

At the BUA the success rate for sperm production if vasectomy reversal is undertaken within 5 years of vasectomy is 92%, 80% if undertaken within 10 years and 50% if undertaken over 10 years from vasectomy.

It is important to understand that success is not guaranteed. Even if the operation is technically successful, the presence of sperm in your semen doesn't guarantee that your partner will get pregnant by natural conception. However, the presence of sperm in the ejaculate even if not effective for natural conception does allow other options which are very successful such as IUI (intrauterine insemination).

There are also certain factors that can affect your result. These include:

- the time that has elapsed since your vasectomy^{1,3}
- the type of vasectomy being reversed³
- the type of reversal (eg vasovasostomy or vasoepididymostomy - see below)³
- a problem with another part of the reproductive system^{3,4}
- the presence of anti-sperm antibodies^{3,4}

It may be possible to have a second reversal operation if the first has not restored your fertility, but it is less likely to be successful than a first reversal attempt.

What are the alternatives?

An alternative to a vasectomy reversal is to extract sperm from either your testicle or epididymis and directly inject it into an egg using an intracytoplasmic sperm injection (ICSI). This fertilised egg then needs to be implanted in the woman's womb. It is generally not as successful as a vasectomy reversal however.³

There may be specific circumstances however where your surgeon, Mr Persad may advise ICSI in preference to reversal of vasectomy depending on biological factors such as the interval since vasectomy in combination with a variety of male and/or female factors such as gynaecological history.

What happens before vasectomy reversal?

Mr Persad will discuss how to prepare for your operation. For example, you may be asked to give up smoking as it slows the healing of wounds.⁵

What should I expect in hospital?

Before surgery you will talk to your Mr Persad about the operation and you will be asked to sign a consent form. This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your permission for it to go ahead.

If you are having a general anaesthetic, you will be asked to follow fasting instructions. Typically, you must not eat or drink for about six hours before a general anaesthetic. However, some anaesthetists allow occasional sips of water until two hours beforehand. You should shave your scrotum with care thoroughly as this makes surgery much more straightforward and reduces the risk of infection.

The operation

The operation usually takes one to two hours and is performed either as a day case, which means that you can have the operation and go home the same day or as an overnight stay depending on anticipated speed of recovery from anaesthesia.

The procedure is usually performed under general anaesthesia. This helps to ensure that you lie completely still, which is a requirement for the delicate surgery involved. As this part of the male reproductive tract is very small and delicate, Mr Persad works with one of the most powerful operating microscopes available in the UK today to achieve the best results possible.

Vasovasostomy

The standard vasectomy reversal operation is called a vasovasostomy. To perform this, Mr Persad will make one cut in the centre of the scrotum. The ends of the vas deferens are then freed from any scar tissue and carefully pulled through the incisions. He will sew the two ends together using very fine stitches not visible to the naked eye. He will then place them back inside the scrotum and stitch the incisions. Dissolvable stitches used on the skin will disappear after about 10 days – 2 weeks. If, as is possible, skin clips are used arrangements to have these removed will be made by the nursing staff at about 10 days-2 weeks. Skin clips are no more painful than stitches and carry several advantages in terms of infection risk, cosmesis and premature dislodging.

Sometimes it is not possible to rejoin the tubes in both testicles and only one is rejoined. It may still be possible to get your partner pregnant however.

Vasoepididymostomy

A more complicated procedure called a vasoepididymostomy involves joining the vas deferens directly to the epididymis. This is a tube that connects the vas efferens to the vas deferens. Sperm are stored and mature in the epididymis.

This technique can bypass any blockages in the vas deferens that may have arisen from previous surgery, trauma or infection.

After the operation

If the procedure has been performed as a day case, you will be discharged after you have had time to rest and make a full recovery from the anaesthetic.

You will usually be provided with supportive disposable underwear to help relieve any discomfort from the testicles, which will be sore for a few days. This discomfort can be relieved by taking painkillers that you would normally take for a headache.

You will need to arrange for someone to drive you home and then stay with you for the first 24 hours.

Recovering from vasectomy reversal

It's sensible to take it easy for the next couple of days, but you can drive and go back to work as soon as you feel able.

For as long as you need, wear close-fitting underwear, such as a jock strap, day and night. This will support your scrotum and help to ease any discomfort and swelling.

Don't do any heavy lifting or vigorous exercise during the first week after the operation.

You can bathe and shower but you should dry the area gently and thoroughly.

You can have sex as soon as you feel comfortable. However, you will not know whether you are producing sperm when you ejaculate until your doctor has checked a sample of semen. This is usually done around three months after surgery.⁶

Deciding on treatment

A vasectomy reversal operation is a commonly performed and generally safe surgical procedure. For most men, the potential benefit, in terms of having their fertility restored, is greater than the disadvantages. However, in order to make a well-informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications.

Side-effects are the unwanted but mostly temporary effects of a successful procedure, for example, feeling sick as a result of the general anaesthetic. Anyone having a vasectomy reversal can also expect a sore and tender scrotum for a few days. You may also have some bruising and swelling.

Complications are unexpected problems that can occur during or after the procedure. Most men are not affected. The main complications of any operation are bleeding during or soon after the procedure, infection and an abnormal reaction to the anaesthetic.

Specific complications of vasectomy reversal are rare but include those below.

- Bleeding inside the scrotum can make it swollen and painful. This is called a haematoma and may (very rarely - <1% risk) require further surgery.⁶
- Fluid can build up in the scrotum that requires draining. This is called a hydrocele.⁷
- It is possible for sperm to leak out of the cut tubes and collect in surrounding tissues. If this happens, hard lumps, called sperm granulomas, can form. Sperm granulomas are not harmful, and can be treated with anti-inflammatory drugs. Occasionally they can be painful, however, and need to be removed.⁶
- A small proportion of men develop long-term testicular pain. This may be due to pinched nerves or scarring, and may require further surgery.⁶
- Rarely, injury to the blood vessels can permanently damage one of the testicles. This is called testicular atrophy.⁸

The chance of complications depends on the exact type of operation you are having and other factors such as your general health.

Further information

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