

# Vasectomy Reversals

Restoring fertility in men

Whether a surgeon is reversing a vasectomy (called a vasovasostomy) or repairing a blockage in the vas deferens (tube that carries sperm) occurring from other causes, similar microsurgery techniques are used.

There are two main techniques to restoring sperm flow of the vas deferens. The surgeon usually will decide during the procedure which technique is most appropriate, depending on where sperm blockage occurs. A combination of the two procedures may be necessary.

## **Vasovasostomy**

Vasovasostomy involves making an incision in the scrotum just large enough to allow the surgeon to find the vas deferens and identify the blocked area or the site of the previous vasectomy. The surgeon will remove the scar tissue from both ends of the vas deferens. Two freshly cut ends of the tube are left. The two small openings must be precisely aligned and carefully sewn together without any leaks, and with a technique that should prevent excessive scar tissue from forming during healing. Once sewn together, the vas deferens is placed back into the scrotum and the incision is sewn closed.

## **Vasoepididymostomy**

This surgery involves attaching the vas deferens directly to the epididymis (a system of small ducts that hold sperm). It is performed when a vasovasostomy will not suffice because sperm flow is blocked, which happens more commonly if a vasectomy has been performed many years ago. Over the years, more sperm may be produced than the body can absorb, increasing the pressure inside the epididymis and vas deferens. The vas deferens is connected to the epididymis above the point of blockage.



## **How long does the procedure take?**

It is usually performed in an outpatient setting, so that men can return home the same day, often within hours after the surgery. Several different types of anesthesia can be used, and patient and surgeon should discuss the options ahead of time to choose the safest and most effective one for their particular circumstances. With general anesthesia, the patient is completely unconscious. A regional anesthetic leaves the patient awake, but uses anesthesia placed around the spinal column, numbing the patient from the waist down. A local anesthetic is a third option, which involves injecting numbing medication in the area of the incision.

## **What can I expect after the procedure?**

Immediately after surgery, your physician will cover the incisions with bandages. You'll wear a scrotal supporter (jockstrap) to secure any bandages in place and to apply slight pressure to reduce swelling and movement. As the anesthetic wears off, mild discomfort, bruising and swelling are common after surgery. Mild discomfort may be treated with an acetaminophen every four hours. Ice packs or a bag of frozen vegetables placed over the scrotal supporter and dressing may provide relief as well. Aggressive use of ice packs for the first 36 hours helps minimize swelling.

Dressing should be changed when stained or soiled. Small sterile gauze squares are available at any drugstore. The dressing can be removed when it is dry or stain free, usually within a day or so. A small amount of oozing is to be expected, as it is preferable that this fluid not build up on the inside.

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### **How soon will I be fertile after a successful vasectomy reversal?**

Following a successful vasovasostomy, sperm usually appear in the semen after a few months. Following a vasoepididymostomy, sperm usually appear after three to 15 months. Vasectomy reversal leads to pregnancy in about 52 percent of couples within two years. While some pregnancies occur within a few months after a vasectomy reversal, the average is about a year after the procedure.

Your doctor will examine your semen for sperm to see if the operation was successful. Unless you achieve pregnancy, a sperm count is the only way to tell if your vasectomy reversal was a success.

### **How much does the procedure cost?**

Because vasectomy reversals are often elective procedures, Medicare and most insurance carriers do not cover the expense. We encourage you, however, to check with your insurance carrier to determine if the procedure is a covered expense. If you are self-pay, please contact our financial counselor's office at 216.444.1178 (toll-free at 800.223.2273, ext. 41178) for more information on the price of these services.

### **What is the success rate of vasectomy reversals performed at Cleveland Clinic?**

To date, more than 600 vasectomy reversals have been performed at Cleveland Clinic. Success rates have ranged from 78 to 88 percent depending on the number of years since the vasectomy. At 10 years post-surgery, the success rate is 88 percent. After 10 years, the success rate is 78 percent.



### **An Experienced Surgeon**

**Edmund Sabanegh, MD**, Director of the Center for Male Infertility at Cleveland Clinic, has performed more than 600 vasectomy reversals to date. He has an international reputation and has been an invited professor throughout the country and the world, educating other physicians on surgery for male infertility. Dr. Sabanegh's specialty interests include male infertility, urologic microsurgery, general urology, and kidney stone management.

### **Making an Appointment**

**To schedule an appointment for a vasectomy reversal procedure with Dr. Sabanegh, please call the Glickman Urological & Kidney Institute appointment line at 216.444.5600 or toll-free at 800.223.2273, ext. 45600.**



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The Glickman Urological & Kidney Institute is one of 26 institutes at Cleveland Clinic that group multiple specialties together to provide collaborative, patient-centered care. The institute is a world leader in treating complex urologic and kidney conditions in adults and children. Our physicians have pioneered medical advances including partial nephrectomy, laparoscopic and robotic urologic surgery, and the bioartificial kidney, while serving tens of thousands of patients annually. Cleveland Clinic is a nonprofit, multispecialty academic medical center. Founded in 1921, it is dedicated to providing quality specialized care and includes an outpatient clinic, a hospital with more than 1,000 staffed beds, an education institute and a research institute.

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