

ADVICE FROM THE NEWSGROUP



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Introduction

Vasectomy is a relatively simple medical procedure with an excellent safety record. But as with all medical procedures, it is important to enter into it with as much information as possible. The newsgroup alt.support.vasectomy helps by putting men in touch with other men who have some of the same questions they have, and men who have already undergone the procedure. This website helps by connecting men to sources of information about vasectomy available in print and on the web.

Maybe the most important source of information when it comes to what you will experience during and after your vasectomy is your doctor, or other medical professionals involved with your procedure and follow-up care. Part of their job is to answer your questions, and there is usually time set aside for this during one or more pre-vasectomy consults. Unfortunately, many of us have found that during these meetings we forgot to ask what we most wanted to know, or we didn't rephrase our

questions if the doctor misunderstood. Also, after the procedure many men say they wished they had asked questions that never occurred to them before hand.

With this in mind, the regular posters of alt.support.vasectomy felt that men considering a vasectomy might find it helpful to prepare a list of questions ahead of time - a sort of check list of issues to raise in conversations with their doctor and other medical professionals.

Some of these issues might be addressed in a brochure or video that your doctor or clinic makes available prior to the consultation. Many doctors have printed fact sheets of instructions for pre-operation preparations and post-vasectomy care to hand out to patients, so it's worth asking your doctor for one if they don't automatically give you one. It's wise to study any materials or information given carefully, and follow up with your own questions when you meet with your doctor. After all, this is your opportunity to discuss your own special situation with your doctor. It is also your opportunity to confirm in detail how you will be treated during your vasectomy, and what you can expect afterwards. Keep in mind that if at any point you are not satisfied with what you are hearing, you can cancel the procedure to seek out a different doctor, or just give up on the whole vasectomy idea altogether.

What follows is a list of past discussion topics that will hopefully get you thinking of what you might like to discuss with your doctor when you go for the consult. It goes without saying that not every issue listed below will be of equal concern to every man facing a vasectomy. But each issue has been discussed in alt.support.vasectomy, and we thought you might want to know what these issues are!

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The decision

Everyone is different, therefore everyone will take different things into consideration when deciding if vasectomy is the right option for them. Common considerations are "What happens if a death occurs and I want to be able to father some/more children?", "What happens if we split up and I want to start a family with a new partner?", "What happens if I just change my mind in years to come, or my personal situation changes?". There are many other questions we ask ourselves, but these are the usual type of question we need resolving before we can be happy about the decision.

Most posters to alt.support.vasectomy are happy with their decision, but it's fair to say that in some cases men do have vasectomies and are unhappy about it because the decision has been made "Under duress". Some men feel pressured into the decision, because their wives/partners want them to assume contraceptive responsibility for medical or other reasons. Ultimately choosing to be sterilised has to be a decision you are happy with. In the circumstances where undue pressure is being applied, it's a

good idea to delay having the procedure until you have had the opportunity to discuss all the implications fully with your wife/partner and are happy about going ahead.

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Doubts about permanent sterility

You should view a vasectomy as a permanent. If you have doubts about this choice, you should share your concerns with your doctor, and perhaps reconsider vasectomy as a birth control option. If you express any doubt the doctor will often suggest you wait until you are happy to be sterile, as vasectomy is permanent sterilisation - not a temporary contraceptive method.

Vasectomy reversal is possible, but the chances of reversal with restoration of fertility tend to vary widely depending on many factors. In addition, whereas medical insurance policies and national health schemes cover the cost of vasectomy, they don't usually cover the cost of reversal - and reversal surgery doesn't come cheap!

There is the option of freezing sperm for later use employing alternative techniques for conception. Many hospitals and clinics offer this on a commercial basis, so it's worth contacting your local hospital or searching the web for contacts and information on this. Again, the costs involved with storage and IVF at a later date are very high.

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Choosing a Doctor

An important consideration - how experienced is the surgeon or doctor who is to be doing your vasectomy? How many vasectomies has he/she performed? If you live in a rural area and the nearest doctor performing vasectomies has not had a great deal of experience in the procedure, it might be worth considering making a trip to a doctor or specialist who has more experience. We have heard of inexperienced doctors bungling procedures.

