BOROUGH GREEN MEDICAL PRACTICE

VASECTOMY INFORMATION PACK

Version 3 – Revised June 2026

IMPORTANT NOTICE

This service is not available to patients currently registered at Borough Green Medical Practice. This information pack is intended for private patients only.

IS VASECTOMY THE RIGHT CHOICE FOR YOU?

About Our Service

This service is run by Dr Sudeb Mandal, who is a GMC-registered, full-time NHS GP and a member of the Association of Surgeons in Primary Care (ASPC). The procedure may occasionally be carried out by other GPs within the practice under Dr Mandal's direct supervision.

The Procedure Technique

We use the no-scalpel technique, a recognized method that minimizes complications and promotes effective healing. Although some anxiety about surgical procedures is normal, our clinical team is dedicated to ensuring your comfort and providing comprehensive support throughout.

Who Chooses Vasectomy?

Vasectomy is typically chosen by individuals who have decided their family is complete, or who are certain they do not wish to have children in the future. This option is available regardless of marital status or whether you are already parents.

Special Considerations for Younger Patients: If you are under 30 years old, we recommend additional counselling sessions before making a final decision. Vasectomy should be considered permanent, and you should not proceed if you have any doubts or if the procedure is being considered as a solution to relationship or sexual difficulties.

HOW EFFECTIVE IS A VASECTOMY?

A vasectomy is highly reliable, though like any medical procedure, carries a small statistical risk of failure.

Early Failure

In approximately 1% of cases, the sealed tubes may reconnect shortly after the procedure. This is detected during mandatory post-operative semen testing. If this occurs, the procedure may need to be repeated.

Late Failure

Very rarely (estimated at 1 in 2,000), reconnection can occur years later. This emphasizes the importance of regular post-operative testing as detailed in this pack.

Comparative Contraception Failure Rates

Contraception Method	Annual Failure Rate
Vasectomy	1 in 2,000
Female sterilization	1 in 300
Mirena coil (IUS)	1 in 500
Combined oral contraceptive pill	1 in 200
Condoms	1 in 50

CRITICAL: VASECTOMY IS NOT 100% EFFECTIVE – TESTING IS MANDATORY

The most important thing to understand is that a vasectomy is NOT 100% effective at preventing pregnancy. Although vasectomy is one of the most effective forms of contraception, failure does occur, and

you MUST continue using alternative contraception until semen testing confirms you are sterile.

Understanding Failure Rates

Early Failure (Recanalization within first year): Approximately 1% of vasectomies result in early reconnection of the sealed tubes. This is detected during mandatory post-operative semen testing. The procedure can be repeated if early failure occurs.

Late Failure (Recanalization years after procedure): Estimated at 1 in 2,000 cases. Can occur months or years after a successful initial semen test.

If Late Failure Occurs – What To Watch For: If you experience new persistent pressure or discomfort in the scrotum or groin, especially during or after ejaculation, years after your procedure, this may suggest recanalization has occurred. If you develop these symptoms, we recommend contacting **your own doctor (GP)** to discuss whether semen analysis is needed.

As you can see from the comparison table above, vasectomy is highly effective, but NOT foolproof.

Pre-Operative and Post-Operative Testing Protocol

In addition to the information provided in this booklet, the clinical team will discuss testing procedures with you at your appointment before the surgery and provide detailed written instructions on the day of your procedure.

Your Responsibility:

- You are responsible for scheduling and submitting your semen samples as instructed
- Post-operative samples must be submitted at 18 weeks post-surgery, after achieving 50 ejaculations
- You will receive a sample collection kit with full instructions on the day of your procedure

Our Follow-Up Process:

- We conduct regular audits to identify patients who have not yet submitted their results
- If we identify that you have not submitted results within the expected timeframe, we will contact you
- We will either telephone or email you as a prompt/reminder to complete your semen test
- This is to ensure your safety and to confirm your sterility status
- **Do not discontinue alternative contraception until you receive written confirmation of sterile semen results**

Questions and Concerns

If you have ANY doubt about the procedure, the risks, the effectiveness, the testing requirements, or any other aspect of vasectomy, we strongly encourage you to ask questions. The clinical team is available to discuss your concerns before the procedure at your appointment, on the day of surgery, or after the procedure if any questions arise. Your informed consent is essential, and we want you to feel confident and fully understanding before proceeding.

