Review of Family Planning and Vasectomy

There are many safe and effective options for birth control—both temporary and permanent.
Temporary methods include condoms, spermicides, diaphragms, IUDs, birth control pills, patches, and injections such as Depo-Provera.
Permanent methods include female sterilization (tubal ligation) and male sterilization (vasectomy).

A **vasectomy** is a simple, safe, and permanent procedure for male sterilization—performed more than 500,000 times each year in the U.S. It's usually done in a doctor's office or clinic and takes about **15–30 minutes**.

During the procedure, the tubes that carry sperm (the vas deferens) are blocked so sperm can no longer mix with semen. Ejaculation and sexual function remain completely normal—sex drive, erections, orgasm, and testosterone are unaffected. The only difference is that semen no longer contains sperm.

A vasectomy is **over 99.5% effective**, but not immediately. Sperm can remain in the system for several weeks, so another form of birth control must be used until a semen test confirms that no sperm are present.

Because vasectomy is intended to be **permanent**, it's important to make this decision thoughtfully. While reversals can sometimes be attempted, success is not guaranteed. Take time to consider how your life or family circumstances might change in the future.

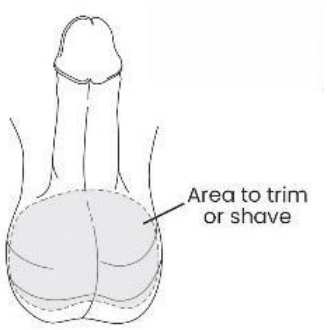
Ask yourself:

- Could I ever want to father children again?
- How do temporary birth control methods compare to a permanent procedure?

Permanent sterilization is a **personal, long-term decision**. Discuss your thoughts with your partner and healthcare provider to ensure it's the choice that feels right for you—now and for the future.

How to Prepare for your Vasectomy

1. If you are taking aspirin or any aspirin-containing products (such as Bufferin, Excedrin, or Alka-Seltzer), please call us in advance to discuss.
2. Avoid ibuprofen and other anti-inflammatory medications for 2 days before your vasectomy. You may use Tylenol (acetaminophen) at any time.
3. Wash the scrotum and groin area thoroughly with soap and water the evening before or the day of your vasectomy.
4. Shave or trim the hair from a 2-inch circle on the front of the scrotum, as shown in the diagram. If you're unsure or uncomfortable doing this yourself, our doctors can assist using disposable razors to ensure the area is properly prepared for your procedure.
5. Wear a clean, snug-fitting pair of briefs or boxer briefs that support the scrotum. You may also wear bike shorts or a Speedo.
6. Maintain your normal diet on the day of your procedure.



What to Expect at DrSnip

7. Arrive 10 minutes before your scheduled appointment and plan to spend 60 to 90 minutes at the clinic.
8. When you arrive, we'll register you and collect your insurance deductible or co-pay, if applicable.
9. During your consultation, we'll review your health history and confirm that you've read and understood this information packet. You'll have the opportunity to ask any questions about the vasectomy procedure.
10. You'll review and sign an acknowledgment of informed consent. You'll have the opportunity to decline the operation if, for any reason, you change your mind.
11. We'll perform your vasectomy in a comfortable clinic room. Plan to go directly home afterward.
12. For your safety, you must have a driver to take you home after your procedure.

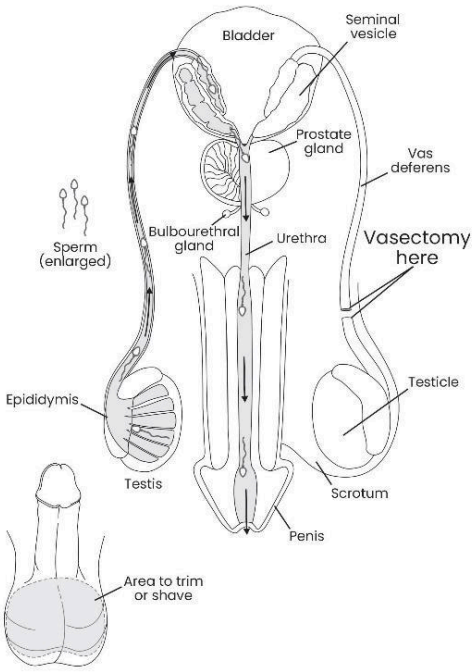
Vasectomy Risks

As with any surgical procedure, complications do occur occasionally. Most of these complications are minor and temporary and are easily treated with rest and medication. Serious complications occur in less than 1% of all vasectomies.