Another important point is to make sure the doctor will be performing the entire procedure. We have heard of doctors allowing nurses or trainee medical staff to do part of the procedure - not always with good results. If this is to happen the doctor should discuss this with you prior to the procedure, and gain your consent. Medical people do have to practice on somebody, but your permission should be sought prior to the procedure if they want to use you as a training exercise. You can always say no - after all it's your body.

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The Consent Form

One point that often surprises many men - a lot of doctor's require the co-signature of your wife for the procedure. This is fairly common in the USA and the UK (and probably other countries too). The reasons for this co-signing are not always clear. Many doctors like to involve partners in the consultation and decision so all involved are aware of the risks and benefits, and that it should be viewed as permanent. Be aware that your doctor might require your wife's co-signature before the consultation, and prepare your arguments beforehand if you are unhappy about this. Find out if it is in fact a legal requirement where you live and what happens if you refuse to have a co-signature if you have objections to the form being co-signed.

It has been reported in some parts of the USA that some doctors may require a wait of 30 days between signing the consent form and having the procedure actually done. It's unclear if this is a legal requirement or not.

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The "Tube check"

Your "plumbing": - Anatomically, all men are the same, but there can be important differences. To clarify: - during the consultation the doctor examines your scrotum to determine whether the location and general condition of your vas deferens will pose any problems during the vasectomy, and that you are suitable to have the procedure done under local anaesthetic.

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Your medical history

The consultation is a good time to share any information you have about your equipment. For example, you should tell your doctor about any pain you have experienced in your scrotum or penis, or any odd lumps or bumps you have discovered at any point - whether they are still present or not, and about any prostate problems you have experienced. There have been discussions of "post vasectomy pain" within the news group, and some of the men suffering various pains in that area after having had a vasectomy had experienced pain prior to their vasectomies. Also, one of the clinical papers quoted in the Medical Journal extracts section makes the point that upon pathological examination of excised material after surgery, the post vasectomy pain some were suffering was possibly due to non-vasectomy related conditions such as hydroceles and long standing fibroids. Therefore it is important to ask your doctor if there is a chance that a vasectomy may worsen any pains you already have. It is a good idea to tell the doctor about any family history of prostate or testicular cancer.

In short, ask whether anything about your equipment, or your medical history (including that of your male relatives), suggests you should not have a vasectomy. You should also ask if there is any reason to prefer one procedure over another, or whether you are especially susceptible to any complications resulting from vasectomy.

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Physical activity

Tell your doctor about your work, and any sports you play. This will help the doctor advise you on recovery treatment after the operation. For example, if you are a sportsman or have a job that requires lifting, it may be that an extended rest after the operation will be required. Telling your doctor about your activities may even suggest the advisability of one procedure over another, and alert him or her to possible complications.

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Choosing which Procedure

You will probably want to find out exactly how your procedure will be performed. There are a variety of procedures available, and you can find out about them at the website. You may prefer one procedure over another, and your preference may be strong enough that you will want to ask for a different procedure-and will want to change doctors if yours won't (or can't) oblige. Conceivably, one procedure may even be better for you, given your special situation. So research the pros and cons ahead of time. And ask your doctor whether there is any reason to go with one procedure over another. In any case, your anxiety level the day of the procedure will probably be lessened if you know exactly what is going on. (Or maybe not!) Certainly you should ask how much experience your doctor has had with whichever procedure you decide on.

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Anaesthesia / sedatives

In general, vasectomies are performed under local anaesthesia, which entails considerably less risk and expense than general anaesthesia. There are cases where doctors suggest having a general anaesthetic. These seem to be for good reasons related to the patient's medical history, but of course you should discuss this with the doctor.

In the case of a local anaesthetic being used, an injection is administered at each

incision site in the scrotum - NOT into the testicle itself. This is the "little prick" that many report as the only painful part of the procedure. It's often compared to the pain experienced when given a shot at the dentist's. Some doctors will administer general anaesthesia. You should know which to expect before the big day. If you will be given local anaesthesia, ask how the doctor will confirm the anaesthesia is working. (No joke! Some report harrowing tales!) If general anaesthesia is used, be sure you are aware of the risks, and that whatever benefits you derive are worth those risks. If your vasectomy will be performed under general anaesthesia, you will no doubt be given special instructions regarding advance preparation.

Some doctors will prescribe a mild relaxant to be taken an hour before the surgery. Many guys report it helps a lot. For one thing, less patient anxiety means less "shrinkage" on the table, which can mean an easier procedure (less tugging and pulling to get at testicles and tubes, so less post-operative pain). Also, less sweating and fidgeting.

