VASWEB VASECTOMIES AND REVERSALS

Douglas G Stein, M.D. | Alex Galante, M.D. | Mary Samplaski, M.D.

VASECTOMY – SIDE EFFECTS, POSSIBLE COMPLICATIONS, ALTERNATIVES & INFORMED CONSENT

Vasectomy is a highly effective method of permanent contraception. It works by dividing and blocking both vas deferens—the tubes that carry sperm from the testicles—so that sperm no longer enter the semen. As with any surgical procedure, vasectomy has potential side effects and complications, which are described below.

Minor side effects immediately following vasectomy may include discomfort, swelling and/or bruising of the scrotal skin, all of which usually disappear without treatment. Some men will experience swelling and a low-grade ache in one or both testes anywhere from three days to six months after the procedure. This is due to an exaggerated form of the body's natural response to the obstruction caused by the vasectomy. It usually responds nicely to an anti-inflammatory drug, but for rare patients swelling and discomfort will occur more than once and/or will be severe enough to require prescription pain medications, stronger anti-inflammatory drugs, or more days off from work. A small number of men will develop a grape-sized hematoma (blood clot) after use of the spray applicator for anesthesia which typically is self-resolving over the course of 1-2 weeks.

Early complications such as hemorrhage and infection can occasionally occur after any surgery. Based on large-scale studies, the overall incidence of either hematoma (a blood clot in the scrotum) or infection is less than 2% of the vasectomies performed. Rarely patients may develop a subcutaneous hematoma after use of the spray applicator for anesthesia that may cause more noticeable and prolonged discomfort on that side. Very rarely, hospitalization and surgery may be required in the case of large hematoma or very severe infection (abscess). (Potential surgery may, for example, include drainage of a large clot or abscess through a scrotal incision in an operating room under general anesthesia). A **Syncopal ("fainting")** episode may rarely occur during or soon after the vasectomy procedure. Patients are strongly encouraged to arrange for a driver after vasectomy. Patients who drive themselves undergo an observation period prior to getting in the driver's seat. Despite this waiting period, a syncopal episode while driving a motor vehicle after the procedure is still theoretically possible and may incur significant morbidity, unforeseen costs, or death. By choosing to drive, the patient acknowledges that unexpected dizziness, discomfort, or fainting may occur despite the observation period and agrees not to drive unless fully alert and able to do so safely.

Late complications include:

1. A **sperm granuloma** is a pea sized sometimes-tender mass near the vasectomy site, above the testicle which results when the body reacts to and walls off sperm which may leak from the lower (testicular) end of the cut vas. A sperm granuloma may actually enhance the likelihood of reversal success. Some are tender enough to require removal in the office under local anesthesia

2. **Post-vasectomy pain syndrome** is defined as *testicular pain (on one or both sides) for greater than 3 months after having a vasectomy, severe enough to interfere with daily activities and causing a patient to seek medical attention*. Chronic pain may also be localized to the epididymis or the vasectomy site. Because chronic pain is so subjective, reported rates vary but compiled data would suggest that this is a significant problem for 1-2% of vasectomy patients, though it seems to be less common than this in our practice. In most cases, the pain is relieved with time and/or medication. Vasectomy reversal, removal of the epididymis, removal of vasectomy site, or a special procedure called neurolysis may rarely (less than 0.1%) be required to alleviate post vasectomy pain.

3. **Vasectomy Recanalization/Failure.** Recanalization is the re-establishment of sperm flow from the testis up to the rest of the reproductive tract by virtue of the cut ends of the vas growing back together after vasectomy. **Early** recanalizations occur during the healing process. They are detected at the time of follow-up semen checks when live (moving) sperm or significant numbers of non-motile (not moving) sperm are still seen in semen specimens within six months after the vasectomy. An unwanted pregnancy does not occur if the couple has used other forms of contraception as advised. Early recanalization is very uncommon. If sperm remain present, continued contraception and additional semen testing may be required. If sperm persist, a repeat vasectomy may be necessary. **Late** recanalization refers to the return of live sperm to the semen at some time after the semen has been confirmed to be sperm-free by microscopic examination. Late failure resulting in pregnancy is possible but rare, odds being **about 1 in 2000** over the lifetime of the patient. Our office does not require another semen check after the absence of sperm has been confirmed, but patients may return with or mail a second sample any time after vasectomy to achieve an added index of confidence.

