



GP2Health
FAMILY MEDICINE

Minimally Invasive Vasectomy (MIV) Services

Please review the short clip at the top of the Minor Surgery page at <https://gp2health.co.uk/minor-surgery> This will give you lots of generic information about what to expect during any operation with GP2Health.

Please also review the Frequently Asked Questions (FAQs) for more information about generalised minor surgery details. There is information about consent, risks, benefits, lab costs and what exactly is included in the prices shown.

All details below are specific to the MIV. There is a short clip under the Vasectomy heading (link above) which you can view to understand more about your upcoming operation. Alternatively there are 3 short videos provided by the British Association of Urologists (BAUS) which give further video information (including transcript) for review: https://www.baus.org.uk/patients/information_leaflets/51/vasectomy



GP2Health MIV Operational Procedure

Before MIV

- Patient contacts GP2Health. Triage into initial consultation if appropriate.
- Initial consultation with GP. Options, risks and benefits discussed.
- Special considerations factored in.
- Written and video information provided.
- Examination of the testes and ultrasound to ensure no contraindications
- Consent taken
- Patient goes away and thinks about options, risks and benefits

During MIV

- Patient booked for MIV
- Consent reconfirmed
- A Healthcare Assistant will assist with MIV. Efforts will be made to accommodate preferences.
- Chaperone can be requested
- The presence of any additional surgical team members will be discussed prior to the operation.
- Clinically appropriate and clean environment ensured prior to operation
- Single use instruments used.
- Emergency equipment on standby
- MIV performed

After MIV

- NHS GP informed of MIV
- Patient information leaflet provided, which includes emergency contact numbers and discharge procedure
- If patient is driving home, 30 minutes of monitoring post-op in practice
- Post surgical review after 10-14 days
- Post Vasectomy Semen analysis at 12-16 weeks undertaken by the Centre for Life approved lab. NHS GP informed
- ASPC patient feedback questionnaires (immediate and at 2 months)
- Number of procedures, patient complications, contraception, PVSA result and learning points audited in logbook
- Appraisal, CPD and peer review 5 yearly



Before the Operation

Firstly, and most importantly, all our men are put at ease before their operation. We will not go ahead without your permission / consent and an opportunity to really think things through. If you wish to go ahead, MIV is a great, safe and permanent solution for men who do not wish to have children or who have completed their family.

- **What is a vasectomy?** A vasectomy is the technique of interruption of the vas deferens with an intention to provide permanent contraception by blocking the passage for sperm produced by the testes. The operation is usually performed under local anaesthesia. A hole is made into the scrotum which is less than 10mm and does not involve the use of a scalpel. However, a scalpel may be used later in the operation.
- **Who is vasectomy for?** Vasectomy is suitable for men who are **sure** that they have completed their families, or do not wish to ever have children. Many couples choose vasectomy if the female partner does not wish to use contraception. Vasectomy should be irreversible.
- **Pre-Operation Counselling:** All patients wishing to have vasectomy need to have a **counselling appointment before** the operation without exception, this can be in person or virtual. During the consultation we will assess whether you are suitable for the operation and discuss the surgery in detail.
- **Can I have my operation straight after counselling?** Given our experience it is sensible for you to have a period to think over the operation and whether this is right for your family.
- **How do you perform the operation?** The whole operation is done through one or two small holes in the skin of the scrotum. The Vas Deferens is the tube that carries the sperm from the testicles into the body. There are numerous types of Vasectomy. During the operation, a minimally invasive approach is taken, all of which involve separating both Vas Deferens and preventing sperm from passing through the Vas Deferens. Cautery may be used. It takes 20-30 minutes and is considered irreversible. You will still ejaculate semen, but it will NOT contain any sperm.
- **Will the operation hurt?** To get into the scrotum and access the vas deferens we will need to *numb* the skin and the vas deferens tubes. We do this with our smallest needle and local anaesthetic. It feels like mild sting. The operation should be pain free after this point. If you feel any pain, we slow down and top up your local anaesthetic.
- **What are side effects after the operation?** Vasectomy does not increase the risk of testicular cancer or heart disease. There is a small but significant increased risk of prostate cancer after 10 years following MIV. This risk increase is similar to women developing breast cancer whilst taking oral contraceptives. A large cohort study suggests the risk is one prostate cancer for every 71 minimally invasive vasectomies performed.



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| 1. Mild bruising and scrotal swelling with seepage of clear yellow fluid from the wound after a few days | Almost all patients |
| 2. Blood in your semen the first few times you ejaculate | Between 1 in 2 & 1 in 10 patients |
| 3. Troublesome chronic testicular pain which can be severe enough to affect day-to-day activities | Between 1 & 2 in 100 patients |
| 4. Significant bruising and scrotal swelling requiring surgical drainage | Between 1 in 10 & 1 in 50 patients |
| 5. Epididymo-orchitis (infection or inflammation of your testicle) | Between 1 in 10 & 1 in 50 patients |
| 6. Troublesome chronic testicular pain which can be severe enough to affect day-to-day activities | Between 1 in 50 & 1 in 100 patients |
| 7. Early failure (post-operative semen analysis shows persistent motile sperms) so that you are not sterile | 1 in 250 patients |