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Precautions against infection

Ask what precautions will be taken to insure against post-operative infection. All instruments used should of course be sterilised. Will the doctor and assisting personnel wear surgical masks? Will you be given an antibiotic series to take afterwards? If you will be given antibiotics to take, be sure you know whether there are any special instructions for taking the antibiotics. Also, share with the doctor any information you have about past negative experiences with antibiotics.

Ask the doctor how to distinguish within the first few days of the operation between normal swelling and soreness and signs of an infection. **AND ASK FOR A NUMBER TO CALL IF SIGNS OF INFECTION DEVELOP.** Remember: many vasectomies are performed on a Thursday or Friday to minimize absence from work. Therefore if an infection develops, it is likely to be over the weekend. Any infection needs to be treated as soon as possible, so find out what to do and who to contact over the weekend if necessary.

Finally, see if you can't schedule a visit for a week after the operation so the doctor can confirm that you are healing correctly and that no infection is present (this post-op visit is highly recommended).

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An audience and / or souvenirs

You may want to ask who will be in the room with you during the procedure. Just the

doctor? The doctor and a female nurse? A bunch of nurse candidates? A roomful of eager 13 year olds on a school field trip? None of these various scenarios may cause you concern (and all but the last have been reported more than once), but you may want to know what your particular situation will be before you show up. Some doctors will allow the presence of a partner-some even welcome it. If you have any preferences about who will be there for your special moment, ask.

If you want, some doctors will arrange for you to watch the procedure (in a mirror for example). Or to take away a souvenir (believe it or not, we have heard of guys keeping a piece of vas). If you are interested in either, speak up. Doctors have heard everything, so don't be shy. They may even oblige you.

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What do you tell the kids / friends / relatives etc?

The first question here is "Do I have to tell anyone about it anyway? This is a personal decision, and one that you might like to think about before the question comes up. Having said that, one question that comes up occasionally in alt.support.vasectomy is "What's the best way to tell the kids"? There is no right or wrong answer to this question - each child is different. It depends on the age, level of knowledge and the understanding of the children. The people best placed to decide what (if anything) to tell their children are of course the parents. It's mentioned here because it is better to think about how you will approach the subject and what level of detail to go into before you tell them, rather than have to answer awkward questions with no preparation! We have heard of instances where awkward questions have been asked over breakfast, causing a spluttering sound and choking on cornflakes!

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Pre-operative preparations

Without being crude here, you probably won't feel like sex or masturbation for a while afterwards - many posters have made a point that it is a good idea to "shoot a last live round" the night (or the morning) before the operation.

Shaving: Doctors want a clear field of action when they operate-it is an important guard against infection. This means shaving. Find out whether you can do the shaving yourself the night before (highly recommended!) rather than leaving it to them the day of the procedure. If they say yes, ask exactly what you need to shave and what you can leave hairy. For some reason, this vital bit of information often is not conveyed clearly, resulting in someone else doing the shaving on the spot, just before the vasectomy-generally, someone less careful (or expert) at tending to those parts than you are. You don't want to shave more than you need to either, since the hair growing

back is often the worst part of the recovery period. Why not ask the doctor to show you what he or she wants shaved during the physical examination part of the consult? Also, ask whether you can use an electric razor: most doctors say no, as electric razors can give the impression of a rash, and they do not like to operate if a rash is present. (A regular razor, with shaving cream and warm water, might be more fun anyway!)

What to wear: Ask what you should wear the day of the procedure - and what you should bring to wear home. A jock strap is highly recommended from the moment you get off the table, and you can usually bring a cheap one from home. It should be clean, though! By the way, it's best to buy from a sports store, not a pharmacy or department store because they probably cost less and you get a better selection. Some clinics issue something custom-made, or require a special purchase. Ask if you can't save money by bringing your own.

Keep in mind, some guys report that wearing a strap for a week or more afterward is very helpful, so you may want extras on hand. Also on the way to the operation don't wear your favorite tight pair of 501's - wear something loose, for example sweat pants (jogging bottoms) as they will be much easier to get on, and you will be more comfortable.