WHAT COMPLICATIONS CAN OCCUR?	WHAT TREATMENT IS REQUIRED?
Inflammatory response, tenderness along the vas or around the testis and epididymis may occur after three to five days, usually just on one side, in one out of 20 patients (5%).	Anti-inflammatory medicine, such as Aleve or ibuprofen. The inflammation usually subsides within a few days.
Bleeding from the skin opening.	Controlled with direct pressure.
Infection of the scrotum (0.1%).	Antibiotic or other treatment.
Sperm granuloma, a tender, inflamed bump in the scrotum, in response to sperm leaking into the tissues. Delaying ejaculation during the first week after vasectomy may reduce the risk, but it can occur spontaneously at any later time (1.5%).	Usually no treatment is required; it resolves spontaneously, over time.
Scrotal hematoma is a large collection of blood inside the scrotum, where a blood vessel has leaked. A large swelling in the scrotum would be noticeable, usually within 48 hours after vasectomy (0.1%).	Requires immediate treatment with strict bed rest, ice, and elevation. Surgery to stop the bleeding is very rarely necessary.
A sensitive scar or neuroma may form along the vas at the site of vasectomy.	Rarely bothersome enough to require injection with medicine or surgical removal.
Allergic reactions or other unusual reactions to anesthetics, medications, or surgery can occur even with no prior history of reaction or drug allergy. These reactions are very rarely serious or life threatening.	Medication and/or rest.

Your DrSnip Vasectomy Experience

After your consultation, we'll help you get comfortable by reclining you on an exam table. Your partner is welcome to sit beside you during the procedure. Your doctor will examine your genital area to ensure preparation is adequate, then cleanse the scrotum with a warm antiseptic solution. Throughout the five- to ten-minute procedure, your doctor will keep you informed and help you stay relaxed.



Using a hypospray, the doctor will gently numb the area by administering a local anesthetic to the central skin site and both vas deferens. The left vas deferens is then held just beneath the skin on the front of the scrotum while a very small puncture—about ⅛ inch wide—is made to expose the vas. The vas is carefully separated from the surrounding tissue sheath and brought through the opening. It is then cut and sealed using electrocautery, a small electric current that safely heats and seals the inner lining of the vas.

The cautery process stimulates the formation of a strong natural scar that permanently blocks the vas and prevents sperm from passing through. The two ends of the vas are then separated by about half an inch, and a layer of surrounding sheath tissue is closed and tied with an absorbable suture, creating a secure barrier between the ends. This barrier helps ensure that, during healing, the ends of the vas do not reconnect. Once the left vas is completed and returned to its normal position, the right vas is accessed through the same small central opening, then cut, sealed, and closed in the same careful manner before being placed back in position.

No stitches are needed after a DrSnip vasectomy. The small opening seals naturally within a day or two. Your supportive briefs will hold the gauze dressing in place overnight. After a brief rest, you'll be able to get dressed and go home.

Please plan to go directly home to rest for the remainder of the day. Before leaving, you'll receive written aftercare instructions to guide your recovery and ensure the best healing outcome.

Vasectomy Aftercare

1. **Have someone drive you home:** Sudden lightheadedness or fainting could occur, impairing your driving ability and endangering yourself and others. Rest and avoid getting up unnecessarily. You may return to driving, normal activities, and light duty work the day after the procedure.
2. **Wear snug-fitting briefs:** For protection and comfort during the first week. Leave the gauze in place until the day after the procedure, then discard it.
3. **Avoid touching or disturbing the incision:** If you notice bleeding from the incision, firmly pinch the skin between gauze for 10 minutes. Do NOT apply antiseptic or band-aids.
4. **Avoid strenuous activity for seven days:** This includes running, jumping, or any jarring movements, such as any sports, including skiing or golf. Also avoid straining to lift, reach, or squat. These actions can cause bleeding inside the scrotum.
5. **Request light duty if your work is physical:** Prevention is the best remedy.
6. **You may feel mild discomfort for the first 1-2 weeks:** You may take acetaminophen (Tylenol) and ibuprofen (Advil/Motrin) or naproxen (Aleve), as needed. It is not necessary to ice if you feel fine, but if you have discomfort, icing can help. Ice every 1-2 hours as needed for 15-20 minutes. Do not ice directly on the skin; ice over underwear or a towel.
7. **Healing usually takes about 6 to 8 weeks**: It's normal to feel some occasional discomfort during this time—especially with activity. When getting back to things like exercise, biking, or sex, ease in gradually to avoid discomfort. You can take acetaminophen (Tylenol), ibuprofen (Advil/Motrin) or naproxen (Aleve), as needed.
8. **Red or brown color in the semen:** This is normal in the first couple months.
9. **A painless bruise (black-and-blue color):** This can appear around the scrotum and the base of the penis on the second or third day. It is harmless and will fade over several days.
10. **If there is persistent achy pain, we recommend an anti-inflammatory regimen:**
    - Naproxen (Aleve) 220 mg tablets. Two at breakfast, one at lunch, and two at dinner, each day for seven days, **or**
    - Ibuprofen (Advil/Motrin) 600 mg, (3x200mg tablets) four times a day with meals, for seven days.

