

## What is a vasectomy?

A vasectomy is a surgical procedure that causes permanent sterilisation of men, preventing them from fathering children. During a vasectomy, the vas deferens is cut and a small length is usually removed so that sperm produced by the testis (testicle) can't travel further through the reproductive system. The same procedure is used on both sides of the scrotum.

A vasectomy is a very safe, reliable, and [permanent method of contraception](#).

The number of Australian men who have had a vasectomy is not accurately known. The commonly reported prevalence of around [8-15% overall](#), and [25% of Australian men aged over 40 years](#), is based on survey responses from women about their contraceptive use.

Nearly 29,000 vasectomies are [performed each year in Australia](#). Most vasectomies are performed in men who have already fathered children and don't want any more.

### Who performs a vasectomy?

Vasectomies are performed by some general practitioners, general surgeons, and urologists. The procedure can be performed as a day procedure in a hospital, under general anaesthesia, or in a medical clinic under local anaesthesia.

### What happens after a vasectomy?

As with any surgical procedure, there's a small risk of pain, bleeding, bruising, and/or infection after a vasectomy. Your doctor will provide advice about how to minimise the risk or treat these problems.

### How successful is vasectomy in preventing pregnancy?

Sperm remain in the [reproductive system](#) for some time, so it's important to use condoms or some other suitable form of contraception after your vasectomy until you confirm that the vasectomy was successful. [Analysis of a semen sample](#) around three months after the procedure can confirm there are no sperm in the ejaculate. Pregnancy occurs in about [1 in 700 couples](#) within the first year after vasectomy. Pregnancy after successful vasectomy (confirmed by no sperm in the ejaculate) is believed to be very rare, but low numbers of sperm in ejaculate may occur for a short period in [1 in 150 to 1 in 200 men](#)<sup>6</sup>.

## Health effects of a vasectomy

A vasectomy doesn't protect you or your partner(s) from [sexually transmitted infections](#). The best way to avoid these infections is the proper use of condoms.

You probably won't notice any change in the appearance or amount of your ejaculate after your vasectomy because sperm make up only a small percentage (5-10%) of the ejaculate volume. The production of fluids from the bulbourethral glands, seminal vesicles, and prostate, which make up most of the ejaculate, doesn't change following a vasectomy.

Because a vasectomy has no effect on the testes (testicles) or other parts of the reproductive system, your levels of [testosterone](#) and other hormones [won't be affected by a vasectomy](#). Your [sexual satisfaction might increase](#) after a vasectomy.

Due to the permanent nature of a vasectomy, it is important to consider not only what is right for you now, but what may be right for you in the future. For example, if you are in a relationship it is important to consider if you might want children outside of this relationship should your situation change.

## Can a vasectomy be reversed?

Although a vasectomy should be considered irreversible when you're making a decision about whether it's right for you, an operation to reconnect the vas deferens is possible if you want to recover your fertility. About 3 out of 4 couples who want to conceive after a vasectomy reversal do achieve pregnancy, but success is influenced by [many other fertility-related factors like age and other health conditions](#), as well as the time since vasectomy. An alternative to a vasectomy reversal for men who wish to father children is the use of [assisted reproductive technologies \(ART\)](#).

## What to do about a vasectomy

You should discuss fertility and contraceptive options, including vasectomy, with your partner(s) and your doctor.

Your doctor can help you consider and access many different types of contraceptives.

An important factor in making decisions about vasectomy is to compare it to other long-term contraceptive options. The female equivalent of vasectomy is tubal ligation, which is [more complicated, more expensive, and more invasive](#) (and thereby, potentially riskier) than vasectomy.

### Questions to ask your doctor about a vasectomy

- What options for contraception do you think would suit me and my partner?
- If I get my vasectomy reversed, what are my chances of fathering a child?
- What can I do to avoid pain and complications from a vasectomy?
- How can I be sure there won't be any long-lasting problems after vasectomy?

Medically reviewed by

**Dr Ania Sliwinski**

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