

VASECTOMY REVERSAL

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THIS LEAFLET HAS BEEN WRITTEN TO ANSWERS QUESTIONS THAT YOU MAY HAVE ABOUT YOUR OPERATION.

IF ANY FURTHER QUESTIONS ARE RAISED AFTER READING THIS INFORMATION,

- PLEASE SPEAK TO YOUR SURGEON OR NURSING STAFF.

WHAT IS A VASECTOMY REVERSAL?

YOU HAVE PREVIOUSLY HAD A VASECTOMY FOR CONTRACEPTION. YOU HAVE NOW DECIDED THAT YOU WISH TO HAVE THIS REVERSED SO AS YOU CAN TRY TO HAVE CHILDREN WITH YOUR PARTNER. THE TUBE THAT CARRIES THE SPERM FROM THE TESTIS TO THE PENIS IS CALLED THE VAS DEFERENS; THIS IS WHAT IS CUT AT THE TIME OF A VASECTOMY. A VASECTOMY REVERSAL PROCEDURE INVOLVES PUTTING THE PREVIOUSLY CUT ENDS OF YOUR VAS DEFERENS BACK TOGETHER.

THIS IS DONE UNDER A GENERAL ANAESTHETIC AND TAKES APPROXIMATELY 2 HOURS. THE SCROTUM IS OPENED TO ACCESS THE AREA. AT THE TIME OF SURGERY YOUR SURGEON WILL TRY AND PUT BACK TOGETHER THE TUBES IN THE MOST APPROPRIATE PLACE SO AS TO ALLOW SPERM TO TRAVEL THROUGH AGAIN. SEVERAL STITCHES ARE PLACED TO JOIN THE TUBES ON EACH SIDE. THESE STITCHES ARE VERY FINE, ALMOST AS FINE AS YOUR HAIR, SO TO ENSURE THAT THEY ARE PLACED PROPERLY WE USE MAGNIFICATION. IF THIS OPERATION IS DONE USING THE NAKED EYE THEN THE RESULT MAY NOT BE AS GOOD.

WHY DO I NEED A VASECTOMY REVERSAL?

WITH YOUR PARTNER, YOU HAVE CHOSEN TO HAVE A CHILD. HAVING HAD A VASECTOMY BEFORE, THIS IS NOT CURRENTLY POSSIBLE USING NATURAL METHODS. IF YOU WISH TO HAVE CHILDREN USING NATURAL METHODS THIS IS THE BEST OPTION FOR YOU.

WHAT ARE THE ALTERNATIVES?

- SPERM RETRIEVAL AND ICSI
- ADOPTION
- DONOR SPERM
- NOT TO HAVE CHILDREN

WHAT ARE THE RISKS AND SIDE EFFECTS OF VASECTOMY REVERSAL?

ANY OPERATION AND ANAESTHETIC CARRIES RISKS. THESE RISKS ARE GENERALLY SMALL.

RISKS OF THE ANAESTHETIC CAN BE DISCUSSED WITH THE ANAESTHETIST WHO WILL BE LOOKING AFTER YOU DURING THE OPERATION, AND WHO WILL NORMALLY VISIT YOU BEFOREHAND.

POSSIBLE RISKS AND SIDE EFFECTS FROM THE PROCEDURE ARE OUTLINED BELOW. HOWEVER, IF YOU HAVE ANY CONCERNS PLEASE DO DISCUSS THEM WITH NURSING AND MEDICAL STAFF AS IT IS IMPORTANT THAT YOU UNDERSTAND WHAT IS GOING TO HAPPEN TO YOU. YOU WILL BE ASKED TO SIGN A CONSENT FORM BEFORE UNDERGOING THE OPERATION BUT YOU MAY WITHDRAW YOUR CONSENT AT ANY TIME.

COMMON

- YOUR WILL HAVE SOME PAIN AND DISCOMFORT AFTER THE OPERATION. USUALLY LOCAL ANAESTHETIC WOULD HAVE BEEN GIVEN BUT THIS USUALLY ONLY LASTS A COUPLE OF HOURS. YOU WILL BE ADVISED TO TAKE PAIN KILLERS REGULARLY FOR AT LEAST 2-3 DAYS.

