

INFORMATION ON VASECTOMY REVERSAL

With the use of microsurgical techniques it is possible to reverse vasectomy enabling men to father further children. It is preferred to reverse the vasectomy on both sides. Prior to surgery a blood test can confirm normal hormone levels and physical examination may indicate if there will be a problem to rejoin the cut ends of the vas deferens (vaso-vasostomy). However, until surgery is undertaken the extent of scarring that has occurred following the procedure is unknown. For some men it is not possible to rejoin the vas but instead more difficult procedure (vaso-epididymostomy) is required to join the vas directly to the small tubules of the epididymis.

Following reversal sperm counts may be lower than that prior to vasectomy but pregnancy can still be achieved. If sperm have not appeared by six months after vaso vasostomy or 12 months after vaso-epididymostomy the reversal has failed. Pregnancy may take up to one year following the operation, similar to the chance of pregnancy for those couples without a history of vasectomy.

SOME DETAILS ABOUT THE OPERATION

A general anaesthetic is required for vasectomy reversal. A pre-medication is sometimes given to produce relaxation prior to entering the operating theatre and the pubic hair shaved from the scrotum.

Two small cuts are made in each side of the scrotum to allow access to the testis and vas. Intravenous antibiotics are usually given during the operation and local anaesthetic (pain killer) injected at the completion of the procedure to minimise discomfort in the wound for a few hours postoperatively.

With the aid of an operating microscope the area of the vasectomy is dissected and scarring blocking the vas removed. A double layer repair of fine suture material is required to join the cut ends of the vas (see diagram 1). At the time of repair sperm may be identified with the aid of an andrology scientist and if requested may be frozen for future treatment options should the vasectomy reversal not result in pregnancy.

In vaso-epididymostomy, a similar procedure is performed except that the epididymis is smaller and more fragile (see diagram 2).

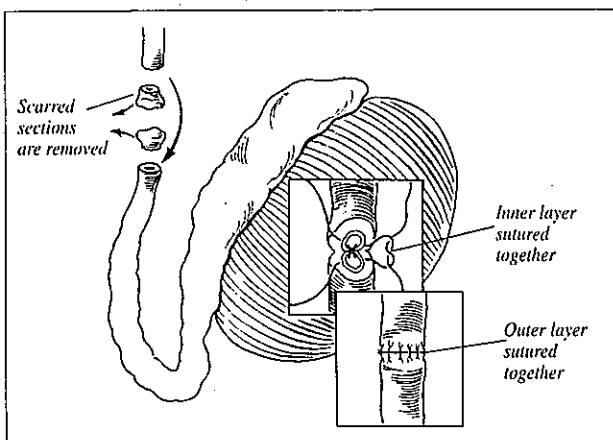


Diagram 1

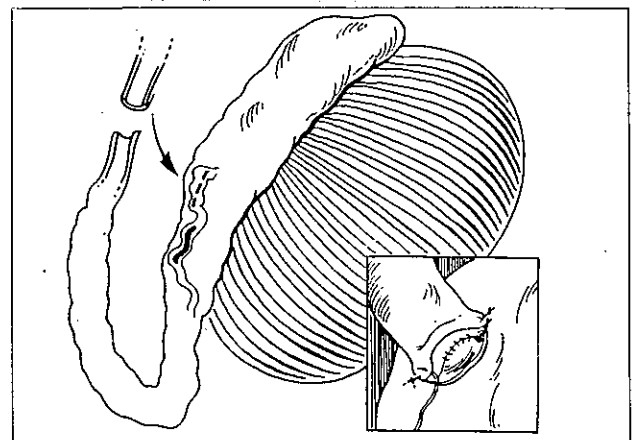


Diagram 2

The procedure takes approximately two hours of operating time and patients are usually asked to stay overnight if performed in the afternoon or maybe discharged early in the evening for morning operations.

COSTS

The initial first consultation fee will be: \$225 (Auckland), \$200 (Christchurch). The surgical fee for vasectomy reversal is \$3,300. Anaesthetic and operating theatre fees vary according to duration of the operation. Generally this is in the range of \$4,000-\$4,200. Therefore, the total cost is about \$7,500. Although I can provide an estimate, it is best that the hospital concerned is contacted to indicate an approximate cost prior to admission.

FACTORS PREDICTING LIKELY SUCCESS

The most important factor is the time since the initial vasectomy. For those men less than three years since the procedure the chance of reversal resulting in satisfactory sperm counts is approximately 90%. At five years this reduces to 70% and if more than ten years has elapsed only 50% of men will have a satisfactory semen analysis. The pregnancy rate after reversal is approximately two thirds (66%) of these men with satisfactory sperm count. Other important factors include:

- ◆ type of procedure performed initially;
- ◆ complications such as infection at the time of vasectomy;
- ◆ previous history of infertility or poor semen analysis;
- ◆ medical conditions such as diabetes or chronic illness.

Consideration of any female factors likely to compromise fertility should be discussed prior to vasectomy reversal. In particular, the following female factors may reduce the chance of pregnancy:

- ◆ female age more than 35 years;
- ◆ history of female pelvic infection;
- ◆ history of tubal surgery;
- ◆ history of previous infertility.

COMPLICATIONS

No surgery is without risk however, the risk associated with this surgery is small. Complications such as bleeding at the site of scrotal incisions is usually minor although men are encouraged to rest for the first 24 hours following discharge and report any significant bleeding. Bleeding within the testis with damage to the testis occur rarely and if this happens further surgery may be required. Anaesthesia itself is never without risk and the risks are greater for men who smoke or who are significantly over weight.

RECOVERY

Following the operation the man may experience some symptoms which may last for a day or two such as:

- ◆ fatigue and muscle pain;
- ◆ mild nausea related to the anaesthetic;
- ◆ pain at the site of the incisions. This may be referred to abdomen. The pain usually disappears within 24-48 hours and oral pain killers such as Codeine or Panadol are usually sufficient;
- ◆ mild bleeding or discharge from the incision site for a few days is common.

DISCHARGE FROM HOSPITAL

Discharge from hospital is usually within 24 hours. Sexual intercourse should not resume for three weeks. I recommend light physical duties for the first week and if necessary medical leave should be applied for up to three weeks to avoid heavy lifting or straining. Complete healing is not achieved for six weeks in total. From the time of discharge and up to six weeks firm supportive underwear is recommended and avoidance of contact sports which could result in scrotal trauma.

A semen analysis should be obtained at 6 to 12 weeks and every three months until pregnancy occurs. Such monitoring will reveal late vasal obstruction. This obstruction is due to scar tissue that forms following reversal and occurs in 3 to 6% of patients.

The presence of antisperm antibodies may affect the chance of pregnancy even with good sperm numbers following reversal. There are no medical treatments for this condition although insemination of washed sperm (intrauterine insemination) may overcome this.