

What doctors want patients to know about getting a vasectomy



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When discussing reproductive health choices, one procedure has been gaining attention for its effectiveness: the vasectomy. As individuals and couples explore long-term contraception options, vasectomies have emerged as a popular choice for those seeking a permanent solution—rates have increased by 26% in the past decade. With its relatively low risks and high success rates, this procedure is reshaping conversations about family planning.

About 6.8% of men 18–49 years old in the U.S. have had a vasectomy. Rates of getting a vasectomy rise to over 14% for men 45–49 years old. Meanwhile, about 500,000 vasectomies are performed each year in the U.S. with rates higher among white, college-educated and married men, increasing with the number of children a person has. For example, 10.1% of white men have had a vasectomy compared to 3.3% of Hispanic men and 2.8% of Black men, according to the Centers for Disease Control and Prevention.

The AMA's What Doctors Want Patients to Know™ series gives physicians a platform to share what they want patients to understand about today's health care headlines.

In this installment, three physicians took time to discuss what patients need to know about getting a vasectomy. These AMA members are:

- Jason Jameson, MD, a urologist in Tucson, Arizona and delegate for the American Urological Association in the AMA House of Delegates.
- [Amarnath Rambhatla, MD](#), a urologist at Henry Ford Health and director of men's health at the Vattikuti Urology Institute in Detroit.

- [Moshe Wald, MD](#), a urologist at the University of Iowa Health Care and an associate professor in the department of urology at Carver College of Medicine in Iowa City.

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There are seasonal spikes in vasectomies

“We sometimes see seasonal spikes in vasectomies. We see it in March and then also in November and December before the end of the year,” Dr. Rambhatla said. “We think it spikes at the end of the year because everyone has met their deductible for the year.

“In March, it’s been loosely associated with March Madness, he added, noting “the running joke is that men [get their vasectomy](#) around the NCAA basketball tournament and ask their wives for permission to lay on the couch for four straight days so they can watch the basketball tournament.”

“The other interesting thing we’ve seen is with the Roe v. Wade reversal. There are studies showing an increase in Google trends, searches and consultations for vasectomies after that,” Dr. Rambhatla said. “So, it seems like some men are more inclined to be in control of their fertility status after that ruling.”

A vasectomy is a minor surgical procedure

“A [vasectomy](#) is a minor surgical procedure, which is aimed at eventually achieving permanent birth control,” said Dr. Wald, noting “the procedure is typically performed in a clinic setting under local anesthesia, which means injection of numbing medication into the area.

“However, in some cases, based on anatomy and on the patient’s preference it could also potentially be done in the operating room under sedation or general anesthesia,” he added. “But the vast majority are being performed in the clinic under local anesthesia.”

“The procedure involves the surgical interruption of a tube called the vas deferens. The vas deferens is the tube that drains sperm from the testicle outwards and a man typically has two of them, one on each side,” Dr. Wald said. “So, the idea is to interrupt these tubes, and then allow enough time for the sperm that at the time of the vasectomy was already beyond the vasectomy site to wash out.”

The procedure “usually takes about 20–30 minutes. One or two small cuts are made in the scrotum with a scalpel or no-scalpel instrument,” Dr. Jameson said, noting “the vas deferens are cut and tied or sealed with heat. The skin may or may not be closed with sutures.”

But “if the vas deferens are not easy to feel due to body characteristics—obesity, previous scarring—the procedure may be more challenging to perform,” Dr. Jameson noted.

It’s OK to drive yourself home after a vasectomy

“Most of the time patients are OK to drive themselves home after the procedure. Occasionally I’ll have some patients who are a little nervous or anxious about getting a vasectomy,” said Dr. Rambhatla. “So, we can prescribe them medication to help calm down their anxiety for the procedure.

“In those situations, they need to have a driver with them because that medicine can alter their ability to drive,” he added. “Otherwise yes, you could drive yourself home.”

Don’t be nervous, it’s straightforward

Patients “should definitely relax. It’s a straightforward, easy procedure,” said Dr. Rambhatla. “The most common feedback I get from men after the procedure is: Oh, I thought it was going to be a lot worse than that.”