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After the operation

Getting home: Ask whether you will need someone to help you home. The answer is usually, "yes," especially if you have been given any relaxant ahead of time. In any case, you will have had an anaesthetic and this may impair your ability to legally drive. If you don't have someone to take you home you can always ring for a taxi, or ask whether arrangements can be made to wait at the clinic or office till you are ready to leave under your own power. (Under no circumstances should you bicycle!)

Self-care: Ask what you should do to take care of yourself at home. Taking a day or two off is highly recommended, but how much time you need to stay away from work- or your usual past-times- depends on your work, past-times, and other things particular to your case (including the nature of your surgery, how well it went, etc.). When you can shower also varies. (One bit of advice, repeated by scores of guys: use lots of ice immediately after, and for the first day.) You might want to ask about something for pain relief (no aspirin, which tends to increase bleeding!)

It's important not to over-stretch yourself physically after the procedure. Taking things easy and giving your body time to heal will lessen your chances of giving yourself an injury that may cause pain in later years. In particular, beware post-vasectomy euphoria the first hour or two afterwards: you may feel great at first, relieved the long dreaded snip is behind you. But remember, the anaesthesia is still at work - maybe

even the relaxant. Take it easy, and for the next several days don't do anything that causes you pain. Pain is your body's self defense mechanism telling you to STOP IT RIGHT NOW! Listen to your body - it knows best!

Finally, give your partner the chance to pamper you: many partners posting to the list say they expect it! Besides, you deserve it!

Sex: Ask how soon you can resume sexual activity. Doctors usually anticipate this question (they know what we like!), but not always. They will tell you, of course, that you cannot be certain you are sterile until after semen analysis confirms no sperm are present in your semen (see below). But most of us also want to know how soon we can resume protected intercourse-or other forms of sexual activity. The answer may vary depending on the vasectomy procedure and the doctor. If you don't like the answer you hear first - we have heard reports of doctors saying two weeks. Try to get a clear picture of what the doctor is actually advising against. Does the ban include everything resulting in ejaculation no matter how gentle and careful the technique, or just intercourse?

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Semen samples and the "All clear"

A sticky subject, so to speak. You are not sterile till the doctor says so. There are many reports of unwanted pregnancy resulting from guys jumping the gun after a vasectomy, assuming they are sterile before they get the final confirmation. The fact is, the only way to be sure is to provide samples, which are read under a microscope. The process can be inconvenient - even embarrassing. But the awkwardness can be reduced if you ask the right questions ahead of time. And often you do have to ask (maybe medicos are embarrassed, too?). Ask how many samples you need to provide - most doctors seem to want to see two clear shots before they will give you the green light for unprotected sex (sometimes this might require providing more than two samples). Ask how soon after the vasectomy you can start bringing the samples in. Ask how "fresh" the samples need be-that is, can you "give at home" and bring the samples in to be read an hour or two later, or do you need to do it at the clinic? If you arrange to give at home, ask for containers to bring the samples in. If the containers look . . .umm. . . too small (often reported!), ask whether you can bring the stuff into the clinic in containers of your own. One method of "Collecting" samples into small pots is to masturbate into a kitchen funnel, placed over the small pot - it's a lot easier to hit a bigger target area! This has actually been tried, and it works. The funnel should be sterilized - either by using sterilizing solution from home brew or babies sterilizer kits, not forgetting to rinse the solution off! Alternatively immerse the funnel in boiling water for a minute or so.

One technique recommended by sperm banks is to masturbate while lying on your

back, having re-positioned the jar slightly to the side of your erect penis. That way, when you ejaculate, you will not have to force your penis downward to hit the pot or funnel, but just turn it slightly to the side. Sperm banks, which should know, claim using this more natural angle makes for better and more powerful ejaculations--that is, ejaculations that produce more "product" and less spillage, which are their major concerns. From our point of view, they also feel better! If you are worried about any of this, remember, "practice makes perfect." (Practice is especially recommended if you intend to engage your partner as an assistant.)

Ask WHERE you should bring the samples-to your doctor? to a lab? to a nurses station? Think about it: No one wants to be standing around a crowded waiting room, late to work, with a jar of semen in his hand, wondering where to put it. You might even want to ask whether there are any rules regarding how the samples are . . .umm. . . "collected." For example, will using lube or saliva interfere with the semen analysis? Some guys report being told they need to masturbate "dry", others that they can use lube. Still others that they can use a special condom, permitting them to produce their samples during intercourse. None of this may matter to you. The point is, if you have preferences or concerns, speak up.