- **What are the reasons why I cannot (contra-indications) have a vasectomy?** There are no absolute contraindications. Relative contra-indications include:
 - The presence of hernias in the scrotum,
 - Large hydroceles,
 - Large varicoceles,
 - Significant scarring of the scrotum from historic surgery,
 - Anticoagulants / blood thinners (we will ask you to stop these prior),
 - Current scrotal skin infection and
 - Underlying testicular pathology like testicular cancer, chronic orchialgia or current epididymitis.
 - Uncontrolled diabetes



- **Special considerations:** We understand some men may have regret after the vasectomy is performed. In these individuals the level of consent is arguably “higher” i.e we need to know you fully understand the implications of MIV and thus more questions will be asked to understand whether the procedure is appropriate. These men may include:
 - A man under 30 years of age and less than 2 children
 - A man without any children
 - A man whose partner is currently pregnant
 - A man with a child under 1 years of age
 - A man not in a relationship
 - A man experiencing conflict or crisis in their life
 - A man at risk of coercion
 - A man with known or suspected safeguarding concerns
 - A man with a partner over 40

Vasectomy and Younger Men

Special Message for Young Men with Fewer than Two Children

If you are less than 30 years old and you have had fewer than 2 children, especially if you are single (whatever your age), please consider the following points before having a vasectomy:

1. **You may regret it.** Men who have vasectomies when they are in their 20's, especially if they have had fewer than two children, are the ones most likely (1 in 7 risk) to seek vasectomy reversal at a later date. They may regret their vasectomy decision particularly if reversal is not successful.
2. **You may change.** Many men who think they will never want children when they are in their early 20's are delighted with fatherhood when they are in their 30's. You may be totally convinced now that you will never want children, but people change and you may have a much different outlook 10 years from now.
3. **Women change.** Similarly, women who have no desire for children when they are in their early 20's may have a much stronger desire when they are in their 30's and when many of their friends are having children of their own.
4. **Relationships end.** Since about 42% of UK marriages end in divorce (10% of civil partnerships 'divorcing'), you may not be with the same partner ten years from now and a new partner may have a much stronger desire for children than your present partner does. So just because your present partner claims that she will never want children, her tune may change or she may not even be your partner 10 years from now.
5. **Vasectomy should be considered a permanent and non-reversible procedure** because vasectomy reversals are not always successful. So before having a vasectomy, be aware of all of the other options and that reversal is expensive and not available on the NHS.
6. **Young men may wish to consider sperm storage.** It is well worth the investment, (typically £300 for first sample, £150 subsequent samples, then £300 annually thereafter) but do bear in mind that there is quite a cost implication involved in using the sperm to create a pregnancy subsequently.



During the Operation

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- **Will the operation hurt?** To get into the scrotum and access the vas deferens we will need to *numb* the skin and the vas deferens tubes. We do this with our smallest needle and local anaesthetic. It feels like mild sting. The operation should be pain free after this point. If you feel any pain, we slow down and top up your local anaesthetic.
- **Will I need a stitch?** A single stitch may be placed and removed at your post operation consultation.
- **Will anyone else be present in the room with me?** To ensure the operation goes smoothly a qualified healthcare assistant will be present. You are welcome to bring in a partner for support, space allowing. You are entitled to a chaperone. Sometimes trainee surgeons may be present during the operation. All of this will be discussed with you prior to the operation. We will endeavour to use assistants and chaperones who you feel comfortable with i.e. male or female. This may not always be possible.
- **Will there be lots of blood?** No. There will be a small amount of blood. We do recommend you bring a spare set of firm fitting underwear.

After the Operation

- **Follow-up Testing:** Vasectomy does not work immediately, and you will need to continue to use contraception until your semen is free of sperm. You will be asked to attend the Newcastle Centre for Life (CFL) to ensure no sperm is coming from your testes at 12-16 weeks post operation. *You need to abstain from ejaculating for 2 days but no longer than 7 days.*
- **When can I have sex again?** We usually recommend waiting for 1 week and providing you feel comfortable to do so. You will need to use contraception (*for 3 months*) until you have proved a semen sample (*at 3 months and NOT before*) that there is no sperm in the ejaculate. Your ejaculate will appear normal. Vasectomy has *NO impact on passing urine, libido or sexual function.*
- **What if sperm is left in the tubes after Vasectomy?** To clear out both vas deferens we advise a minimum of twenty (20) ejaculations in 3 months before your semen analysis.
- **Driving after the operation:** We recommend that patients arrange a lift home, or to take public transport. However, we are aware that some patients do choose to drive themselves to and from their appointment. If you choose to drive home we will need to observe you for 30 minutes due to the small risk of post operative collapse.
- **Can a vasectomy be reversed?** No, vasectomy reversal is not always successful, so you should be sure of your decision before committing to a vasectomy.



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- **What are the chances of vasectomy failure?** There are two types of failure: early and late failure. Early failure is when the tubes reconnect soon after the operation and is detected by the post-vasectomy semen sample. The chance of this is less than 1%. Late failure is rare, the chance is less than 0.05%.
- **Will I need any pain relief after the operation?** We only recommend taking simple Paracetamol and Ibuprofen to help with any aches. Some men use heat or ice packs (not directly to the skin) for added pain relief.
- **When can I go back to work?** It depends on what you do for work. People with office-based jobs or who work from home are generally able to resume work the following day. People with more manual jobs may need up to 7 days off work. Most people can resume normal levels of physical activity after a week.