



Sterilisation for men: what you need to know

Based on information provided by the Royal College of
Obstetrics and Gynaecology
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Key points

- Sterilisation is a permanent way of preventing pregnancy. It involves having an operation.
- The method used for women is called tubal occlusion. The method used for men is called vasectomy.
- If you are in a long-term relationship you need to consider both methods and decide which one is best for you as a couple.
- Vasectomy carries **less risk** than tubal occlusion of getting pregnant again or of getting extra problems.
- Vasectomy is usually done under local anaesthetic.
- Tubal occlusion is usually done in hospital under general anaesthetic. You will usually leave hospital the same day.
- **You must keep using contraception right up to the operation and for some time afterwards until you have a negative sperm test.**

This information is for you if you:

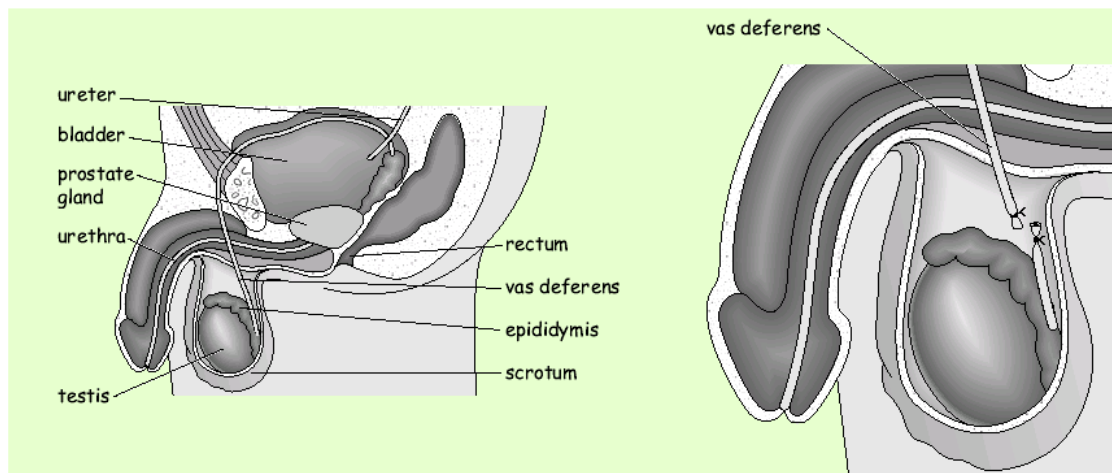
- wish to use a permanent method of contraception; and
- have decided that you do not want more children, or that you will never want children.

Some of the recommendations here may not apply to you; this could be because of some other illness you have, your general health, your wishes, or some or all of these things. If you think the treatment or care you get does not match what we describe here, talk about it with your doctor or with someone else in your health care team.

What is a vasectomy?

Sterilisation for men is known as vasectomy. It is a permanent way of preventing pregnancy.

Vasectomy is an operation that blocks, seals or cuts the tubes (known as the vas deferens) which carries sperm from your testicles to your penis. Although you will still be able to ejaculate, your semen will no longer contain any sperm, so you cannot make your partner pregnant. The sperm in your testicles are naturally reabsorbed back into the body and do not build up.



Vasectomy blocks and seals the tubes known as the vas or vas deferens

What do I need to consider?

You can have a vasectomy if you are sure that you do not want more children or that you will never want children.

If you have a partner you should discuss and agree together which option suits you best as a couple. Your doctor or nurse can talk to you about your choices and help you to come to a decision. Some couples, for example, choose vasectomy rather than female sterilisation because the operation is less risky and there is less chance of getting pregnant again.

Research has shown that you are more likely to have regrets later on if you are under 30 or if you do not have children already. You need to be very sure about your decision and that you fully understand what it will mean. No-one can force you to have the operation if you do not want to.

Are there alternatives?

If you are a couple you need to consider both vasectomy and female sterilization.

Your doctor or nurse will also be able to tell you about other long-term methods that women can use to avoid getting pregnant. They include:

- Copper IUDs (which used to be known as the coil) - the IUD (intrauterine device) is put into your womb and can safely stay there for up to eight years. If you are over 40 when it is fitted, it can be left in until you reach the menopause.
- A progestogen IUS (intrauterine system) - this is a hormone-releasing IUD that lasts for five years. The Mirena system is as effective as vasectomy and more effective than tubal occlusion.
- Progestogen implants (Implanon) - this uses a small flexible tube inserted under the skin of the arm to release the hormone progestogen. The implant lasts for three years.

The main advantage of these methods is that they can be reversed. Like tubal occlusion and vasectomy, they all have risks and benefits. Your doctor or nurse can tell you more about them.

You should be aware that if you partner stops their current form of contraception eg the pill, Mirena or Implanon after your successful sterilization their periods may get heavier or problematic.

How well does sterilisation work?