One point to mention regarding when you get the "All clear" - upon hearing the good news, some men experience a temporary depression or negative emotion having been told they are infertile. This is usually quite short lived and according to posters is often cured by either alcohol or unprotected sex - maybe even both. No matter how sure you were about having a vasectomy, and no matter how long you considered it, it can still strike you! It doesn't happen to all men, but it is worth mentioning here as some men do experience it.

A very important point - two of the medical journal extracts we feature state that between 21% and 24% of men did not return for any post vasectomy semen analysis. One of the studies makes the point that when court cases of sterilization failure arise, legal difficulties (for the medical profession) arise more often as a result of a failure to correctly counsel the patient of the risks, than as the result of a poor surgical technique. The studies expressed concern that this high percentage of men failing to have post vasectomy semen analysis may be as a result of poor counselling of the risks of pregnancy until the patient has been declared sterile after semen analysis.

The number of samples and timing of samples before you are declared sterile varies depending who you talk to. Some doctors say you should give your first sample after 20 ejaculations, some say after a period of time (usually six weeks - two months). Some doctors require two consecutive clear samples six weeks apart, some just the one sample. The medical journal extracts quoted on this site all err on the side of caution - no bad thing bearing in mind what's at stake here! One study concludes that the complete disappearance of spermatozoa after vasectomy takes longer than is generally believed, and it suggests that semen analysis 6 months after vasectomy is

cost-effective and in the patient's interest. The same study also found that in some cases it can take up to 8 months to be able to declare a man sterile post-vasectomy.

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How semen analysis is done

Further information can be found in the "Medical Journal Extracts" section of the website, and the following information is summarized from there.

With a post vasectomy semen analysis, the doctor or analyst is looking for the presence of any sperm, and if any are present measures their motility. The test should be done within 2 hours of ejaculation, and the sample should be kept at 37°C. A drop of fresh semen is placed on a clean, standard microscopic slide and examined. If there are no sperm present then you are cleared for take-off. Some doctors are happy with one clear sample, some prefer two clear samples.

If any sperm are present, an assessment of the quality of forward movement of the sperm is noted. This is graded on an arbitrary scale of forward progression, from 0 upwards.

0 signifies no motility

1 denotes sluggish or nonprogressive movement

2 refers to sperm moving with a slow, meandering forward progression

3 signifies sperm moving in a reasonably straight line with moderate speed

4 indicates sperm moving in a straight line with high speed

You may have some non-motile sperm present (number 0 on the above scale). If this is the case the doctor will order further samples to be examined until no sperm are present before you are given the all-clear.

In cases of infertility, sperm counts are measured very specifically. If a series of analysis are to be performed, it is important to maintain consistency in the length of sexual abstinence prior to collection of the specimen. The specimen may be collected in the physician's office or at home and brought to the office by placing the container in a shirt pocket next to the body to keep it warm during transit. The specimen should be examined in the laboratory within 2 hours of collection.

The analysis can be done either under the microscope (this seems to be the preferred technique) or by at technique called CASA (Computer-Aided Semen Analysis).

CASA is a semiautomated technique used to visualize and digitize static and dynamic sperm images using computer-assisted image analysis. Most systems employ video

with multiple frames, which when played back, creates moving images. The advantages of CASA are that one gets quantitative data. It can be standardized, and it may be useful in marketing. The disadvantages include: the equipment is expensive, the method is labor intensive, many variables can affect the results, the method is not yet standardized, and so far has not been proven to be more accurate than the standard microscope technique.

The standard microscope technique is as follows: -

The volume of the ejaculate should be measured to the nearest millilitre. With an abstinence period of 2 to 3 days, most normal men have seminal volumes between 1.5 and 5.0 ml.

The semen specimen is well mixed prior to examination, and diluted at a 1:20 ratio in a test tube. The dilution may vary depending on the sperm count. A dilution of 1:10 is often used in those specimens with low sperm densities. The diluent can be distilled water or sodium bicarbonate with 1% phenol in order to immobilize the spermatozoa.

A drop of this specimen is placed on a counting chamber, and a grid is placed over it. Spermatozoa are counted within five blocks containing 16 squares each. This number, multiplied by 106, represents the count per millilitre. Two sets of five blocks should be counted and an average calculated. There are variations to this formula depending on dilution.