PREPARING FOR YOUR APPOINTMENT

Location and Logistics

The practice is located in Borough Green with ample parking. You must arrange for someone to drive you home following the procedure – this is a mandatory requirement. Please contact the Vasectomy Coordinator immediately if you need to cancel or will be delayed. You may eat and drink normally before your appointment.

Day of Procedure: Hygiene and Clothing

- Shower on the morning of your procedure
- Shaving the scrotal area is not strictly required but can assist the surgical team
- Wear supportive, tight-fitting underwear or swimming trunks – this is essential to support the surgical site and keep dressings in place

Booking and Private Patient Costs

For private patient appointments and enquiries: **boroughgreen.vasectomyclinic@nhs.net**. The cost is £595.00, which includes a non-refundable deposit of £95.00. A minimum of 10 days' notice is required for appointment changes. Payment can be made via BACS, cash, or debit card on the day.

MEDICAL HISTORY AND MEDICATIONS

Complete disclosure of your medical history and current medications is essential for safe surgical planning. Please review the pre-operative assessment form carefully and bring it to your appointment.

Significant Medical Conditions

Please disclose if you have a history of:

- Previous scrotal or groin surgery (e.g., hernia repair)
- Heart valve conditions or implanted devices (pacemakers, defibrillators)
- Diabetes or chronic groin pain
- Blood clotting disorders or easy bruising
- Prolonged bleeding from cuts or injuries
- Allergies to iodine or local anesthetics
- **Single kidney (one kidney)** – this must be disclosed

Active Skin Conditions – Groin and Scrotum

Do not proceed with surgery if you have any active dermatological disease over the groin or scrotum. This includes active eczema, psoriasis, fungal infections, or other inflammatory skin conditions. If you have or suspect active skin disease in the surgical area, **please contact our clinic or see your GP first**. The condition may need to be stabilized or treated before surgery can proceed.

Genital Herpes History – Risk of Reactivation

If you have a history of genital herpes (HSV), there is a risk of reactivation following surgery due to trauma and local inflammation. This can be effectively mitigated by starting a course of aciclovir (antiviral medication) **before surgery**. If you have a history of genital herpes, please inform our team at your pre-operative consultation. Your GP can prescribe prophylactic aciclovir, typically starting 1-2 days before the procedure and continuing for 7-10 days post-operatively.

Critical Medication Information

Certain medications require special planning before surgery. The pre-operative assessment form asks about these in detail. Please answer all medication questions accurately. Below is a summary of key concerns:

Immunosuppressive Medications and Chemotherapy – HIGH PRIORITY

If you are currently taking or have recently taken any of the following, you **MUST inform our team immediately**. These significantly impact wound healing, infection risk, and surgical safety:

- **Methotrexate** (rheumatoid arthritis, autoimmune conditions)
- **Azathioprine** (immunosuppressant)
- **Mycophenolate** (transplant patients, autoimmune conditions)
- **Biologic agents** (TNF-α inhibitors like adalimumab, infliximab; others like rituximab)
- **JAK inhibitors** (baricitinib, tofacitinib)
- **Chemotherapy agents** (any recent or ongoing cancer treatment)
- **Systemic corticosteroids** (oral prednisolone, methylprednisolone)
- **Calcineurin inhibitors** (cyclosporine, tacrolimus – transplant patients)

Clinical Note: Immunosuppressive medications impair wound healing and increase infection risk. Chemotherapy may affect bone marrow function and platelet counts. These require specialist coordination between your GP, oncologist or rheumatologist, and our surgical team. Do not stop these medications without explicit instruction.

Anticoagulants (Blood Thinners)

If you take any of the following, you MUST discuss with both your GP and our team at least 3 weeks before your appointment. Stopping instructions vary significantly by medication:

Medication	Type	Stop Before Surgery	Restart After
Warfarin	Anticoagulant	3-5 days	24 hours
Aspirin	Antiplatelet	5-7 days	24 hours
Clopidogrel	Antiplatelet	5-7 days	24 hours
Rivaroxaban/Apixaban	DOAC	2-3 days	24 hours
Dabigatran	DOAC	2-3 days	24 hours
Fragmin/Dalteparin	LMWH	12-24 hrs	12-24 hrs

Important: Do not stop these medications without explicit instruction from both your GP and our surgical team. Some patients may require bridging therapy.

NSAIDs and Anti-Inflammatory Medications

Stop the following medications 7-10 days before surgery: ibuprofen (Nurofen), naproxen (Naprosyn), indomethacin, and other NSAIDs. These increase bleeding risk significantly. Regular-strength paracetamol (acetaminophen) is safe and recommended instead for pain management.