Patients with a history of ulcers, kidney disorder, or intolerance to anti-inflammatory drugs should avoid this regimen and call the clinic for advice.

If having severe pain, or need stronger pain medication, please call the clinic.

11. **If you develop a large bluish lump inside the scrotum the size of a golf ball:** This may be a hematoma. It is important to treat this complication early. Call the clinic ASAP, day or night.
12. **Any excessive pain or swelling, bleeding, or redness or pus around the incision with a fever:** If this happens, call the clinic for advice.
13. **Peppercorn to pea-size nodule:** You may feel this on either side of your scrotum on the vas deferens, where the vasectomy was performed. This scar is normal and permanent. Initially it will be tender if you pinch it (do not pinch it) The tenderness will subside within a few months.
14. **Avoid sexual activity for a few days:** Gentle sexual activity that does not disturb the incision is allowed after the first few days. But you must use some other method of birth control until your semen is tested negative for sperm.
15. **Any questions or concerns about how you are healing:** Please always call the clinic for advice.

Semen Testing

To confirm your vasectomy was successful, a semen test is required. You have two testing options:

1. Local Laboratory: We can place an order with any lab that performs post-vasectomy semen analysis. Please provide us with the lab name and information.
2. Mail-in Testing: DrSnip offers a mail-in semen test through a third-party lab. Kits can be purchased at your appointment or later by phone and will be shipped to your home. These tests are not covered by insurance and must be paid for by the patient.

In both cases, we receive the results directly from the laboratory and will notify you of the results.

Testing must be done **no earlier than 8 weeks** after your procedure **and** after at least **15–20 ejaculations**.

Post-Vasectomy Activity Guide

The following table illustrates what you can and cannot do the day of your vasectomy and the week following the procedure.

ACTIVITY GUIDELINES TO PREVENT COMPLICATIONS FOLLOWING VASECTOMY		
	YOU MAY:	DO NOT:
Day of surgery: You must go directly home after your vasectomy. Rest until the next day	✔ Eat and drink normally ✔ Sit, recline, or lie down ✔ Enjoy TV, reading, computer work ✔ Ice, if desired ✔ Take Aleve **or** Ibuprofen ✔ Take Tylenol ✔ Write love letters	✘ Drive yourself home ✘ Return to work ✘ Go out to eat or shop ✘ Exercise, go for a walk ✘ Have guests over ✘ Go visit friends ✘ Engage in sexual activity
Next 7 days:	✔ Do office or bench work ✔ Go walking ✔ Drive your car ✔ Lift/carry up to 40 lbs. ✔ Go shopping ✔ Take showers ✔ Do light physical work ✔ Have sex gently – don't disturb the scrotum	✘ Heavily exert yourself ✘ Go jogging or golfing ✘ Ride a bike ✘ Lift/carry more than 40 lbs. ✘ Roughhouse with kids ✘ Go swimming, bathing ✘ Jump or strain ✘ Disturb your incision

There are no restrictions after 7 days.

DrSnip FAQ

Is vasectomy a sure thing?

Vasectomy is the most effective of all the methods of birth control. It also ranks among the safest and most effective of surgeries. But nothing is perfect, and no surgery is 100% safe or effective. The failure rate for this method of vasectomy has been reported as 0.4%. That is to say, 4 out of 1000 men would remain fertile, even several months after the vasectomy. Failure can occur due to reconnection of the cut ends during healing, formation of a new channel through a sperm granuloma, failure to identify and cut the vas, or duplication of the vas on one side. If repeated semen tests remained positive after several months, we would repeat the vasectomy procedure at no cost to you.

