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Vasectomy Information Sheet:

A vasectomy is an extremely effective and safe form of permanent contraception. Before committing to a vasectomy, it is imperative that you have completed your family with your partner and the decision to proceed with a vasectomy has been discussed with them.

A vasectomy is appropriate for men who

- Have completed their family
- Are in a stable relationship
- Desire a permanent form of contraception

What's involved?

The indication for the vasectomy will have been discussed with you by Dr Steiner during an initial consultation in the rooms. You will have ample opportunity to ask questions about the procedure and side effects.

Dr Steiner performs all vasectomies as a day case in hospital. All vasectomies by Dr Steiner will be performed under a general anaesthetic. You will also receive local anaesthetic at the completion of the procedure to minimise pain for the first 4-6 hours.

The procedure involves making 2 very small incisions in the scrotal skin. The vas deferens tube which carries the sperm from the testes to the prostate is identified and a small section removed. The ends of the tubes will be tied off and separated to prevent the passage of sperm.

A dissolving stitch will be used for the skin which will fall out after 2-4 weeks typically. You will be discharged from hospital after being reviewed by Dr Steiner.

It is important to understand that the vasectomy is not immediately effective. It typically takes up to 20 ejaculations to clear all of the sperm from the vas tube downstream from where it has been divided. You therefore need to continue other forms of contraception until you have spoken to Dr Steiner about your post vasectomy sperm count result. You will need to provide a semen analysis about 2 months after the procedure to ensure there is no sperm in the ejaculation and will have a consultation with Dr Steiner to discuss this.

Side effects/complications of vasectomy:

- Bleeding/haematoma – this is the most common complication of a vasectomy. Although it is a minor procedure, it is imperative to wear firm/supportive underwear

for 2 weeks and not do any strenuous exercise or heavy lifting for 1 week. This will reduce this risk

- Infection – rare after vasectomy.
- Chronic testicular pain – it is normal to have some testicular pain/ sensitivity for between 1-2 weeks after the procedure. There is a 1% chance of longer lasting testicular pain after a vasectomy and a 0.1% chance of this pain affecting your daily activities. There are numerous ways this can be managed by Dr Steiner if this was to occur
- Persistent sperm in ejaculation after procedure - <1%
 - Sometimes there is persistent non motile sperm in the ejaculation for some time and this may require a follow up sperm count a month or 2 later
- Late failure (recanalization)
 - Although a vasectomy is an extremely effective form of contraception and should be viewed as permanent, there is very small (<1/2000) chance of the vas tubes re-joining sometime after the procedure and therefore developing sperm back in the ejaculate. Therefore, a very small chance of a late pregnancy is a possibility although this is very rare

Finally, although a vasectomy should be viewed as a permanent and irreversible form of contraception, both IVF and vasectomy reversal are available if your family situation changes.

Dr Steiner does not perform vasectomy reversal, however, can refer you to a specialist who can offer this service. It is important to understand however that costs associated with both IVF and vasectomy reversal are typically high and may not be covered fully by your health insurance.