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## NO-SCALPEL VASECTOMY PATIENT INFORMATION

The minimally invasive or No-Scalpel Vasectomy uses a puncture hole technique and benefits patients with less pain and swelling, quicker recovery and shorter operating time.

The following important aspects need to be considered and understood before proceeding with a vasectomy as set out in the document of the Faculty of Sexual and Reproductive Health Guidelines by the Clinical Effectiveness Unit.

### 1. Irreversibility

Vasectomy is a permanent form of contraception and reversibility of sterilisation is not available routinely on the NHS.

### 2. Contraception

You & your partner should use other forms of contraception until you have been advised otherwise following your semen analysis. as per guidelines of the Association of Surgeons in Primary care. Please remember vasectomy does not protect against sexually transmitted infections

### 3. Sperm Storage

As it may not be possible to reverse a vasectomy, and the reversal operation is not covered by the NHS, you may wish to consider Sperm Storage. This is where your sperm is frozen with liquid nitrogen and stored so it may be used at a later date. Therefore, should you wish to have children after your vasectomy you could use your stored sperm for insemination as opposed to having your vasectomy reversed.

More information can be found at: <https://www.carefertility.com/treatments/fertility-preservation/freezing-sperm/>

### 4. Semen Analysis

You will need to provide a semen sample for analysis 16 weeks after vasectomy. If there are no sperms in this sample, it confirms sterility. If sperms are present, a second semen sample will have to be analysed after another 12 weeks. Rarely a third test may be required.

### 5. Failure of Vasectomy

Early failure (motile sperms in semen analysis after 7 months, is less than 1:100) or Late failure (pregnancy or reappearance of motile sperms following confirmation of sterility at post vasectomy semen analysis) of vasectomy can happen, though rarely. The accepted failure rate is reported to be in the order of 0.05% (1 in 2000) and therefore a small risk of pregnancy in the future even after being given the all clear.

### 6. Risks and Complications

As with any surgical procedure there are side effects and complications ranging from:

<p><b>Common</b></p> <ol style="list-style-type: none"> <li>1. Discomfort as the local anaesthetic is injected.</li> <li>2. Bruising and swelling, the amount is variable.</li> <li>3. Discomfort and mild postoperative pain.</li> <li>4. A clear discharge at the wound site.</li> </ol>	<p><b>Uncommon</b></p> <ol style="list-style-type: none"> <li>1. Infection, which would usually require antibiotics.</li> <li>2. Discomfort/post-operative pain lasting more than a week and requiring time off work.</li> <li>3. Blood in the semen</li> <li>4. Bleeding and haematoma formation within the scrotum</li> </ol>
<p><b>Rare</b></p> <ol style="list-style-type: none"> <li>1. Post vasectomy pain lasting over 3 months</li> <li>2. Sperm granuloma</li> </ol>	<p><b>Very Rare</b></p> <ol style="list-style-type: none"> <li>1. Testicular damage needing further surgery</li> </ol>

This will be further discussed at the consultation.

### 7. Myths and Misconceptions

There has been no evidence to suggest an increase in risk of developing, testicular and prostate cancer after a vasectomy. Your sex drive, sensation, and ability to have an erection will not be affected. The only difference being the semen will have no sperms.