OCCASIONAL

- OCCASIONALLY AFTER THIS OPERATION, INFECTION AND/OR SWELLING MAY OCCUR IN THE SCROTUM OR WOUND REQUIRING FURTHER TREATMENT. CHRONIC PAIN, WHICH IS PAIN THAT CAN LAST FOR A LONG TIME, CAN OCCUR. THIS IS A SIMILAR RISK AS TO WHEN YOU HAD YOUR VASECTOMY.

RARE

- BLEEDING AFTER THE OPERATION MAY OCCUR. THIS MAY BE SLIGHT CAUSING BRUISING OR MAY BE MORE CAUSING SWELLING IN THE SCROTUM. THIS MAY NEED FURTHER TREATMENT

VERY RARE

- YOUR TESTIS BLOOD SUPPLY IS VERY NEAR TO THE AREA THAT IS OPERATED ON. SOMETIMES THE BLOOD SUPPLY CAN BE AFFECTED CAUSING THE TESTIS TO BECOME SMALLER AND NOT FUNCTION ADEQUATELY.

WHAT HAPPENS BEFORE THE OPERATION?

BEFORE YOU UNDERGO SURGERY YOUR SURGEON/ANDROLOGIST WOULD HAVE DISCUSSED THE OPERATION WITH YOU. YOU SHOULD HAVE HAD A URINE SPECIMEN TAKEN TO EXCLUDE ANY INFECTION. IN ADDITION TO THIS A GENERAL MEDICAL WOULD HAVE BEEN UNDERTAKEN TO ENSURE YOU ARE WELL. YOUR SURGEON/ANDROLOGIST MAY HAVE ADVISED YOU ON SIMPLE MEASURES TO IMPROVE YOUR HEALTH THAT MAY MAKE HAVING A BABY MORE SUCCESSFUL.

YOU WILL USUALLY ATTEND A PRE-ASSESSMENT CLINIC BEFORE YOUR OPERATION. THE PURPOSE OF THIS APPOINTMENT IS TO ORGANISE ANY MORE TESTS THAT MAY BE NEEDED, AND CHECK YOUR FITNESS FOR THE OPERATION. A MEMBER OF THE NURSING STAFF WILL SEE YOU.

IT IS USEFUL IF YOU BRING IN A LIST OF ANY MEDICINES THAT YOU NORMALLY TAKE AT HOME, AND LET US KNOW OF ANY DRUG ALLERGIES YOU MAY HAVE.

IT IS IMPORTANT THAT THE HOSPITAL KNOW IF YOU ARE ON ANY DRUGS THAT THIN THE BLOOD E.G. ASPIRIN, WARFARIN, CLOPIDOGREL, DIPYRIDAMOLE.

IF YOU ARE TAKING WARFARIN IT MAY BE NECESSARY TO BRING YOU INTO HOSPITAL A FEW DAYS BEFORE YOUR OPERATION, OR TO CHANGE YOUR WARFARIN TO AN INJECTION THAT CAN BE GIVEN AT HOME.

YOU ARE NORMALLY ADMITTED TO HOSPITAL ON THE DAY OF YOUR OPERATION.

THE DAY OF YOUR OPERATION

PLEASE BRING A SUPPLY OF YOUR USUAL MEDICINES TO TAKE WHILST YOU ARE IN HOSPITAL.

WHEN YOU ARRIVE ON THE WARD YOU WILL BE SHOWN TO YOUR BED BY A MEMBER OF THE NURSING STAFF WHO WILL ALSO EXPLAIN THE LAYOUT OF THE WARD. EACH BED HAS ACCESS TO A PERSONAL TELEPHONE AND A TELEVISION.

BEFORE YOUR OPERATION YOU WILL NEED TO STARVE (NIL BY MOUTH) TO REDUCE THE RISK OF PROBLEMS DURING THE ANAESTHETIC. YOU MAY EAT AND DRINK NORMALLY UP UNTIL 6 HOURS BEFORE YOUR OPERATION AND THEN CAN HAVE **CLEAR FLUIDS** ONLY UNTIL 4 HOURS BEFORE THE SURGERY. PLEASE CHECK WITH YOUR ANAESTHETIST WHAT LOCAL REGULATIONS ARE BEFORE TAKING ANYTHING BY MOUTH 6HRS BEFORE SURGERY.

DEPENDING ON WHAT MEDICINES YOU TAKE, YOU MAY BE ASKED TO HAVE YOUR NORMAL MEDICINE REGIME, OR SOME MAY BE WITHHELD AND GIVEN TO YOU AFTER THE OPERATION.