“Sometimes their friends will mess with them before the procedure and say it’s going to be a terrible experience and it is just good old fun,” he said. “But most of the time, people say it wasn’t so bad and they had nothing to worry about.”

Follow up requires a semen test

A vasectomy is “not immediately effective. If you can imagine a tube through which sperm is passing, the vasectomy is basically occluding that tube, so sperm isn't passing through anymore, but there's still sperm on the other side of that tube we've occluded,” said Dr. Rambhatla. “And so, all that old sperm needs to be cleared out for men to become sterile.”

“We check a post-vasectomy semen analysis about three months after the procedure to make sure all that old sperm has been cleared out,” he said. “And sometimes some men may take longer, so it can take up to six months or so to clear out all the old sperm.”

Vasectomy is very effective

It is important to note that a “vasectomy would never provide a 100% guarantee. The only way to reach a 100% guarantee of no pregnancy is simply to avoid sexual intercourse altogether,” said Dr. Wald. “Even after a man gets a vasectomy and later gets a semen test that will show no sperm cells in the semen, there is still a very small risk for an unwanted pregnancy in the future.

“That risk is estimated in many studies at one in 2,000, which is, for example, much better than condoms. But it's not zero and never will be,” he added. “That risk of roughly one in 2,000 by most series is after a man has a post-vasectomy semen test that showed no sperm. If somebody had unprotected sexual intercourse after a vasectomy before having such semen test at all, his chances for pregnancy could be close to 100%.”

A vasectomy is meant to be permanent

“The best candidates for a vasectomy are couples who are done having kids or men who may be single and know that for sure they do not want any kids in the future,” said Dr. Rambhatla. That is “because we do consider it a permanent form of sterilization. It can be reversed, but really we want people going into it with the idea of permanent sterilization.”

Dr. Wald agreed, emphasizing that “if there’s any question about that, then I would advise against the vasectomy at that particular time.”

Vasectomies don’t always work

“There is a risk of failure. Even if done by an experienced physician, vasectomies could fail. Not necessarily due to surgical error—which is a possibility,” Dr. Wald said, noting “there have been multiple studies that showed the potential reconnection that can happen.”

“Sometimes there could be microscopic channels that can sprout from one end of the interrupted tube and at least in a transient manner allow for some sperm to sneak into the other side,” he said. “The risk varies a lot depending on if the patient had or did not have a semen test following the vasectomy that was negative for sperm. If he did that, his risk for such failure is very small.”

Insurance may cover a vasectomy

“Most private insurers cover some or all of the cost of vasectomies,” Dr. Jameson said. “For men without coverage, various self-pay options may be available in certain local facilities.”

“It’s a lot cheaper for insurance to pay for men to have a vasectomy than pay for them to have another child,” noted Dr. Rambhatla, emphasizing “most insurance companies are happy to cover a vasectomy.”

Vasectomy reversals are complicated

“Vasectomies are theoretically surgically reversible. The problem is that vasectomy reversals are a very different thing,” Dr. Wald said, noting that “vasectomy reversals are true surgery performed in the operating room. It is very expensive if not covered by insurance and it does not always work, even if done by an expert.”

The success of a vasectomy reversal “depends on various factors such as how long it’s been since the vasectomy, what your fertility status was prior to the vasectomy and what your partner’s fertility status is,” said Dr. Rambhatla. “Because sometimes we see men with new partners who may have different fertility potential than their previous partner or now their same partner is older, and her fertility potential has changed.”

“And the closer you are to the vasectomy period, the better success rates with the reversal,” he said. “Generally, if this is done within 10 years, there’s a good chance that we can get sperm back in the ejaculate. But sperm in the ejaculate doesn’t necessarily translate to a pregnancy.”

There is a risk of bleeding

“From the surgical standpoint, this is a fairly small procedure, so the risks are not to the magnitude of anything life threatening, but there are certainly risks that are worth mentioning,” Dr. Wald said. “There are the most obvious risks of bleeding and infection. Bleeding, if it happens, is not even close to being anything life threatening.