How much pain or discomfort will I experience during the procedure?

This varies by person, but most men say the discomfort is quite mild, and that there is no pain after receiving the anesthetic. For some people, the idea may be more discomforting than the actual procedure.

What can I expect afterwards?

There may or may not be some dull aching in the testicles or the abdomen after the anesthetic has worn off in about an hour. This ache, if it occurs, is usually mild and may be felt from time to time over the first few days, especially with activities such as getting up or moving quickly. There may be a small amount of oozing from the incision for a few days. There is commonly a temporary bruised color on the scrotum after two to three days.

Should I plan to get a ride home?

For your safety and comfort, we require that you have someone else drive you home. Rarely, patients get light-headed or faint after even a minor surgical procedure.

Will my sex life be affected?

Sex drive, erection, orgasm, and ejaculation are not interfered with by the operation. Vasectomy only blocks the sperm cells from entering the semen.

The male sex hormones in the blood do not change. If a man or his partner had negative feelings about vasectomy, like other feelings it could affect sexual performance. However, many couples have said that the relief from worry about pregnancy has improved their sex lives after vasectomy.

When I have an orgasm, will I still ejaculate semen?

Yes. The amount of semen a man ejaculates after vasectomy is only decreased by about 5%. Without a microscope, you could not notice the absence of sperm cells in the fluid.

What happens to the sperm cells after vasectomy?

The testes continue to produce sperm cells that go through the same life cycle as before. The unused sperm cells are reabsorbed naturally, as are other unused or old cells in the body. Sperm antibodies may form to help in the removal process, but these are not harmful to the body.

Why is vasectomy not effective immediately?

During vasectomy, the vas deferens from each side is interrupted in the upper scrotum. The sperm stored "downstream" in the vas deferens can still be ejaculated and cause pregnancy. The system needs to be emptied of stored sperm cells, which can take between six weeks and six months' time.

Can I have the vasectomy reversed?

With microscopic surgery by a skilled and experienced surgeon, the vas in most cases can be reconnected. This procedure usually requires general anesthesia in the hospital. But even after making this attempt, **as many as 50% will not succeed** in having children. Vasectomy should be considered a permanent operation.

Should I save sperm before a vasectomy?

Commercial sperm banking (freezing sperm for later use) is available. The long-term storage of your sperm, along with the procedure of artificial insemination is costly and introduces considerable uncertainty rather than security. If you have any reservation about giving up the ability to father children, you should not have a vasectomy, but should choose another

method of birth control.

Are there any long-term effects of vasectomy?

Vasectomy has been in use for 100 years. Millions of American men depend upon vasectomy for sterilization. No long-term adverse side effects have been proven with vasectomy. Ongoing studies have not demonstrated that vasectomy plays any role in prostate cancer. Medical scientists continue to explore the minor changes in the body associated with vasectomy. While it is possible that there are undiscovered health risks, this small risk should be weighed against the benefits of vasectomy and the risks of other methods of contraception.

Does the vasectomy ever fail later?

If you have a negative semen test result once, there is an exceedingly small chance (about 1 in 2000) that you will experience a late failure, with spontaneous reappearance of sperm in the semen. You are welcome to test as many times as you like, on an ongoing basis, though most men feel this is unnecessary. Note that each kit will be a separate cost each time.

Are there men who should not have vasectomy?

Yes. If a man does not want vasectomy and is having it because he is told he should, he may feel resentment. If he is having problems with impotence or sexual fears or an unhappy marriage, it is not likely that vasectomy will help any of these problems.

If a man is unsure whether he is going to want more children, he should not have a vasectomy. If a man's sexual fulfillment or his partner's satisfaction depend upon his being able to cause pregnancy, then sterilization would probably create a sexual problem for him.

How will I feel about the operation afterwards?

Almost all men who have vasectomy are completely satisfied with the operation afterwards. They enjoy the freedom from other contraceptive methods which can interfere with lovemaking, freedom from worry about an accidental pregnancy, and freedom from concern about the effects of the pill or IUD on their partner's health. A small number of men later regret having the operation. That is why it is so important to make the decision carefully,

without any outside pressure. Your satisfaction depends largely upon your own preparation and thoughtful decision-making.