



# THE CAMBRIDGE UROLOGY CLINIC

## Vasectomy Reversal

### What does the procedure involve?

Rejoining of the previously separated tubes with microsurgical techniques and fine sutures

### What are the alternatives to this procedure?

Other forms of assisted conception, sperm aspiration.

### What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You may receive an appointment for pre-assessment, to assess your general fitness and to perform some baseline investigations. After admission, you will be seen by members of the medical team which will include the Consultant, the Anaesthetist and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

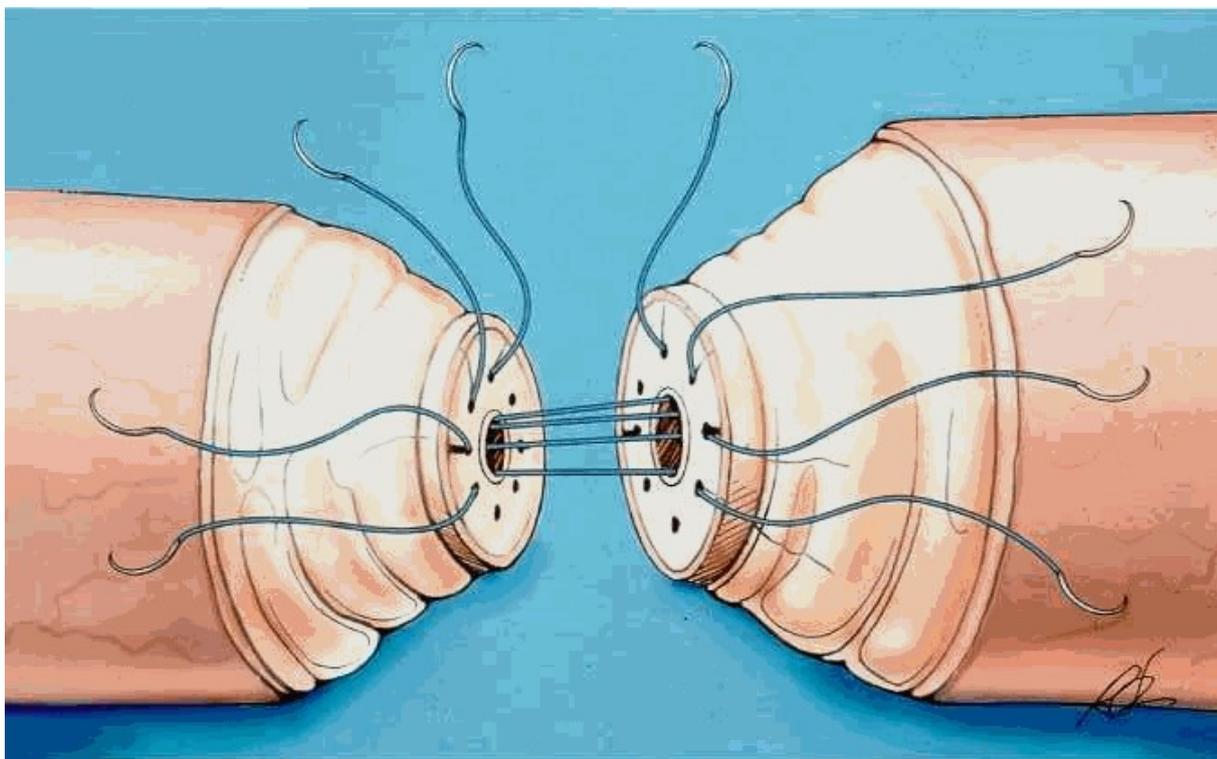
Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

## What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

The operation is normally performed through a small incision in the front of the scrotum with the ends of the tubes being re-joined using microsurgical techniques. If it is not possible to re-join the divided ends, it may still be possible to join the upper end to the sperm-carrying mechanism (epididymis) although the results of this procedure are not as good as those from re-joining the vasa themselves.



## What happens immediately after the procedure?

You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is 2 days (1 night).

## Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

### **Common (greater than 1 in 10)**

- A small amount of scrotal bruising
- No guarantee that sperm will return to the semen (this more likely with increasing age)
- Although sperm may return, pregnancy is not always achieved
- If storing sperm, check that the appropriate forms have been signed
- Miscarriage rate of 15-20%; this is no greater than the risk in the normal population
- Blood in the semen for the first few ejaculations

### **Occasional (between 1 in 10 and 1 in 50)**

- Bleeding requiring further surgery
- Chronic testicular pain (5%) or sperm granuloma (painful nodule at the operation site)
- 5% of reversals (1 in 20) stricture off each year after the procedure, resulting in no sperms being ejaculated

### **Rare (less than 1 in 50)**

- Rarely, inflammation or infection of the testes or epididymis requiring antibiotics
- Inability to perform the procedure on one or both sides

### **What should I expect when I get home?**

Over the first few days, the scrotum and groins invariably become a little uncomfortable and bruised. It is not unusual, after a few days, for the wound to appear swollen and slightly weepy. If you are at all worried about this, you should contact your GP or the Cambridge Urology Clinic on 01223 266927. The skin sutures do not need to be removed and will usually drop out after a couple of weeks; occasionally, they may take slightly longer to disappear.

You are advised to take 10-14 days off work after the operation and to avoid sexual intercourse until you feel completely comfortable.

### **What else should I look out for?**

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

### **Are there any other important points?**

You will be asked to produce sperm counts after the operation. On average, sperms take 2-6 months to appear in the semen, although this may take as long as a year. The average post-operative time to conception is 12 months so you should not have the operation performed if you do not want to produce a family for a longer period than this. Even if sperms are produced in the semen, you may still not be able to produce and pregnancy, either because the sperms are of poor quality or because you have formed antibodies to your own sperms.

Unfortunately, in some men who get sperms going through initially, the tubes block off at a later stage so that pregnancy is not possible; it may, however, be possible to repeat the operation at a later date if this occurs.

The chances of success are:

Interval (years)	Patency	Pregnancy
<3	97%	75%
3 – 8	88%	50 – 55%
9 – 14	79%	40 – 45%
15 – 19	70%	30%