

**NO SCALPEL VASECTOMY**

This document contains evidence-based information about the **No-Scalpel Vasectomy (NSV)** procedure.

A vasectomy (male sterilisation) is a surgical procedure to cut or seal the tubes that carry a man's sperm to permanently prevent pregnancy.

**At a glance: facts about Vasectomy**

* Vasectomy is the most effective method of male sterilisation. A vasectomy is more than 99% effective.
* You should regard vasectomy as an “irreversible” procedure. If you have any doubt about whether it is the right option for you, you should not go ahead. If you have a partner, discuss it with them before you decide. If possible, you should both agree to the procedure, but it is not a legal requirement to get your partner’s permission.
* It's considered permanent, so once it's done you don't have to think about contraception again.
* You will not be sterile immediately but will need to continue alternative contraception until you have been given the “all-clear” from your post-operative semen tests.
* Up to 2 semen tests are done after the operation to make sure that all the sperm have gone.
* It doesn't affect your sex drive or ability to enjoy sex. You'll still have erections and ejaculate, but your semen won't contain sperm.
* There is no evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer)
* There is no evidence to support an association between vasectomy and cardiovascular disease
* A vasectomy doesn't protect against sexually transmitted infections (STIs), so you may need to use condoms as well.

**How it works**

A vasectomy works by stopping sperm getting into a man's semen. The tubes that carry sperm from a man's testicles to the penis are sealed with heat.

This means that when a man ejaculates, the semen has no sperm in it and a woman's egg can't be fertilised.

 

**Details of the procedure**

A No Scalpel Vasectomy is a quick and relatively painless surgical procedure.

* a local anaesthetic is used for the procedure
* local anaesthetic causes some discomfort when injected and the needle prick is painful (like a “bee sting”)
* you will need two injections of local anaesthetic, one on each side
* once this has worked, your skin will be numb and you will not feel anything sharp or painful; you will still feel sensations of touch, hot and cold
* the surgeon then makes a tiny puncture hole in the skin of your scrotum to reach the tubes. This means there is no need to cut the skin with a scalpel. The tubes are then blocked with heat.
* when the surgeon picks up each tube in turn, you may get a little discomfort; this can make you feel light-headed, sweaty and slightly sick but subsides very quickly
* there's little bleeding and no stitches with this procedure. It's thought to be less painful and less likely to cause complications than a conventional vasectomy.
* If your tubes are difficult to feel or if there is anything significant in the medical history, the surgeon might not perform the surgery.

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. The impact of these after-effects can vary a lot from patient to patient.

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| After-effect  | Risk |
| Mild bruising & scrotal swelling with slight clear yellow fluid from the wound for few days | Nearly all patients |
| Blood in semen the first few times you ejaculate | Between 1in 2 and 1 in 10 patients |
| Chronic testicular pain | 1-2% |
| Significant bruising, swelling and haematoma (collection of blood) due to bleeding | 1-2% |
| Infection or inflammation of the testicle | 0.2-1.5% |
| Early failure (up to 12 weeks post-surgery) | <1% |
| Late failure (re-joining of the ends of the tubes after initial negative sperm counts) | 0.05% |

**Is Reversal possible?**

It’s possible to have a vasectomy reversed. But the procedure isn’t always successful, and it is rarely funded by the NHS. You have a better chance of success if it is done soon after the vasectomy.

Even if a surgeon manages to join up the tubes again, pregnancy may still not be possible, so you should be certain before going ahead with the vasectomy.