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Vasectomy Reversal

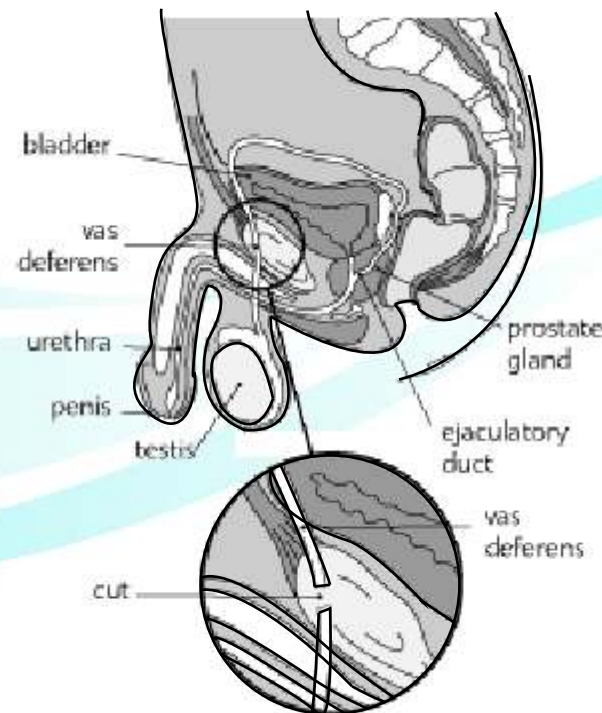


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Introduction

Vasectomy reversal is a means of giving men a second chance at fertility, and is a technique that has become a reliable alternative since the inception of microsurgery. Ophthalmologist Professor Gerard Crock, pioneered this discipline in Australia, when he taught Mr Bernard O'Brien the skills required to operate using a specially designed microscope to magnify tiny structures. This enterprising plastic surgeon then developed these skills into a whole realm of surgery that is now mainstream for any trained Plastic and Reconstructive surgeon in the Western world. In fact many would say that Melbourne Australia was the birthplace of modern microsurgery.

Mr Crock, not only trained in Plastic and Reconstructive surgery, but also completed an MD thesis in the area of microsurgery, and brings these skills to his clinical practice.



Male Fertility

The male reproductive system in a sense starts in the testicles, where sperm is produced in tiny compartments that feed into a very long tube called the epididymis. This is about 3m long and sits coiled on top of the testicle in the scrotum. The epididymis then continues on as the vas deferens. (This is the tube which is interrupted by the process of vasectomy). The vas deferens is up to four mm in diameter, but is mainly made of muscle, and the lumen of the tube is tiny often being only a fraction of a millimeter across. (That is why it is imperative that the best microsurgical techniques be used to repair this tiny structure). It then passes up out of the scrotum, through the inguinal region in the groin, into the abdomen and through the prostate gland, which sits under the bladder. Within this gland are seminal vesicles, and they produce a thin fluid which gives the ejaculate most of its volume. About 3 to 5 ml of semen is then passed out through the penis via the urethra during an ejaculation, and for normal fertility the semen should contain about 10 to 20 million motile sperm cells.

Amazingly Infertility afflicts about ten percent of couples in this country, but happily there are now answers for this problem. Prior to embarking on the process of vas reversal it is imperative to ensure that the female reproductive system is working, and arrangements will be made to have your wife assessed by a fully trained reproductive specialist gynaecologist. This will entail a detailed consultation, examination and blood tests being performed.

The process of Vasectomy reversal can produce an "autoimmune" response in the male, which means that the body starts to destroy its own sperm cells, which is another cause of infertility. To ensure this is not the case, prior to performing the surgical reversal, blood tests will be also be performed on the husband to ensure that autoantibodies have not been precipitated by the previous vasectomy. This is not a contraindication to vasectomy reversal, but will affect the expected outcome, lessening the chance of a successful procedure.

The procedure

Once you have made the decision to commit to recreating a family, you and your wife will need to make an appointment with the doctor. Mr Crock will refer you for testing to make sure that both of you are potentially fertile, and this will require a series of interviews and tests being undertaken by staff and other fertility medical specialists. Female fertility needs to be confirmed prior to proceeding with male surgery. If all the parameters appear positive a date and time for surgery will be set. You will undergo the procedure as a day case patient, and as such you will be admitted to a state of the art facility for your operation. The operating microscope and instruments are of the utmost importance for the procedure, and the operating room facilities are an integral part of the procedure. Proper surgical technique reduces scarring, and proper handling of the soft tissues allows the best healing which in turn gives the greatest chance of a successful outcome.



The surgery itself is undertaken under general anaesthetic, and as such you will need to fast for six hours prior to the operation. The surgery takes about 3 hours and is very complex. Microsurgical sutures finer than hair is used to suture the vas, and dissolving sutures are used for the skin. No specific wound dressing is required, however, as a spray on Òop siteÓ dressing is applied at the time of surgery. This is waterproof and it is safe to shower on the first post operative day. It is usual to employ an assistant who is trained in microsurgery to assist with the repair, as it takes several hands to stabilize the tiny structures while they are being repaired.

Post-operative recovery is much better nowadays given advances in the quality of anaesthesia and improvements in the agents used. There are always variable effects, however, and these should be discussed with your anaesthetist prior to surgery.

Recovery

It will take about two months to recover from surgery, but the first 4 weeks are the most crucial. You will be wheel chaired from the hospital to your car on the day of surgery, and someone else will need to drive you home. For the first 72 hours you will need to rest, and you will need to wear an athletic scrotal support at all times for 6 weeks after surgery. This can be change to a fresh dry one after showering or bathing, or as necessary.

You must not drive for one week after surgery, but sedentary activities and quite short walks can be resumed on the fourth post-operative day. Gentle exercise/ lifting etc cannot be resumed for four weeks. Abstinence of sexual activity also needs to continue for four weeks after surgery. Extreme/ strenuous sports (skiing, mountain bike riding, horse-riding, squash, tennis, football etc) should not be played for 6 to 8 weeks after surgery.

It is normal to experience pain after surgery for several days, and swelling is also normal. Escalating pain, particularly if throbbing in nature, should be reported immediately. This may indicate infection and needs to be treated early.

The sutures used for surgery are dissolving, and will fall out after about 2 to 3 weeks. The scar will soften and fade over an 18 month period, and for the first 3 to 6 months may be quite red and feel "bumpy". It is normal for the wound to bleed a little bit for the first 24 to 48 hours.

Semen analysis will be performed at one, three and six months after surgery (unless pregnancy ensues!) and you will be seen post operatively by a nurse and by Mr Crock at designated times. As for any surgical procedure in this practice you are free to ring at any time for advice, counselling, or help.

Finally...

We look forward to hearing of your successful pregnancy, and especially seeing the photos of your new baby. We all cherish the enjoyment that this second chance operation delivers!



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