

Vasectomy Reversal

What You Should Know

Urology Care
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*The Official Foundation of the
American Urological Association*

What is a Vasectomy?

Vasectomy is minor surgery to block testicular sperm from reaching the semen that is ejaculated from the penis. Semen still exists, but it has no sperm in it. After a vasectomy, the testes still make sperm, but the body soaks them up. Each year, more than 500,000 men in the U.S. choose vasectomy for birth control. A vasectomy stops pregnancy better than any other method of birth control, except abstinence.

With a standard vasectomy, following numbing with local anesthesia, the urologist makes one or two small cuts in the scrotum. One vas deferens tube is cut and tied or sealed with heat. The tube is replaced inside the scrotum. The procedure is then repeated on the other side. Lastly, the skin is closed with stitches that dissolve and do not have to be removed.

Vasectomy should be looked at as a lasting method of birth control. You should not have a vasectomy if you may want to father children in the future. Still, about 10 to 15 percent of men will change their mind after a vasectomy.

What is a Vasectomy Reversal?

A vasectomy reversal is a procedure for men who have had a vasectomy and then decide they want to father a child. The vas deferens can be surgically reconnected, providing a pathway for the sperm to get into the semen. Most often, the cut ends of the vas are reattached. In some cases, the ends of the vas are joined to the epididymis. These surgeries can be done under a special microscope ("microsurgery"). When the tubes are joined, sperm can again flow through the urethra.

Sperm return to the semen faster and pregnancy rates are highest when the reversal is done sooner rather than later after the vasectomy. Most health plans do not pay for reversals. You should find out early in the planning if your health plan will cover it.

How is a Vasectomy Reversed?

Reversals can be done in an outpatient part of a hospital or at a surgery center. If a surgical microscope is used, the surgery is most frequently done while you're asleep under anesthesia. Your urologist and anesthesiologist will talk with you about your choices.

Using microsurgery is the best way to successfully perform this surgery. A high-powered microscope used during your surgery magnifies the small tubes 5 to 25 times their size. Your urologist can use stitches as thin (or thinner) than a hair to join the ends of the vas.

After you are asleep, your urologist will make a small cut on each side of the scrotum and will trim the scarred ends of the vas where they were closed by the vasectomy. Then fluid is taken ("vasal fluid") from the vasal end closest to the testis and examined under another microscope to see if it contains sperm.

At this time, there are two types of reversal procedures.

- **Vasovasostomy** is when the ends of the vas are directly reconnected. When microsurgery is used, vasovasostomy works in about 95 out of 100 men.
- **Vasoepididymostomy** is more complex than vasovasostomy. This is done when another portion of your

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vas deferens or testicular tissue is blocked. Your urologist will go around the blockage and join the upper end of the vas to the epididymis, a coiled gland that connects the testis to the vas deferens. This serves the same purpose as the vasovasostomy and works in about 70 out of 100 men.

You may want to freeze your sperm at the time of the reversal in case the microsurgery is not as effective as planned.

After Treatment

Healing should be rather quick and easy. Pain after surgery is most often controlled with pills. Pain bad enough to need drugs rarely lasts longer than a few days to a week.

Most men can return to their normal routine and light work within a week. Men can often resume tough activity and sex as soon as 2 to 3 weeks after surgery. If your job is strenuous, ask your urologist when you can return to work.

It may take four months to a year for your partner to get pregnant after vasectomy reversal. Some women get pregnant in the first few months, while others take longer. Pregnancy rates can depend on the amount of time between the vasectomy and reversal, since this interval of time determines which type of reversal is performed.

Other than pregnancy, testing the sperm count is the only way to tell if the surgery worked. Your urologist may test your semen every 2 to 3 months until your sperm count holds steady or your partner gets pregnant. Sperm often appear in the semen within a few months after a vasovasostomy. It may take from 3 to 15 months after a vasoepididymostomy.

About the Urology Care Foundation

The Urology Care Foundation is the world's leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation's website, UrologyHealth.org/UrologicConditions or go to UrologyHealth.org/FindAUrologist to find a doctor near you.

Disclaimer

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

For more information, visit UrologyHealth.org/Download or call 800-828-7866.