It is possible to examine undiluted semen, but dilution of the specimen is still required with high sperm densities. The sperm may be immobilized by cooling the specimen in ice water or by heating it to 50 degrees. A drop of undiluted sperm is placed on the slide, and the number of sperm with the grid are counted. The number of sperm within ten blocks represents the number of sperm in millions per millilitre.

What if I'm not declared sterile after two samples?

The occurrence of this is rare and the course of action differs depending on if the sperm found in the semen analysis are motile or non-motile (alive or dead). It can also depend on the policy of the doctor/ local health authority etc.

In the case of motile sperm being found after repeated semen analysis, the studies quoted suggest repeating the vasectomy.

In the case of non-motile sperm being found after repeated semen analysis, the studies conclusions differ. One of the studies suggests that the risk of pregnancy occurring in the presence of non-motile sperms is estimated to be less than the established risk of late recanalization, and special clearance should be issued to men with few persistent nonmotile sperm after vasectomy, providing the risks of pregnancy

are properly discussed and documented. Some suggest that contraception may be cautiously discontinued and repeat semen analysis performed every 3 months. Some suggest repeating the vasectomy.

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Complications

What if things go wrong? Reported incidents of complications following vasectomy are statistically very rare, but complications do sometimes occur. When they do occur, they tend to be relatively minor and short-term, but some men report longer-lasting problems. You should ask your doctor what kinds of complications are sometimes reported, and whether you are particularly liable to experience any of these complications given your medical history, your lifestyle, your sporting activities, work tasks, and/or the particular vasectomy procedure you are considering. You should also ask your doctor how these complications are typically treated, and with what kinds of success. Asking these questions is a good idea for at least two reasons. Firstly because you should go into your vasectomy with your eyes open to all the possibilities - even the most remote. And secondly because your doctor's answers may give you a good idea of how he or she might react if you develop complications yourself. If you do experience complications, chances are you will first turn to the doctor who performed the procedure, even if later you will also want to seek out another specialist. If your present doctor seems unwilling to talk about possible complications, or seems not to know much about how they are treated, you might want to consider finding someone else.

Spontaneous reversal:-

Perhaps one of the worst possible outcomes of a vasectomy is a spontaneous reversal, resulting in a surprise restoration of fertility even after you have been declared "all clear." This is extraordinarily rare - figures quoted are usually 1 in 2000 to 1 in 4000 or higher. These are the incidence of recanalising - figures for pregnancy occurring after the "all clear" are rather lower risk, and confounded by the fact that those getting pregnant after vasectomy rarely prove patency with DNA sampling. If recanalisation is of concern to you, you may wish to discuss providing routine semen samples with your doctor.

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Post vasectomy pain syndrome - PVP

Different surveys will come up with different results of how many men suffer post vasectomy pain syndrome. Also how PVP is defined varies from survey to survey. Generally speaking, PVP is where the patient experiences long term pain in excess of

three months from vasectomy. In general it is treatable with good results in most cases. Many surveys recommend better counselling of patients with regard to the risk of chronic testicular pain.

There are a few studies that discuss incidence and treatment of PVP, some of them are available in the "Medical Journal extracts" section, along with links to medical journals for your own research.

Post Vasectomy Pain syndrome (PVP) is statistically rare, but some form of discomfort post vasectomy is not unusual. Most surveys quote between 18% and 33% of men reporting some form of discomfort or pain. The surveys quoted on this website in the "Medical journal extracts" section split this figure 80% as short term (less than three months) and not classified as PVP, and 20% long term (over three months) and classified as PVP. This represents approx. 5% or less of all vasectomies. It should also be noted that pathological examination of samples after PVP treatment surgery often reveals that the cause of the pain is not necessarily vasectomy related.

Short term complications include post vasectomy infection, severe haemetoma (bruising), epididymal cysts and sperm granulomas. Although sperm granulomas occur in approximately 60% of vasectomies, usually the patient has no symptoms, and notices nothing unusual. About 3-5% of patients experience pain, but most have no discomfort. Most episodes of painful epididymitis and granulomas resolve with conservative treatment. We link to more information about these in the "Useful links" section. Go to the MEDICAL SITES sub section, and the two links are called "Facts about vasectomy safety" and "Well connected".

The studies have a very wide range of incidence, so I'd like to put forward a couple of points to watch for.

