

VASX | VASECTOMY EXPERTS



VASECTOMY PRE & POST PROCEDURE INFORMATION

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PRE-SURGERY

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(02) 9868 5155



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What is a Vasectomy?

Vasectomy is one of the most reliable forms of contraception. It is a safe, quick, and comfortable procedure. The no-scalpel, open-ended technique is a minimally invasive modern approach where the testicular end of the vas deferens is left open to reduce post-procedure congestion or pain. A small split (~5-10mm) is made in the scrotum through which each vas deferens is cut. The prostatic (upper) end is sealed to block sperm from reaching the ejaculatory duct. A small piece of tissue (fascia) is sutured between the two ends to reduce the risk of reconnection. The procedure is performed under local anaesthesia.

Vasectomy is considered permanent, however, reversal is possible in up to 70% of cases within eight years. Reversal is more invasive and costly than the initial procedure. If you are under 25, it is recommended to delay the procedure as there are much higher rates of regret when a vasectomy is performed in a young man with no children. The most common age for vasectomy is between 30 and 50.

!! Patients must continue using alternative contraception until a negative semen analysis is confirmed three months post-procedure.



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Preparation for the procedure



Time:

The procedure takes approximately 10-15 minutes but please allocate up to 1 hour at the clinic.



Shaving:

Shave or trim the scrotum a day before your procedure. Avoid shaving cuts or abrasions.



Transportation:

Patients under local anaesthesia can drive themselves to and from the appointment.



Consultations:

Most procedures can include the consultation on the same day. Pre-consultation is required for:

- Patients on blood thinners or with extensive medical history.
- Men under 30 with no children due to higher rates of regret; same-day vasectomy is unavailable for these cases.



Inform your Surgeon if you are on any of the following:

- Supplements containing garlic, ginger, ginkgo biloba, evening primrose oil, fish oil, or omega-3 (e.g., krill oil)
- Anti-inflammatories such as Nurofen or Nurofen Plus
- Any blood thinners such as Aspirin, Plavix, Apixiban, Rivaroxiban, warfarin or any other blood-thinning medications (blood thinners and can cause bleeding and haematoma)

During The Procedure

Anaesthesia:

Local anaesthetic administered using modern techniques. Patients may feel minor discomfort during administration.

Procedure:

Expect mild sensations such as tugging or aching in the scrotum, groin, or lower stomach. Most patients report that the procedure is less painful than anticipated.



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Post-Procedure Instructions



Anaesthesia:

The local anaesthetic blocks are effective for up to 3 hours.



Discomfort:

Mild aching in the testes, groin, and lower abdomen is normal.



Recommended Measures:

- Wear tight underpants or two pairs of elasticated underwear for scrotal support.
- Apply ice packs (20 minutes on, 20 minutes off) to reduce swelling or bruising.
- Avoid anti-inflammatories to minimize bleeding risk.
- Take Paracetamol as below
- Shower 24 hours after the procedure; avoid soaking or scrubbing the area.
- Avoid swimming, hot tubs, or saunas for 7 days to prevent infection.
- Abstain from ejaculation for 7 days.
- Avoid strenuous activities for 5-7 days.
- Use scrotal support during recovery, especially if returning to physical jobs.

Paracetamol (Panadol)

500mg

Take 2 tablets every 6 hours for 2 days, & as needed after this. (No prescription required)



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Potential Risks

Rare Complications:

- Haematoma:
 - Occurs in less than 0.5% of cases.
 - Symptoms include scrotal swelling; small haematomas resolve within six weeks.
 - Massive swelling requires immediate emergency assessment.
- Infection:
 - Occurs in approximately 1% of cases.
 - Symptoms include redness, discharge, and pain at the surgical site. Prompt antibiotic treatment is essential.
 - Rare systemic signs (fever, vomiting) require emergency care.
- Pain Syndrome:
 - Rare cases of persistent dull aching for 3-6 months may occur. Scrotal supports and analgesics may help.
 - Persistent pain beyond 12 months requires further assessment and treatment although this is extremely rare.
- Sperm Granuloma:
 - A pea-sized lump may form, causing minor discomfort but resolving within 6-12 weeks. A lump that is above and separate to the testicle is most likely a granuloma and will usually get better by itself.



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Follow Up Care & Semen Analysis

Semen Analysis:

- At the time of your procedure, you will receive a pathology referral for a semen analysis and instructions on how to collect it. A clear semen analysis is required before you discontinue contraception.
- Please perform the semen analysis s 12 weeks post-procedure after a minimum of 20-30 ejaculations.
- A fresh sample must be delivered to a pathology lab within 60 minutes of collection.
- Clearance is granted only after analysis confirms no sperm. You must continue contraception until then.
- Repeat analysis may be required if sperm are present. This is the case in approximately 10-15% of cases. The most common reason is insufficient ejaculations prior to the test.
- Rare cases of persistent non-motile sperm are managed individually.

Contraception:

Continue using alternative contraception until clearance is confirmed.



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Thank you for diligently following these post-operative guidelines. Your commitment to proper scar care and recovery will greatly contribute to achieving the best possible results.

If you have any questions or need further assistance, please don't hesitate to reach out. Your health and satisfaction are our top priorities.

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