

Application of an ice pack intermittently after the procedure will minimize pain and swelling. Do not place it directly on your skin. Pain is usually adequately controlled with over-the-counter pain killers (Tylenol™, Advil™). You may need a prescribed painkiller that can be used as required for a few days after the surgery. You may bathe or shower after 24 hours. Skin sutures will dissolve within 2-6 weeks.

Most men have no problem after a vasectomy reversal. There is a small risk of infection requiring treatment with antibiotics. Occasionally, men have scrotal pain that persists for a few weeks or months. Over time, this usually resolves completely without specific treatment. Normally, a small lump will persist at the site of the vasectomy reversal. A vasectomy reversal should not affect your sexual function nor will you notice any change in your semen.

Ejaculation should be postponed for several weeks after the vasectomy reversal. Sperm may return to the semen immediately after the procedure. Your urologist will advise the optimal timing of intercourse to achieve a pregnancy. This occurs around the mid-point of your partners menstrual cycle, when ovulation (egg release) occurs.

Your urologist will arrange follow-up with you, which will likely include a test of your semen. There is often a significant delay in the appearance of large numbers of sperm in the semen after a vasectomy reversal. If the semen tests show large numbers of healthy sperm, the possibility of pregnancy is good.

Unfortunately, restoring sperm to the semen after vasectomy reversal does not always result in a pregnancy; however, many couples have achieved pregnancy following vasectomy reversal.

Your vasectomy reversal has been scheduled for:

Day: _____

Date: _____

Time: _____

Location: _____

Notes: _____

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Vasectomy reversal

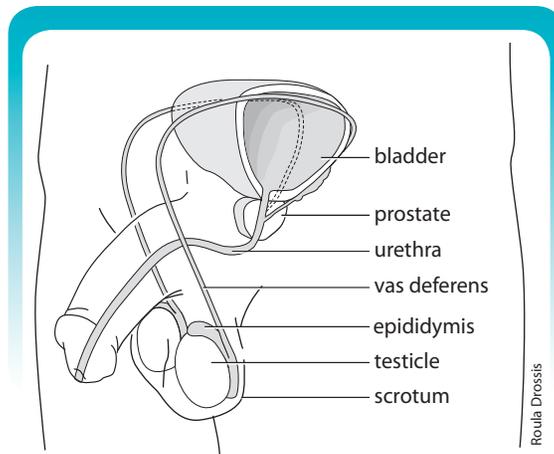
Vasectomy reversal may allow return of sperm to the semen to restore a man's fertility after a vasectomy.



You are considering having your vasectomy reversed in order to achieve pregnancy with your partner. Although a vasectomy is carried out for permanent contraception (birth control), it is not unusual for a man to request its reversal.

Sperm flows from the testicles into a long thin tube (epididymis) which coils up around the back of the testis. Close to the bottom of the testis the tube becomes thicker, more muscular, and straightens to become the vas deferens. The vas deferens then connects to the urethra (urinary passage) and conducts sperm at the time of ejaculation.

Vasectomy is a minor procedure in which the vas deferens on each side of the scrotum (the “sac”) is divided and blocked. When the vas deferens is blocked after a vasectomy, the ejaculation fluid (semen) is free of sperm and the egg produced by the female cannot be fertilized to start a pregnancy.



After a vasectomy, the testicles continue to produce sperm. The unused sperm degenerate and are destroyed by the body. A vasectomy reversal (also known as a vasovasostomy) aims to reconnect the two ends of the vas deferens so that semen can once again carry sperm.

Achieving a pregnancy after a vasectomy reversal may be more difficult than before the vasectomy due to a number of factors. In some cases, scarring of the vas deferens or epididymis, or changes in sperm quality may occur after the vasectomy. The longer the interval from the vasectomy to its reversal, the less likely a pregnancy can be achieved.

Success rates for vasectomy reversal vary depending on many factors, including your partner’s fertility and time from vasectomy. Your urologist has discussed the potential of recovering your fertility. When the vasectomy reversal is done within 3 years of the vasectomy, the ability to restore sperm in your semen is very high and the pregnancy rates are good. However, the success of the procedure drops significantly after 14 years. Unfortunately even though sperm is restored in the semen this does not ensure pregnancy.

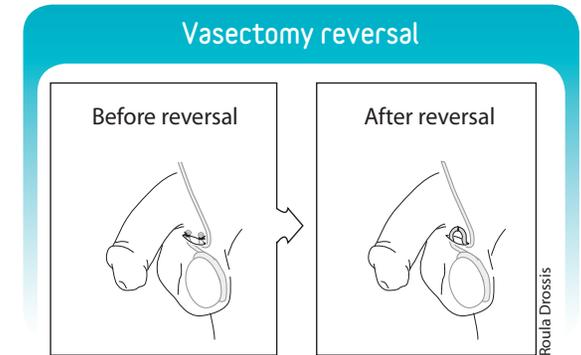
In most provinces, vasectomy reversal is not an insured service. The discussion with your urologist will have included information about success rates and costs. As well, there are alternatives to vasectomy reversal including adoption, use of donated sperm and assisted reproductive techniques (**ART**). ART may involve sperm being taken from the testis and injected into an ovum (egg) taken from the ovary of your partner. The costs of ART may be considerable with modest success rates.

The procedure

The vasectomy reversal will be carried out in a hospital or outpatient surgical facility. Overnight hospitalization is usually not necessary. The surgery is often done under general anesthesia (you will be “put to sleep”) but may also be done using local anesthetic. You will be asked to have nothing to eat for several hours before your surgery.

In the operating room one or two incisions will be made in the scrotum. The incision is usually longer than the original vasectomy incision in order to expose both cut ends of the vas deferens to adequately rejoin them. During the surgery your urologist will determine if the vas deferens is in satisfactory condition to permit adequate flow of sperm through the rejoined tube. The two healthy ends of the vas above and below the obstruction will be joined. The procedure can take 2-4 hours given its intricacy and the common use of magnification.

Occasionally, the vas deferens is too scarred to permit effective sperm flow. In this case, your urologist may need to bypass this scarred part of the tube and connect one end of the vas deferens directly to the epididymis. This type of surgery, called a **vaso-epididymostomy** is more technically challenging, with a lower success rate.



After the procedure

You should be accompanied home after your vasectomy reversal.

Plan to restrict your activities after your surgery. Avoid strenuous physical activity, heavy lifting, or exercise for several weeks. Any strain may cause bleeding or swelling of the scrotum.