Early failures where the tubes rejoin quickly occur in approximately 1 in a 100 of all vasectomies. These patients will be picked up by performing a semen sample 16 weeks after the vasectomy operation.

Late failures occur if the tubes that have been cut or blocked as part of the operation join up later on. You can get pregnant immediately or at any time (even several years) after a failed operation.

A pregnancy results for only 1 in every 2000 men who have been given the all-clear (that is, after tests have confirmed there are no sperm in their semen) after a vasectomy. It seems that the longer it is since you had your vasectomy, the lower the risk that your partner will get pregnant.

The main risk after a vasectomy is that your partner gets pregnant because you stop using contraception too soon after the operation; that is, before you have been told that it is safe to do so or before you have had a negative sperm test.

Can it be reversed?

All sterilisation operations are meant to be permanent. The chances of an operation to reverse it being successful vary a great deal. There is no guarantee of success. The best chances of successfully reversing a tubal occlusion seem to be when clips or rings have been used and when the reversal is done by microsurgery.

Vasectomy is free through the NHS but you will usually have to pay to have the operation reversed except in exceptional circumstances. The success of reversal is limited.

Vasectomy: What does it involve?

Vasectomy is usually done under local anaesthetic. General anaesthetic will usually be used if:

- you have a history of allergy to local anaesthetic;
- you have a history of fainting easily;
- you have had surgery before on your scrotum or genital area
- you do not want to have a local anaesthetic.

The surgeon will usually make one or occasionally two small punctures in the skin of your scrotum to reach the tubes (the **vas deferens**) which carry sperm. They will then block the tubes and close the ends by

- using diathermy to heat and seal them off.

The surgeon will use the 'no-scalpel' way of reaching the tubes. This avoids cutting the skin; the surgeon uses a special instrument to make a puncture and then stretches a small opening in the scrotum. This seems to cut down the risk of bleeding, infection and pain.

- **You must use effective contraception before the operation and until follow-up tests show that the vasectomy has been successful.**

To find out whether your vasectomy has been successful you will be asked to give at least one semen sample at approximately sixteen weeks after the operation. If there are no sperm in your semen, the test result is negative. You should usually be told that you can stop using contraception.

- If you still have sperm in your semen, you should be given another test. You must wait until you get a negative test before you stop using contraception.

A few men continue to have small numbers of sperm in their semen, but these sperm do not move (they are known as 'non-motile' sperm). It is not always clear whether this means you could make your partner pregnant. If you are one of these men, your doctor will discuss your options with you.

If live sperm remain in your sample the vasectomy operation will need to be re-performed. This can occur in up to 1 in a 100 cases.

Once it has been confirmed that your vasectomy has been successful there is a small risk (one in 2000 vasectomies) that the tubes will reform some time after the operation. If this happens, you could make your partner pregnant.

Vasectomy: What are the risks?

As with any surgery there is a risk of bruising, bleeding and infection. While most men recover quickly a few will be sore for a few weeks.

There is no evidence that having a vasectomy affects your sex drive.

Having a vasectomy does not increase the risk of getting testicular cancer or heart disease. Current research suggests that having a vasectomy does not increase the risk of getting prostate cancer.

As an operation it carries less risk than tubal occlusion does for women. However as with any operation there are risks of bleeding, bruising, infection and discomfort.

Some men get pain in one or both of the testicles after a vasectomy. It can happen immediately or some time (even a few months) after the operation. It may be occasional pain or it may be quite frequent. Some men find the pain continues over time; this is known as chronic pain. For most men, however, any pain is quite mild and they do not need further help for it. 1 study showed 1 in 7 men at 3 months still have some discomfort. However it was described as mild and none of the men wished they had not had the procedure performed.

Extremely rare complications include disabling pain in the testicles or the testicles blood supply being compromised and as a result the testicle shrinking and dieing off.

Is there anything else I should know?

- You have the right to be fully informed about your health care and to share in making decisions about it. Your health care team should respect and take your wishes into account.
- You can mobilise normally after 24 hours but should avoid sport or intercourse for 2 weeks. We recommend a couple of days taken off from work if you do a sedentary job but longer if you have a manual job.
- Buy some pain killers such as paracetamol prior to the operation so you can start taking them after the operation. **Avoid aspirin or ibuprofen as they increase the risk of bleeding.**
- You should wear tight pants for 1 week
- You will need to sign a consent form to show that you understand and agree to have the operation.
- All operations involve some risk. If you have special concerns about certain kinds of risk, let your doctors know so that they can tell you more.
- Sometimes extra procedures are necessary at the time of an operation to save a person's life or prevent serious harm to their health. Your doctor will tell you about these. You have a right to say whether there are any procedures you do not want the surgeon to carry out.
- You should be told if there were any difficulties during the operation that mean it may not have been successful.
- You can find out more about what having an anaesthetic involves at: www.youranaesthetic.info