

MEditorial October, 2010

VASECTOMY

Permanent male sterilization by vasectomy has an interesting history dating back to the late 19th century. Although nowadays, we know that vasectomy simply interrupts flow of sperm from the testicle to the prostate (where it admixes with the bulk of semen before ejaculation), the procedure was initially characterized, incorrectly, as helpful in shrinking the prostate gland and improving urination. At one time, it was claimed vasectomy might be the “fountain of youth”, and was even performed on Sigmund Freud. Before its value for this purpose was disproven, the Austrian doctor whose faulty notion of physiology led to the procedure’s popularity, was nominated several times for a Nobel Prize! Even as recent as when I was a medical student, vasectomy was performed during transurethral or open prostate enlargement (BPH) surgery to prevent bacterial infection of the other scrotal sperm tube (epididymis); but that use of vasectomy is felt now unnecessary. Men rarely get acute epididymitis, e.g., after so-called TURP. Other uses of vasectomy which have fallen into disrepute include involuntarily sterilization of criminals-- especially of sex offenders and of men whose low brain function was felt to disqualify them from reproducing.

Nowadays, vasectomy is popular--but the number of vasectomies in the U.S., about 500,000 plus per year, is not increasing. Even in developed countries such as ours, women undergo tubal ligation, a riskier internal procedure done usually laparoscopically, at a rate up to three times that of vasectomy.

Although vasectomy can be reversed with a success rate above 70%, a man should be certain he has concluded his family before signing on for the procedure. A man can legally choose to have a vasectomy without his wife’s permission. In my practice, I like to know that both partners are in agreement. I also like to see “serious intent”, i.e., the couple is already using significant contraception, signaling their aversion to parenting more children. It is surprising but not that unusual to see a couple using the relatively unreliable

techniques of withdrawal or rhythm to prevent pregnancy, who want me to perform vasectomy. There seems to be a mixed message here: "We [the couple] do not want to take adequate precautions but we want you to do a surgical procedure, incurring potential risk". It seems every year, one such couple in my practice has a new (presumably unwanted) pregnancy while awaiting the actual vasectomy.

Techniques of vasectomy vary as do any urologic or other surgical operation. There really are not good controlled scientific studies suggesting one procedure is either more successful or has more complications than another. Experience of the urologist (number of cases done per year and in his career) is probably the most important factor. Whether a traditional vasectomy or "no scalpel" (NSV) procedure is offered, a minimally traumatic technique--as well as certain precautions to limit the chance of vasectomy failure--are of paramount importance. Some of the latter maneuvers I do include very small puncture incisions, dissection only right over the vas deferens, meticulous control of any oozing, removal of a small piece of vas on each side, use of titanium clips and "hot wire" cauterization of the vassal canals. I employ "no scalpel" instruments but use a slight variation of the "no scalpel" technique, more of a hybrid between this and traditional vasectomy, than the NSV procedure popularized in China and "imported" to the west in the 1980's.

I must admit I enjoy doing vasectomies, my relatively easy Friday morning surgical equivalent to the dentist's tooth extraction. The vasectomy procedure takes under 15 minutes and most vasectomies are done in the office under local anesthesia; monitored intravenous "conscious sedation" with a drug like Versed is offered and does help relax the man; getting one's mind off the operation generally eases pain both during and after the vasectomy. In rare cases, where the anatomy is unfavorable, or there has been prior scrotal surgery, or the man is undergoing a simultaneous other operation, the vasectomy can easily be done under anesthesia in the surgery center or hospital.

Complications can be seen after vasectomy as in any operation; no guarantees should be made. Vasectomy, however, is safe and proven to be effective. Some degree of minor pain and swelling is to be expected. Progressive major swelling with so-called "hematoma" formation probably occurs in 1-2% of cases but it is rare that anything needs to be done about this--since it almost always goes away on its own. Sometimes the dissolvable skin suture is absorbed before the skin is sealed, leading to a small opening with drainage for up to a week; this is not an infection, Actual infections are rare, and except in rare cases where the man has a condition impairing his immune system, preoperative antibiotics are not needed. Chronic intermittent swelling and discomfort often due to "congestion" of the epididymis (coiled sperm duct between testicle and vas) can rarely occur. This is sometimes misdiagnosed as an infection and treated with antibiotics--but true epididymitis should not occur after vasectomy, since the route for spread of bacteria from the prostate back to the epididymis has been surgically interrupted. Spontaneous reversal of the vasectomy on one or both sides is very rare, certainly less than 1 out of 5000 cases and has been reported to occur even years after the vasectomy. Such a reversal could lead to pregnancy. In my practice, I check one semen analysis 8 weeks after the vasectomy, and will do a 2nd if requested; or if the 1st shows (which it occasionally does) a very low number of immobile or dead sperm. The latter may be sequestered in the seminal vesicles (located near the prostate) beyond where the "roadblock" was created; and simply may require more ejaculations to eliminate. Vasectomy does not cause sexual dysfunction. Studies and/or claims suggesting a link between vasectomy and urologic diseases (e.g., prostate cancer) or chronic non-urologic diseases (atherosclerosis, heart attacks, cancers, and dementia) are either statistically flawed or disproven.

It has been my experience that not only are wives very supportive of their man undergoing vasectomy, but the man is "rewarded" in more ways than one by partaking physically in this contraceptive decision. As I tell men, the spontaneity of sex without concern about pregnancy tends to make the act actually more enjoyable.

Dr. Alan Freedman

401 Old Newport Blvd., Suite 101

Newport Beach, CA 92663

Phone: (949) 645-3434

FAX: (949) 645-0277