**GENERAL INFORMATION**

**Vasoligation** is a simple, safe, and very reliable way to permanently prevent sperm from being able to get to the outside through the penis.

**SOME DEFINITIONS**

**Testicles**: These are two egg-shaped organs that lie in the scrotum, the sac behind the penis. The testicles make male hormones. They also make very young sperm by the millions.

**Sperm**: These are the microscopic cells that can fertilize the egg from a woman's ovary. They have a wiggly tail that helps them move. They are stored in the epididymis, which is attached to the testicle. Here the sperm mature and wait until they go to the outside during ejaculation.

**Vas deferens**: These are two tubes (one from each testicle) about the size of angel hair spaghetti. They carry the sperm to the urethra (the tunnel in the penis) so that the sperm can get to the outside.

**Prostate**: This gland is about the size of a walnut. It is located where the bladder opens into the urethra, the tunnel that carries urine to the outside. The prostate and the seminal vesicles right next to it secrete semen.

**Semen**: This is the slightly sticky white fluid that mixes with sperm and helps it get to the outside during ejaculation.

The vas deferens and the ducts from the prostate and the seminal vesicles connect to the urethra. During ejaculation the bladder sphincter closes tightly. This helps to direct the semen to the outside and prevents urine from mixing with the semen (Fig. 1).

**OPERATION**

**Vasoligation** involves tying (ligation) of the two vas deferens so that sperm cannot leave the testicle. That's the only thing that is blocked. The male hormones made by the testicle are not affected at all. Also, semen continues to be made and comes out as before except it does not have sperm in it. You cannot tell the difference by just looking at the semen.

**BEFORE THE VASOLIGATION**

Although a vasoligation is easy, safe, and effective, it is a very important step. You should realize the following:

- You should consider a vasoligation as permanent. It will make you sterile, and you will not be able to father a child.
- A vasoligation is not meant to solve any sex problems you may have with your partner.
- You and your partner should clearly understand what a vasoligation means and what it involves.
- You should be certain you do not want to father any more children. Consider future possibilities that may make you change your mind; for example: you may remarry and want children following a divorce or death of your partner.
- Although there is an operation to reconnect the vas deferens, it is difficult, expensive, and by no means always successful.
- All of your male characteristics and sex drive will remain the same. The only change will be that your semen will not contain sperm.
- There is no evidence that vasoligation causes cancer.
- Some men (and women) feel that their sexual enjoyment is improved, because they can be more spontaneous without the need for prophylactic preparations and, of course, without the worry of a pregnancy.

**PREOPERATIVE PREPARATION**

- You will be given instructions on when to stop eating or drinking before the operation.
- Shower as usual on the morning of the operation and wash the scrotum thoroughly.
- The operation will be done on an outpatient basis.
- The scrotum and groin area will be painted with an antiseptic solution and draped with sterile coverings.
- A very thin, short needle will be used to inject an anesthetic in the skin and upper part of the scrotum. This will make the area entirely numb.
- A tiny incision will be made in the skin of the upper part of the scrotum where the vas deferens is located. The vas deferens will be tied. Often, a short piece is removed for examination in the laboratory to be certain the correct tissue has been removed. The same will be done on the opposite side.
- A small stitch and bandage will be applied. Bring along a pair of jockey-type underwear. This provides support to the scrotum and helps keep the pain to a minimum.

![Figure 1. The vas deferens is usually ligated at a point indicated by the asterisk, preventing the sperm from going beyond this point.](image)
• You will be taken to a recovery room. When your blood pressure, pulse, and breathing are stable and you are completely alert, you should be able to go home that same day with a responsible adult.
• As with any operation, complications are always possible. Although they are uncommon with your type of operation, they can include bleeding, infection, and possibly others.

 HOME CARE
• You may walk about, even climb stairs, but don’t overdo things.
• For the first 24 hours, apply cold compresses to the scrotal area every 10 to 15 minutes while you are awake. This reduces the chance of bleeding and postoperative swelling. Commercial cold packs or simply a bag of frozen peas works well for this. Apply the cold pack on the outside of the undershorts and avoid direct contact with the scrotal skin.
• Keep the area dry for the first 24 hours after which you may shower as usual.
• Don’t lift anything heavier than 5 pounds. Ask someone to do it for you.
• The small sutures used to close the skin are usually of the dissolving type and do not need to be removed.

• You may resume more strenuous activity, including sex, after 3 days but only as long as that activity does not cause discomfort.

 Note: It’s very important to realize you still have sperm in your semen. It will take a number of ejaculations over several weeks before all the sperm leaves the tubes. Therefore, you’ll be asked to supply a sample of your semen (you can collect it in a jar at home) for examination to see if it contains sperm. This will be done at 6 weeks and then at 12 weeks after the operation.
• It is safe to have sex without protection only after we demonstrate in the laboratory that no sperm are present in your semen.
• Until that time be certain to use birth control during sexual intercourse.
• You may experience some aching or pain in the testicles for a while. This usually gets better with time.

 CALL OUR OFFICE IF
• The scrotum becomes swollen.
• The incision becomes red or swollen, or there is drainage from it.
• You develop a temperature higher than 100°F.
• You have any questions.