BEFORE THE OPERATION YOU WILL BE ASKED TO PUT ON A THEATRE GOWN.

NURSING STAFF WILL BE ABLE TO GIVE AN APPROXIMATE TIME FOR YOUR OPERATION, BUT THIS TIME IS ONLY INTENDED AS A GUIDE.

YOU WILL BE TAKEN FROM THE WARD TO THE OPERATING THEATRE.

AFTER THE OPERATION YOU WILL 'COME ROUND' IN THE RECOVERY AREA AND THEN BE COLLECTED AND TAKEN BACK TO THE WARD BY A MEMBER OF NURSING STAFF ONCE YOU ARE AWAKE AND COMFORTABLE.

HOW LONG WILL THE OPERATION TAKE?

THE OPERATION USUALLY TAKES 2-3 HOURS BUT CAN VARY DEPENDING ON THE COMPLEXITY OF THE SPECIFIC CASE.

AFTER THE OPERATION

YOU MAY HAVE INTRAVENOUS FLUIDS (A DRIP) GOING INTO AN ARM VEIN. THIS WILL REMAIN IN PLACE UNTIL YOU ARE DRINKING NORMALLY. YOU CAN START HAVING SOME ORAL FLUIDS IMMEDIATELY AFTER THE OPERATION. FOOD CAN USUALLY BE STARTED THE SOON AFTER FLUIDS.

A SHORT WHILE AFTER THE OPERATION YOU MAY GET SOME PAIN. MOST PATIENTS ONLY NEED MILD PAINKILLERS, BUT AS IN ANY SURGERY THERE MAY BE MORE DISCOMFORT REQUIRING STRONGER PAINKILLERS.

AS SOON AS YOU ARE COMFORTABLE YOU WILL BE ABLE TO MOVE OUT OF BED. YOU SHOULD BE WALKING AND HAVE PASSED URINE BEFORE YOU GO HOME.

THE SMALL WOUND IS CLOSED WITH DISSOLVABLE STITCHES. A DRESSING IS APPLIED TO THE WOUND BUT IN MOST CASES THIS COMES OFF BEFORE YOU GO HOME. IF NOT, YOU SHOULD REMOVE THE DRESSING 24 HOURS AFTER YOUR SURGERY. YOU WILL BE ADVISED TO WEAR A SCROTAL SUPPORT FOR AT LEAST 2 WEEKS.

GOING HOME

BEFORE GOING HOME YOU WILL BE INFORMED ABOUT FOLLOW UP ARRANGEMENTS. YOU WILL BE GIVEN MEDICINES TO TAKE HOME (TTAS), AND WILL RECEIVE A 2 WEEK SUPPLY OF ANY MEDICINES REQUIRED, MAINLY PAIN KILLERS.

AT HOME

IT IS SENSIBLE TO AVOID HEAVY LIFTING, DRIVING AND SPORTS FOR 2 WEEKS AFTER THE OPERATION, SINCE ANY SUDDEN MOVEMENT OR JOLT IN ABDOMINAL OR SCROTAL AREA CAN CAUSE PAIN IN THE WOUNDS AND MAY ALSO CAUSE SWELLING IN THE SCROTUM. THIS MAY HINDER THE SUCCESS OF YOUR OPERATION. EXERCISE SHOULD BE INCREASED GRADUALLY. EAT A HEALTHY DIET WITH PLENTY OF FLUIDS. FRESH FRUIT AND VEGETABLES ARE IMPORTANT FOR YOUR GENERAL HEALTH.

YOU CAN RETURN TO WORK WHEN YOU FEEL FIT AND DEPENDING ON YOUR JOB. USUALLY 2 WEEKS OFF WORK ARE NEEDED. SEXUAL ACTIVITY CAN BE RESUMED 4 WEEKS AFTER THE OPERATION.

YOU WILL BE SENT AN APPOINTMENT TO COME BACK TO SEE THE SURGEON/ANDROLOGIST 4 MONTHS AFTER YOUR SURGERY. PRIOR TO THIS YOU WILL BE ASKED TO SUBMIT A SEMEN SAMPLE AT THE HOSPITAL OR VIA YOUR GP, SO AS THIS CAN BE ANALYSED FOR SPERM.