. If needed, you can apply ice packs wrapped in a cloth to the scrotum for 15–20 minutes every hour for the first 24 hours to reduce swelling and discomfort
- Keep the area clean and dry. You may shower the day after the procedure but avoid soaking in baths or swimming until healed
- Avoid heavy lifting and vigorous exercise for 72 hours, and sexual activity for about 7 days or until you feel comfortable
- Contact your healthcare provider if you experience excessive pain, swelling, redness, discharge, fever, or bleeding
- Attend follow-up appointments
- Continue contraception until sperm-free confirmation
- Showering & Bathing: You can shower immediately (briefly) but bathing & swimming is best deferred for 24 hours
- **Emergency Care:** In the unlikely event of a problem on the day of your procedure you should ring Ashfields Primary Care Centre

However, after 18.30hrs on the day of your procedure you should seek further advice through NHS111 or your local Accident & Emergency Department. Following this, please contact your own GP surgery.

Fertility Considerations

- Vasectomy is considered a permanent form of contraception.
- Reversal procedures exist but are costly and not guaranteed.

Frequently Asked Questions (FAQs)

Q: Am I suitable for a Vasectomy?

A: Any man can have a vasectomy, but some medical conditions (including severe obesity) may make the procedure more difficult. You must let your GP or surgeon know if you have had any infections or operations (including as a child) in the genital area (including hernias) and if you have any known abnormality of the urogenital system (e.g. kidneys, bladder).

Q: How soon can I have sex after a vasectomy?
A: Usually after about 7 days or when you feel comfortable but continue contraception until semen analysis confirms no sperm.

Q: When will I know if the vasectomy has worked?
A: You will be asked to produce a semen sample for analysis after 12 weeks and about 20 ejaculations.

Q: Is a vasectomy reversible?
A: Vasectomy should be considered permanent. Reversal is complicated, not always successful and not available on the NHS.

Q: Will vasectomy affect my sexual performance or hormones?
A: No, it does not affect hormone levels, sexual desire, or function.

Guidance and Support

- **NHS Website**: www.nhs.uk

- **NICE Guidelines**: www.nice.org.uk
- **Faculty of Sexual and Reproductive Healthcare (FSRH)**: www.fsrh.org
- **Family Planning Association (FPA)**: www.fpa.org.uk

References

1. **National Institute for Health and Care Excellence (NICE)**
   Contraceptive services for people of reproductive age (NG197). Published April 2021.
   Available at: https://www.nice.org.uk/guidance/ng197
2. **Faculty of Sexual and Reproductive Healthcare (FSRH)**
   Clinical Guidance: Male and Female Sterilisation. Latest version (2020).
   Available at: https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/male-sterilisation/
3. **NHS England**
   Vasectomy information (2023).
   Available at: https://www.nhs.uk/conditions/vasectomy/
4. **British Association of Urological Surgeons (BAUS)**
   Patient Information Leaflet: Vasectomy.
   Available at: https://www.baus.org.uk/patients/leaflets/vasectomy/

Important Note: This leaflet is for informational purposes only and does not replace professional medical advice. Always consult your healthcare provider for personalised guidance.
