

Vasectomy (Sterilization for Men)

What is a vasectomy?

A vasectomy is a procedure men can have to keep their partner from getting pregnant when they have sex. It makes a man sterile. When a vasectomy is done, the 2 tubes that carry sperm from the testes to the penis are cut and blocked. (These tubes are called the vas deferens, or vas.) About 3 months after the vasectomy, the fluid that is ejaculated during sex (semen) no longer contains sperm.

Vasectomy is a very reliable method of birth control. The chances of pregnancy after a vasectomy are very small: For every 1000 couples using this method of birth control, 1 may get pregnant.

A vasectomy doesn't change a man's ability to have sex, ejaculation, or orgasm. The only difference is that there are no sperm in the semen to cause pregnancy.

When is it used?

A vasectomy is one of the most effective and safest forms of birth control. It is done only when a man asks for it, and it should be considered only when a man wants to be **permanently** sterile. Vasectomy can sometimes be reversed, but the reversal procedure is not always successful.

An example of an alternative is to try other forms of birth control. Ask your healthcare provider about your choices and the risks.

How do I prepare for this procedure?

- The most important preparation is thinking carefully about the decision to become sterile. Remember that it should be considered a permanent decision. You should talk with your partner about this and make absolutely certain that you do not want to have children in the future.
- Find someone to give you a ride home after the procedure.
- Some medicines (like aspirin) may increase your risk of bleeding during or after the procedure. Ask your healthcare provider if you need to avoid taking any medicine or supplements before the procedure.
- You may be asked to shave the area around your scrotum the night before the procedure.
- Your provider may prescribe a medicine that you can take before the procedure to help you relax. Be sure to ask about this.
- Follow any other instructions your healthcare provider gives you.
- Ask any questions you have before the procedure. You should understand what your healthcare provider is going to do.

What happens during the procedure?

The procedure is done in your healthcare provider's office or at an outpatient clinic.

First, your provider numbs each side of the scrotum with a local anesthetic to keep you from feeling pain.

There are a couple different ways to do the procedure.

- One way involves making 1 or 2 small cuts (incisions) in the skin of the scrotum. Your provider will pull each vas through the opening and cut the vas. Your provider may remove a small section of each vas. The 2 ends of each vas will then be sealed shut, using stitches, cautery (burning with a hot wire or electrical current), or a metal clip. Your provider will then put each tube back in the scrotum and close the cuts in the scrotum with stitches.
- Another way to do a vasectomy is called a no-scalpel vasectomy. Your provider will feel for each vas under the skin of the scrotum and hold them in place with a small clamp. Then your provider will use a special instrument to make a tiny puncture in the skin and stretch the opening so the tube can be cut and tied. This approach causes very little bleeding. The punctures heal quickly by themselves, so no stitches may be needed.

The procedure takes about 30 minutes.

What happens after the procedure?

You may go home after the procedure is done. When you go home, stay off your feet, ice your scrotal area, and prop your legs up.

For 2 to 4 months use other birth control methods until your semen test shows that there are no sperm. It takes an average of 15 ejaculations for all of the sperm to be flushed out of the vas tubes.

Ask your healthcare provider:

- How long it will take to recover
- What activities you should avoid, including how soon you can have sex, how much weight you can lift, and when you can return to your normal activities
- How to take care of yourself at home
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup and semen tests.

What are the risks of this procedure?

Your healthcare provider will explain the procedure and any risks. Some possible risks include:

- Anesthesia has some risks. Discuss these risks with your healthcare provider.
- You may have infection or bleeding.
- In rare cases, you have pain in one or both testicles that doesn't go away.

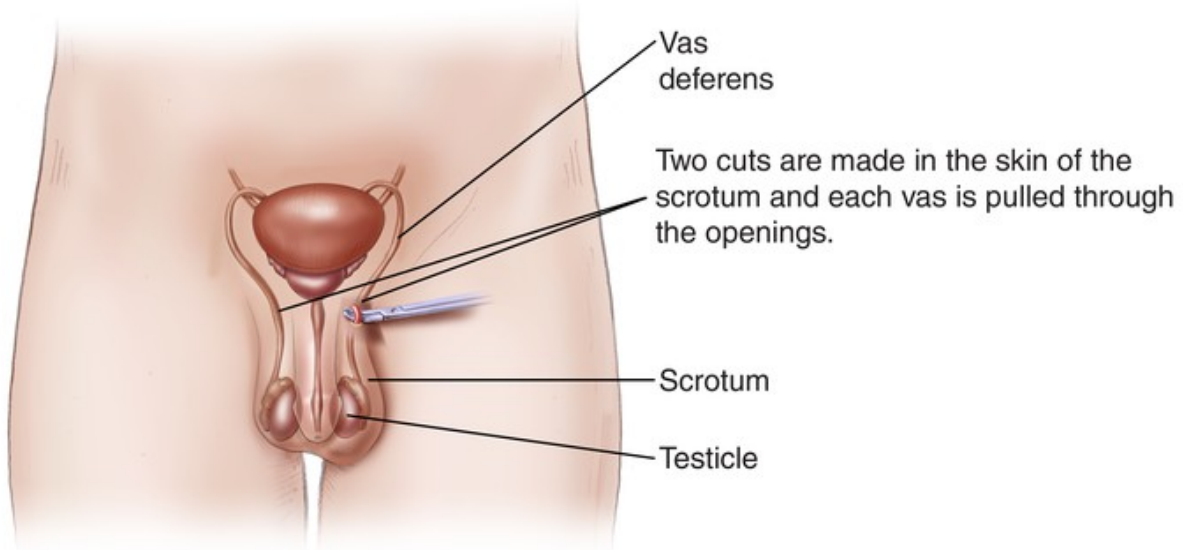
- There is a chance that months or years after the operation sperm may again appear in the semen and possibly cause a woman to get pregnant.

There is risk with every treatment or procedure. Ask your healthcare provider how these risks apply to you. Be sure to discuss any other questions or concerns that you may have.

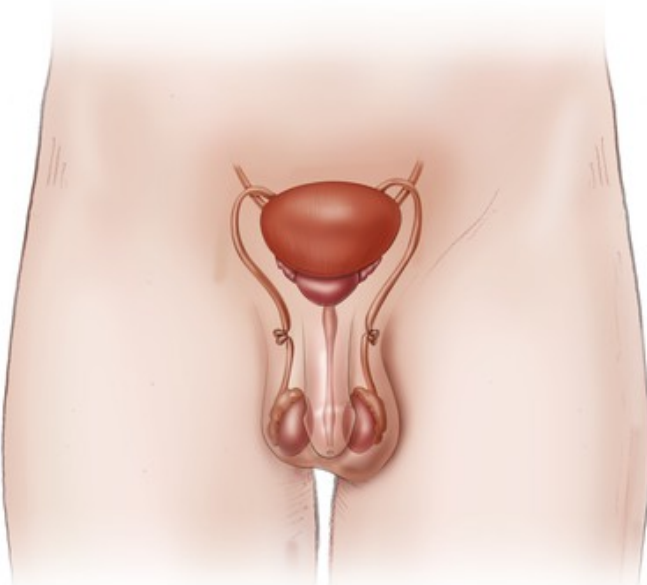
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Vasectomy



Each vas is cut. The cut ends can then be tied, clipped, or burned (cauterized). The sealed ends are put back in the scrotum and the cuts in the skin are then closed.



Sperm can no longer pass through the vas and out of the penis.

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