The highest figure I've seen quoted is 33% , and probably comes from **Chronic testicular pain following vasectomy** McMahon AJ, Buckley J, Taylor A, Lloyd SN, Deane RF, Kirk D.

In the study, the authors attempt to assess the incidence of chronic testicular pain following vasectomy. It says that "Chronic testicular discomfort was present in 33% of patients".

The sample size was 172. They didn't say if this was the number of questionnaires they sent out, or the number that responded. Questionnaires are quite a common research tool, but it's usual to state the number polled, and the number of respondents.

So how is the 33% made up? A total of 56 patients, 30 of which did not describe the condition as "Troublesome". 9 patients sought medical help, and 2 patients required

further surgery. The questions that occur to me are: - how can you have a "serious and debilitating condition" where 53.6% of those who have it say it's "Not troublesome"? Why did only 5.2% of the total sample size seek further medical assistance? Is the fact that only 1.16% of the total sample size need further surgery significant?

The second highest incidence study is **Questionnaire-based outcomes study of nononcological post-vasectomy complications** Choe JM, Kirkemo AK. This one has a bit of a history. Anyone who has seen references to "The Dutch study", "New research from Europe" etc will have heard of it. However, how many men from the Netherlands were harmed in this experiment? None. The "Dutch study" was written by two Dutch writers who were commissioned to write an article on PVP from the Dutch perspective. As no Dutch research into PVP existed at time of writing the article, they referred to the above study done in the Department of Urology, Henry Ford Hospital, Detroit Michigan, USA. (footnote 4 of the "Dutch study"). Did this stop them assuming the results of a very small study done in Michigan onto the entire population of one of the "Low Countries"? Nope - they just assumed that if they multiplied the percentage of the study by the population of the Netherlands who they guessed were vasectomised they'd have an answer. It's since become an urban legend - but totally untrue.

The study found that post-vasectomy scrotal pain in 8.7% of the study. In fact that was 34 men. The entire study had a response rate of only 182 patients. They sent out 470 questionnaires. A response rate of 42.3%. Of these, 2.19% (4 out of 182) said that vasectomy had "Adversely affected the quality of life". So, if the other 57.7% of those they sent the forms to had replied, what would the results have been I wonder?

The common treatments for acute PVP include analgesics, spermatic cord denervation, epididymectomy and reversal. I'd like to summarise the various findings for each of these treatments - the full text is available in the "Medical Journal extracts" section.

Spermatic cord denervation:-

In general, most surveys reports that over 76% reported complete relief of pain at their first follow-up visit and were discharged. The rest of the patients had a significant improvement in the symptom score and were satisfied with the results. One survey in the journals section quotes 97% success rate.

Epididymectomy:-

On one survey, 87% of those undergoing epididymectomy had excellent initial symptomatic benefit. At 3-8 years afterward, 90% of patients interviewed had a sustained improvement of their scrotal pain. Post epididymectomy pathological analysis revealed features of long-standing obstruction and fibrosis which may have accounted for the pain. However, epididymectomy is often seen as a "last resort" after reversal has been tried and failed.

Reversal:-

One of the surveys quoted states that 75% of patients who underwent vasectomy reversal for post-vasectomy pain syndrome had relief of symptoms after the initial procedure. 18.75% of the sample underwent a second reversal procedure, and half of them subsequently had relief of symptoms. Overall, 85% of the sample ultimately had resolution of the pain.

Do men suffering PVP regret having a vasectomy?

Surprisingly the answer is "Not necessarily". Two of the quoted surveys asked patients if they regretted having a vasectomy. Only 2% to 10% of them did. Our website online survey asks men if they regret having a vasectomy. Of those who had some form of pain other than severe bruising and/or swelling the majority of each group had no regret. the only exception to this is the ones suffering severe long term pvp - 75% regretted the vasectomy because of the problem.

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Alt.support.vasectomy

If you have any questions, please post to alt.support.vasectomy. The guys there will give you the benefit of their experience. The replies you get will probably answer questions you never even considered, or nudge you into asking other important questions. Also, we hope you will post to the list any issues we should have included. We want this list to be continually shaped and reshaped by our combined experience.

Finally, when you are given the all clear please participate in our on-line survey and consider posting your "personal story" to the website.

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Disclaimer:- Information contained within this site is intended for the purpose of general information ONLY, and is not medical advice. For medical advice please consult a qualified Physician.