“Such bleeding happens not externally, but rather internally into the scrotal sac and it could cause bruising, swelling and patient discomfort, and it can take a few weeks to gradually absorb,” he added. “It typically involves the surgical wound or the skin, but sometimes can be deeper and even involve the testicle. These are almost always managed by antibiotics, but it’s a risk.”

“The risk of bleeding with vasectomy increases with blood pressure,” Dr. Jameson said. That’s why it is important to [have blood pressure controlled](#) before getting a vasectomy.

Watch out for abnormal pain after a vasectomy

“What is not that obvious is the risk of chronic testicular pain. I’m not referring to the obvious post-procedural pain, but a chronic condition that can last months, years or even be there for life,” Dr. Wald said.

According to the American Urological Association, about 1% to 2% of men may experience ongoing pain or discomfort, explained Dr. Jameson. The pain is often treated with anti-inflammatory medications such as ibuprofen.

“This chronic type of pain is a treatable condition, but in some men such treatment could involve surgery that could be bigger in its magnitude than the original vasectomy,” Dr. Wald said.

Men can develop antibodies to sperm

“Not all, but most men who undergo a vasectomy do develop antibodies to sperm. This is because sperm is typically separated from the immune system,” Dr. Wald said. “However, a vasectomy is one of the most common causes where sperm is exposed to blood and the immune system, and that could lead to the formation of anti-sperm antibodies.”

“This is not something that is posing a general health concern and patients will not feel it,” he said. “But the problem is that if somebody does seek fertility later in life and undergoes a vasectomy reversal, even if the vasectomy reversal works, these antibodies do not go away and can coat sperm, slow sperm down and impair its function.”

Wait to have sex after getting a vasectomy

Most doctors recommend waiting one to two weeks after a vasectomy before having sex or ejaculating. This allows incisions to heal and helps to reduce the risk of pain, swelling and internal bleeding.

It is also important to use other birth control methods until a follow-up semen analysis confirms the absence of sperm after a vasectomy.

Getting a vasectomy should not affect sex

“A vasectomy does not change sexual function. It does not protect against [sexually transmitted infections](#),” said Dr. Rambhatla. “It’s simply a way to prevent sperm from

coming out in the ejaculate.”

Additionally, Dr. Jameson noted, according to the Urological Care Foundation, that a vasectomy should also not cause any erection problems—ejaculations and orgasms should feel the same. And while there is no sperm, the amount of semen does not decrease more than 5%.

Avoid extensive activity after a vasectomy

“Typically, if the procedure is done towards the end of the week, then the patient can simply take a long weekend and then plan to go back to work Monday,” Dr. Wald said. “It’s not something that requires you to be in bed, but definitely avoid extensive physical activity.”

That means “no heavy lifting, running. Any gym type activities should be refrained from,” said Dr. Rambhatla, noting that “walking is OK. Just no strenuous activity.”

Additionally, “men with more activity and heavy lifting at work may need more time off as you should avoid heavy lifting for a week,” Dr. Jameson said.

Address pain control after a vasectomy

“In terms of pain control, usually most people do well with alternating between Tylenol and ibuprofen as needed,” said Dr. Rambhatla, adding that icing for the first couple days also helps after getting a vasectomy.

Patients can “resume sexual activity once the pain and swelling have resolved,” he explained.

Wear snug underwear and ice area

After a vasectomy, it is common to have swelling and minor pain in the scrotum for a few days, Dr. Jameson said, noting that “wearing snug underwear or a jockstrap can help ease

discomfort and support the area.”

Additionally, “patients are typically asked to wear a jock strap with a pretty bulky dressing for 48 hours, and also to ice the area intermittently for 48 hours,” Dr. Wald said.

There are other forms of contraception

“Other birth control methods include condoms or [birth control](#) pills for females,” Dr. Jameson said, noting “both of these methods are effective but must be consistently used, and the one-time cost of a vasectomy may be cheaper over time than the cost of other birth control methods.”

Additionally, “tubal ligation in females is another surgical option for birth control and is performed by gynecologists,” he said.