

UTAH MEN'S HEALTH | Ahead of the Curve

Vasectomy Reversal Handout and Post-Operative Patient Care Instructions

VASECTOMY REVERSAL

For a man who has had a vasectomy, paternity options include testicular sperm extraction, surgical correction of the vas deferens separation, use of a sperm donor, and adoption. Surgical correction, or a vasectomy reversal, can be successful in restoring fertility to some men. This procedure, a vasovasostomy or vasoepididymostomy, is successful in establishing vasal patency 90% of the time. Because the procedure is unsuccessful a percentage of the time, a simultaneous testicular sperm extraction can be performed. This will extract sperm that can be frozen and stored for potential in vitro fertilization in the future.

HOW THE PROCEDURE WORKS

During a vasectomy reversal, the two cut ends of the vas deferens are stitched back together. With the sperm pathways restored, sperm can once again travel through the vas deferens and leave the body during ejaculation. You may then be able to father a child.

PREPARING FOR THE PROCEDURE

You will be given instructions to prepare for the vasectomy reversal. Tell your healthcare provider about any medications you take, including aspirin. You may be asked to stop taking some or all of these. On the day of your procedure, bring clean cotton briefs or an athletic supporter with you.

DURING THE PROCEDURE

You'll receive medication to keep you comfortable. You may be awake and relaxed during the procedure or you may be completely asleep. Once the medication takes effect:

- An incision is made in your scrotum.
- The cut ends of each vas deferens are lifted out and examined. A section of each cut end may be removed.
- The end closer to the testicles is cut until fluid flows freely. This fluid may be looked at under a microscope to see if sperm are present.
- The two cut ends are stitched together. If needed, the vas may be attached directly to the epididymis (tissue behind the testicle).
- When both of the vas deferens are reconnected, the incisions in the scrotum are sutured closed.

POST-OPERATIVE CARE INSTRUCTIONS

- For pain relief, take Ibuprofen 800mg every 8 hours and Tylenol 650mg every 6 hours around the clock for three days. Take narcotic pain medication only if needed.
- Take antibiotics if prescribed.
- To lessen the chance of swelling, stay off your feet as much as you can for the first 24 hours.
- Place an ice pack or bag of frozen peas (wrapped in a thin towel) on your scrotum for short amounts of time. This helps reduce swelling.
- Wear snug cotton briefs or an athletic supporter for extra support.
- Follow your doctor's instructions for showering and bathing.
- You may resume sexual activity in 3 weeks.
- Avoid heavy lifting or exercise for at least 3 weeks. Ask your doctor when you can return to work.

POSSIBLE RISKS AND COMPLICATIONS

- Risks associated with anesthesia
- Infection (symptoms include fever, chills, drainage from the incision site, and pain)
- Internal bleeding of the scrotum (symptoms include increasing pain, excessive swelling, a large black-and-blue area, or a growing lump)
- Failure of the procedure to restore fertility

Contact our offices at **(801) 587-1454** with any questions or concerns.