4. **Anti-sperm antibodies** do appear in the blood of about half of the patients who undergo vasectomy and patients who develop antibodies may have a lower chance of causing a pregnancy even when a successful vasectomy reversal allows sperm to re-enter the ejaculate. These antibodies have no influence on health status otherwise.

5. **Hydrocele** after vasectomy is rare. Hydrocele is fluid around the testicle. This condition is benign and usually doesn't cause symptoms. If the hydrocele fluid is bothersome, there are procedures to remove the fluid.

Patient Initials: _____Date _____

6. **Tethering of the vas deferens** is rare but can occur if one of the cut ends of the vas deferens heals too close to the scrotal skin. The tethered vas can cause a bothersome pulling sensation that may require an additional corrective procedure.

7. **Sexual side effects.** There are reports on the Internet in which contributors claim that they experienced a decrease in erectile function, libido, or climax intensity after vasectomy. In 2006, we mailed 400 surveys to men whose vasectomies had been done more than six months prior to the survey. One hundred nineteen (119) surveys were returned, and THESE ARE THE RESULTS OF THAT SURVEY:

Since your vasectomy, how have the following changed?	Much less	Slightly less	No change	Slightly more	Much more
Sex drive (libido)	2	4	92	16	2
Ability to obtain and maintain **erections**	0	5	110	4	0
Rigidity (stiffness) of **erections**	0	5	109	4	1
Strength of **orgasm** (climax) sensation	0	6	98	12	1
Semen volume (the amount of fluid that comes out when you ejaculate)	5	16	86	12	3

There is no established physiological explanation for these changes, either positive or negative, but men should consider the slight possibility of a negative influence of vasectomy on their sexual responses. These changes may simply represent changes that would have otherwise occurred to these men over 6 months, regardless of whether they had a vasectomy or not. Men who don't want to take ANY CHANCE that there will be a negative change in sexual function should not have a vasectomy.

Alternatives to vasectomy:

These include declining or postponing vasectomy, abstinence, condoms, and temporary or permanent contraceptive methods used by a partner, including hormonal methods, an implant, an intrauterine device, or female sterilization. Each alternative has its own effectiveness, risks, benefits, and potential for reversibility. Patients may request additional information or postpone vasectomy if they remain uncertain.

There is no form of fertility control except **abstinence** that **is free of potential complications and is 100% successful**. Vasectomy candidates must weigh the risks of vasectomy against the risks (for their partners) of alternative means of contraception as well as the risks associated with unplanned pregnancy and either induced abortion or childbirth. Vasectomy provides a means of permanent birth control with a minimum likelihood of complications and maximum chances of effectiveness and safety.

CONSENT FOR STERILIZATION

I, the undersigned, request that Douglas Stein, MD, Alex Galante, MD, or Mary Samplaski, MD perform a bilateral vasectomy. I understand there can be **no absolute guarantee** that this or any procedure will be successful. I understand that vasectomy is not immediately effective and that post-vasectomy semen testing is required. I understand that I must continue another reliable method of contraception until at least 12 weeks after the procedure, and until I have submitted the requested semen sample(s), and until VasWeb has expressly notified me that I may stop contraception. No news is not clearance. I understand that reversal or other fertility treatment may be possible but is not guaranteed, and vasectomy should therefore be considered permanent or non-reversible. I recognize a small chance that I might have to come to their Lutz/Tampa office or go to a hospital for evaluation and treatment of a very rare complication. By consenting to vasectomy and accepting the risks outlined above, I release them from liability for time lost from work, salary unearned, and medical expenses incurred to treat complications.

I have read and I understand all paragraphs of this document.

Patient's signature: _____Printed name _____

Witness signature_____ Date_____

(Vasectomy-consent-20260821)