Other Important Medications

Tricyclic antidepressants (amitriptyline, nortriptyline) can interact with local anesthetics. Please declare if you take these. **Recent antibiotic use** may indicate active infection – inform our team if treated for infection recently.

Additional Bleeding Risk Factors

Certain herbal supplements and high-dose vitamins may increase bleeding risk. These include high-dose Vitamin E (>400 IU daily), high-dose fish oil/Omega-3 supplements, and some herbal products. If you are taking supplements, please disclose them on the pre-operative assessment form.

Recreational Drugs and Cannabis

Cannabis can interact with local anesthetics and impairs judgment on the day of procedure. Please disclose current use. Alcohol on the day of surgery increases bleeding risk and impairs consent – do not consume before your appointment.

THE PROCEDURE

How It Is Performed

The no-scalpel technique uses local anesthesia to numb the area. A small specialized punch (not a scalpel) creates a small opening in the scrotum to access and seal the sperm-carrying tubes. The procedure typically takes about 30 minutes. The small opening heals naturally without requiring stitches.

Managing Discomfort

The local anesthetic is administered via small injection, which causes brief stinging. The area remains numb for approximately 3 hours. After this time, standard over-the-counter pain relief such as paracetamol or ibuprofen is usually sufficient to manage minor aching. Applying a cold pack wrapped in a clean towel for 10-15 minutes (repeated up to four times daily) can also help manage swelling.

WHAT HAPPENS AFTER THE PROCEDURE?

Immediate Recovery

You will rest briefly at the clinic following the procedure. Total time at the surgery is approximately 45 minutes. You will be given wound care instructions and post-operative guidance before you leave.

Wound Care

A light dressing is applied initially. Keep the area dry for the first 48 hours to promote healing. After 48 hours, you may shower, gently cleaning and drying the area. Avoid baths and swimming until the wound is fully healed (typically 1-2 weeks).

Driving Restrictions – MANDATORY

You must not drive yourself home. Do not use public transport alone. The effects of local anesthesia and the nature of the surgery make driving unsafe immediately after the procedure. Arrange for a responsible adult to collect you in person.

Risks and Complications

While vasectomy is considered very safe, the following risks exist:

Infection (less than 1%): Treated with antibiotics. Signs include increasing redness, warmth, pus, or fever.

Bruising and Swelling: Common and managed with rest and supportive underwear.

Hematoma (approx. 1 in 100): An internal collection of blood that usually resolves over several weeks. Larger hematomas may require medical evaluation.

Chronic or Post-Vasectomy Pain Syndrome (PVPS): A small number of patients (1-15%) may experience persistent aching in the scrotum or groin, ranging from mild to severe. This is generally manageable but may not always respond fully to treatment and can significantly impact quality of life.

When to Contact Us

Contact the clinic during working hours: **01732 881294** or email **boroughgreen.vasectomyclinic@nhs.net**. For out-of-hours concerns, contact **NHS 111**. Seek immediate A&E; attendance if you experience: severe pain unrelieved by medication, signs of infection (fever, increasing redness, pus), or inability to urinate.

ACTIVITY AND WORK RESTRICTIONS

Supportive Underwear

Wear tight-fitting supportive underwear or a jockstrap day and night for at least one week after surgery.

Work Return by Occupation

Type of Work	Safe to Return	Notes
Sedentary (desk-based)	Day 2-3	If transport arranged
Light physical	Day 3-5	No heavy lifting
Manual labour	Day 7-14	Depends on intensity; heavy work up to 14 days
Driving for work	Day 3-5 minimum	Check insurance; affects coverage

Exercise and Sports

Week 1: Avoid all sports and strenuous activity. Walking and gentle movement are encouraged if comfortable.

Week 2: Light activity and swimming (freshwater) may be cautiously resumed if pain-free.

Week 3: Non-contact sports may be resumed.

Week 4+: Contact sports and strenuous cycling may be resumed as pain-free.

Sexual Function and Contraception

Sexual function (erections and ejaculation) is not affected by vasectomy. You may resume sexual activity when comfortable, typically after a few days. **However, alternative contraception MUST continue until you receive written confirmation that your semen is clear of sperm.** Do not rely on vasectomy for contraception until semen testing confirms sterility.

IS VASECTOMY REVERSIBLE?

Vasectomy must be considered permanent. Reversal is not guaranteed and carries significant considerations.

