factsheet PERMANENT CONTRACEPTION: VASECTOMY



What is vasectomy?

Vasectomy is a permanent form of contraception for men or people with a penis. It's a simple surgical procedure to stop sperm from getting into the ejaculate, released from the penis during sex.

The ejaculate (also known as cum) is the thick whitish fluid containing sperm that is ejaculated from the penis during orgasm. This usually contains fluid from the seminal vesicles and the prostate, as well as sperm from the testes.

Vasectomy does not affect your ability to produce an ejaculate, but stops sperm getting into it, thereby preventing pregnancy. It does not change your sexual function or male characteristics.

You should still be able to enjoy sex, and ejaculation should feel the same. The only difference will be that the ejaculate will not contain sperm.

Vasectomy is a permanent form of contraception and cannot always be reversed if you change your mind. It is important to think carefully about whether you do or do not want to have the option to have a child in the future. Sterilisation is a decision to make for yourself.

Nobody should force you to have a vasectomy. If you are thinking about vasectomy, take your time and avoid making decisions while you are under pressure or stress.

Having a vasectomy does not protect you from sexually transmitted infections (STIs). It is important to use a condom if you are at risk of STIs.

How does the procedure work?

A vasectomy can usually be performed in a clinic rather than a hospital. The doctor begins by making one or two small openings in the front of the scrotum (skin covering the testicles or balls). The doctor will then cut and seal the vas deferens (the tube that carries the sperm) connected to each testicle. The opening in the scrotum is closed with a stitch or by pressing the skin edges together. This is called the open procedure method.

Another method is the 'no-scalpel vasectomy'. In this method, one or two small punctures or small holes are made in the scrotum with small sharp forceps. Each vas deferens is then cut as in the open procedure. No stitches are required for this method. The procedure takes about 20-40 minutes and is usually carried out under a local anaesthetic.

The procedure is often performed while you are awake with local anaesthetic, making the scrotal area numb. Alternatively, the procedure can be performed under sedation, although not all clinics offer this.

What should I expect?

When the anaesthetic or numbing wears off, you will probably feel some pain in the groin or scrotum and have some bruising. Pain-killing medication, ice packs and tight-fitting supportive underpants should relieve most soreness or discomfort.

After the vasectomy, you should rest for a few days and limit physical activity or heavy lifting that puts pressure on the groin or scrotum for one week. Normal day-to-day activity is not harmful. If your work is physically demanding, you may need to take some time off work. The doctor performing the vasectomy will give you instructions on:

- when you can shower or bathe
- when to remove the dressing
- when you can have sexual intercourse again.

How soon will it work?

You will still have sperm in your vas deferens for some time after the procedure.

It may take as many as 25 ejaculations to clear. Three months after the vasectomy, you will be asked to take a sample of your ejaculate (cum) to a pathology laboratory for testing. You must continue to use another form of contraception such as condoms until these tests show there are no sperm in your sample.

Your partner may decide to continue with their current method of contraception until your sperm count is confirmed to be zero.

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Where do the sperm go?

Sperm continue to be produced in the testes after the procedure - the body naturally absorbs them.

What about complications?

A small number of people may experience bleeding or infection after a vasectomy. These problems may be fixed by:

- rest
- support for the scrotum
- pain relief
- antibiotics

Occasionally sperm can leak from the ends of the cut tubes and produce small, hard lumps at the site of the procedure. This can sometimes lead to the tubes rejoining by themselves. There is no evidence that vasectomy increases the risk of cancer of the testes or prostate.

Can the procedure fail?

Vasectomies are 99.5% effective. It is rare that a vasectomy will fail but it can happen. When this happens, a person may stay fertile or become fertile again. This can happen if the tubes are not fully blocked off, if they grow back together or if a third vas deferens exists. Normally this is picked up when the sperm count is done three months after the procedure, but it rarely can occur many years after the vasectomy.

Can it be reversed?

Some doctors have expertise in rejoining cut vas deferens. However, even if the operation is successful, this does not mean that you will then be able to have a child. The chance of successful vasectomy reversal becomes lower over time since the procedure. Another procedure involves taking sperm directly from the testes, followed by invitro fertilisation (IVF).

f you are considering a vasectomy, you should think of it as a permanent decision. If you think there is a chance you may want to have children in the future, discuss the options with your doctor before having your vasectomy. This may include sperm freezing and storage.

How do I get the procedure?

You can get a vasectomy at a Family Planning Australia clinic or at a specialist. Speak with a health professional about options close to your home.

For more information

- Visit your nearest Family Planning Australia clinic <u>fpnsw.org.au/clinics</u>
- Chat to a nurse via Talkline 1300 658 886 or fpnsw.org.au/talkline
- National Relay Service (for people who are d/Deaf, hard of hearing or have speech communication difficulties) – 133 677
- Translating and Interpreting Service (TIS National) – 131 450
- Family Planning NSW client resource on contraception – <u>What suits me?</u> <u>fpnsw.org.au/health-</u> <u>information/contraception/contraception-options</u>

The information in this Factsheet has been provided for educational purposes only and Family Planning Australia has taken care to ensure that the information is accurate and up-to-date at the time of publication. If you have personal concerns about your reproductive/sexual health, please see a health care provider or visit a Family Planning clinic. July 2025

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