Introduction

This guide is designed to give you clear, straightforward information about vasectomies to help you make a confident, informed decision. Inside, you'll find details on the procedure, recovery, and potential risks. If you have any questions, please call us—our team is here to support you.

Family Planning

When it comes to birth control, there are many safe and effective options—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 intended to be **a permanent form of contraception**, so it's important to make this decision thoughtfully. While vasectomy reversal can sometimes be attempted, success is not guaranteed. Before deciding, take time to think about how your life—and your family—might change over time.

Ask yourself:

- Can I imagine a situation where I might want to father children in the future? How would I feel if my life circumstances changed?
- How do the risks and responsibilities of temporary birth control compare with those of a permanent procedure?

Choosing permanent sterilization is a **personal and long-term decision**. We encourage you to discuss your thoughts openly with your partner and your primary care provider. The goal is to make a choice that feels right for you—now and for the future.

Vasectomy Overview

A vasectomy is a simple, safe, and permanent procedure for male sterilization. It's one of the most common surgical procedures in the United States, performed more than 500,000 times each year. The procedure is typically completed in a doctor's office or clinic in about 15–30 minutes.

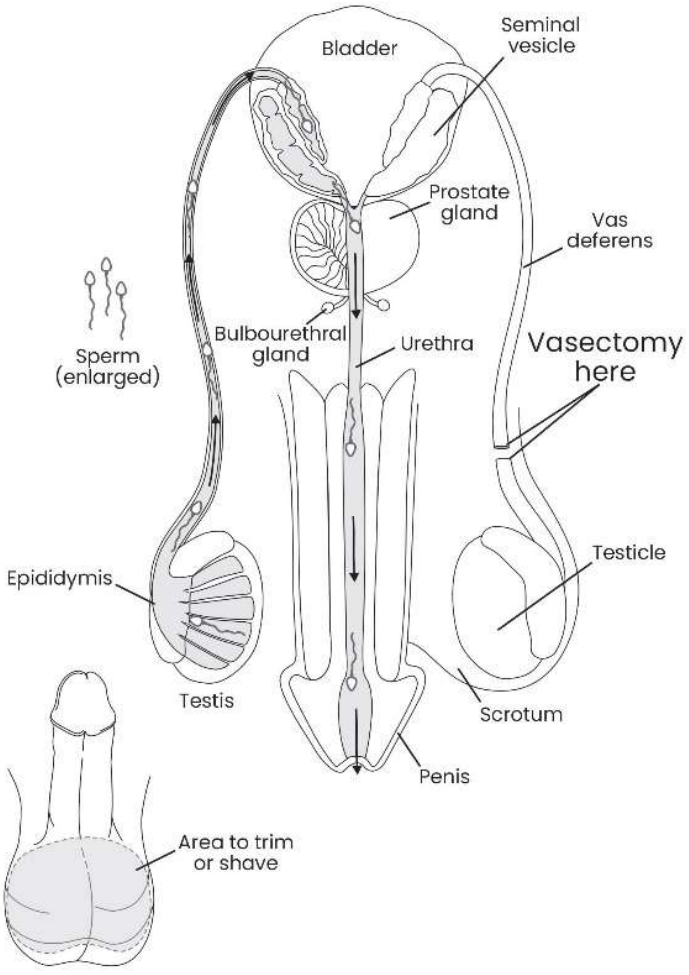
During a vasectomy, the tubes that carry sperm from the testicles (the vas deferens) are blocked so that sperm can no longer mix with semen. **After**

recovery, ejaculation and sexual function remain completely normal—there is no change to sex drive, erections, orgasm, or testosterone levels. The only difference is that the semen no longer contains sperm.

A vasectomy is more than **99.5% effective** at preventing pregnancy. However, it is **not effective right away**. Sperm can remain in the reproductive system for several weeks or months after the procedure, so it's important to continue using another form of birth control until a semen test confirms that no sperm are present.

Review of Male Reproductive Anatomy

Men have two testicles, each a smooth, oval-shaped gland that rests in the scrotum. Each testicle is connected to the body by blood vessels, nerves, and a small tube called the **vas deferens**.



Inside each testicle, sperm are produced in several long tubes and collected in the **epididymis**, a soft, comma-shaped structure along the top and back of the testicle. From there, sperm travel through the **vas deferens**, a firm tube that carries them out of the scrotum, around the bladder, and toward the **seminal vesicles**.

The seminal vesicles store and mix fluids that combine with sperm to form semen. During ejaculation, semen passes through the **prostate gland** and exits the body through the **urethra**, the same tube that carries urine from the bladder.

Because the reproductive organs are paired—one on the left and one on the right—**both vas deferens must be blocked** during a vasectomy to ensure complete sterilization.

DrSnip Vasectomy Technique

DrSnip has specialized in vasectomy care for decades and continues to refine the procedure to make it as quick, gentle, and stress-free as possible. Our **no-needle, no-scalpel, no-stitch** technique minimizes discomfort, speeds up recovery, and eliminates the need for clips or removal of any part of the vas deferens.

We use a **hypospray injector** to deliver a fine stream of local anesthetic (lidocaine or similar) through the skin and around the vas deferens—instantly and precisely. This method avoids needles entirely, providing rapid numbing and reducing anxiety. Most patients describe the sensation similar to a light snap of a rubber band. It also avoids needle damage to blood vessels in the area.

Once the area is comfortably numb, the doctor gently locates each vas deferens beneath the skin and makes a single, tiny puncture opening—about 1/8 of an inch—on the front of the scrotum. Through this small opening, each vas is delicately separated from the sheath of surrounding tissues, cut, and sealed using a brief electrical current (electrocautery). The two ends of the vas are then separated, and a layer of sheath tissue is closed and tied with an absorbable suture, creating a natural barrier that prevents the ends from reconnecting during healing. This barrier helps to ensure that when healing is taking place, the ends of the vas will not reattach.

Both vas deferens are completed through the same small central opening and because the entry site is so small, **no stitches or clips are needed**, and the area closes naturally within a day or two.

This advanced technique allows for excellent results with minimal downtime, discomfort, or scarring.

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.

Vasectomy Aftercare

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

Schedule Your Vasectomy

At **DrSnip**, we've specialized in gentle, no-scalpel vasectomy care for decades. Getting started is simple:

- **Submit your information** through our website, or
- **Call us at 833.437.7647** to speak directly with our team and have your questions answered.

Appointments are available **weekly, including Saturdays**, and we offer a **single-visit option** that combines your consultation and procedure in one convenient appointment.

We accept most major insurance plans and will **verify your coverage** before your visit—so you'll know exactly what to expect.

Other DrSnip Resources

Below is a list of links that can provide you with more information as you consider vasectomy:

Insurance Estimate	Enter your insurance information to receive an up-to-date estimate of coverage and out-of-pocket costs.
DrSnip FAQs	Questions about everything from preparation to aftercare.
DrSnip Technique	More information about the DrSnip Vasectomy technique.
Semen Testing	Explanation of semen testing options and mail-in semen test kits.
Contact Us	Online form for any questions you have.