Reversal Surgery Details

Reversal surgery (vasectomy reversal) is not available on the NHS and costs approximately £6,000-£15,000 in the UK. Success depends on time since vasectomy:

- Within 10 years: approximately 75-90% chance of sperm return
- 10-15 years: approximately 70% chance
- Beyond 15 years: success rates decline further

Even if reversal is successful, there is no guarantee of pregnancy. If reversal fails, sperm retrieval techniques (such as TESE – testicular sperm extraction) combined with IVF may be possible options, though with lower success rates and additional costs.

Sperm Cryopreservation (Sperm Banking)

Sperm banking (cryopreservation) is a fertility preservation option that allows collection and freezing of sperm samples before vasectomy. This can provide options if you change your mind in the future or if reversal surgery is unsuccessful. However, **Borough Green Medical Practice does not offer sperm banking services.** If you are interested in sperm cryopreservation, you will need to arrange this independently through a fertility clinic before proceeding with your vasectomy. Please contact a local fertility clinic directly for costs and availability.

CONFIRMING STERILITY: SEMEN TESTING

You are not considered sterile until semen testing confirms the complete absence of sperm.

Testing Timeline

- Wait a minimum of 18 weeks after the procedure before providing a sample
- Achieve at least 50 ejaculations since surgery before the test – this clears residual sperm
- Abstain from ejaculation for 48 hours immediately prior to the sample

- Provide the sample on a Monday or Tuesday only (laboratory processing schedule)

Submission Instructions

Follow the provided sample kit instructions carefully:

- Label the sample container clearly with your name, date, and exact time of production
- Post the sample on the same day it is produced using the provided packaging
- Contact the clinic if you have questions about submission
- Results will be sent via email or post as specified

Repeat Testing: If your first test shows sperm present, you will be asked to repeat testing after a further period of time. Do not discontinue alternative contraception until cleared in writing.

VALIDATED CONSENT AND CAPACITY FORM

Please read and initial each box below to confirm you have been given adequate time and opportunity to process this medical information.

PART 1: UNDERSTANDING AND COUNSELLING

■ 1. Time to Digest

I confirm I received this information pack in advance of my procedure date. I have had sufficient time to read, digest, and fully understand its contents.

Initials: _____

■ 2. Opportunity to Question

I confirm I have been given the opportunity to ask questions about the procedure, alternative options, risks, and side effects. All my questions have been answered satisfactorily by the clinical team.

Initials: _____

■ 3. Permanent Decision

I understand that vasectomy is a permanent, irreversible method of family planning. I am certain that my family is complete and have no doubts about proceeding with this decision.

Initials: _____

■ 4. Psychological Readiness

No one has pressured me into this decision. I am making this choice freely and of my own volition. I have not used this decision as an attempt to address relationship difficulties or sexual concerns.

Initials: _____

■ 5. Counselling Received

I confirm that I have received adequate pre-operative counselling and have had the opportunity to discuss reversibility, sperm banking options, and alternative contraception methods.

Initials: _____

PART 2: INFORMED CONSENT TO RISKS

I explicitly acknowledge and consent to the surgical and long-term risks detailed in this information pack, including:

- Hematoma (internal bleeding)
- Infection (wound issues)
- Chronic or Post-Vasectomy Pain Syndrome (1-15% of men)
- Early or Late Failure (tube reconnection)
- Irreversibility (non-guaranteed reversal)
- Potential psychological impact if circumstances change

PART 3: DECLARATION AND SIGNATURE

I certify that:

- I am not under the influence of alcohol, sedative medications, or recreational drugs
- I have capacity to consent to this procedure
- I understand the information provided and accept the risks outlined
- I wish to proceed with a no-scalpel vasectomy

Print Name: _____

Patient Signature: _____ Date: _____

Clinician Name: _____

Clinician Signature: _____ Date: _____

CONTACT INFORMATION AND SUPPORT

During Office Hours

Vasectomy Clinic Contact: 01732 881294 or boroughgreen.vasectomyclinic@nhs.net

Out of Hours

NHS 111: Available 24/7 for non-emergency medical advice

Emergency

A&E; / 999: Seek immediate help for severe pain, signs of infection, or inability to urinate

Partner Support and Questions

Your partner or support person is welcome to attend your appointment and participate in any counselling sessions. Please let us know in advance if they will be joining you.

If you have further questions or concerns, please do not hesitate to contact the clinic. Your safety and informed decision-making are our priority.