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Vasectomy Reversal (vasovasostomy)

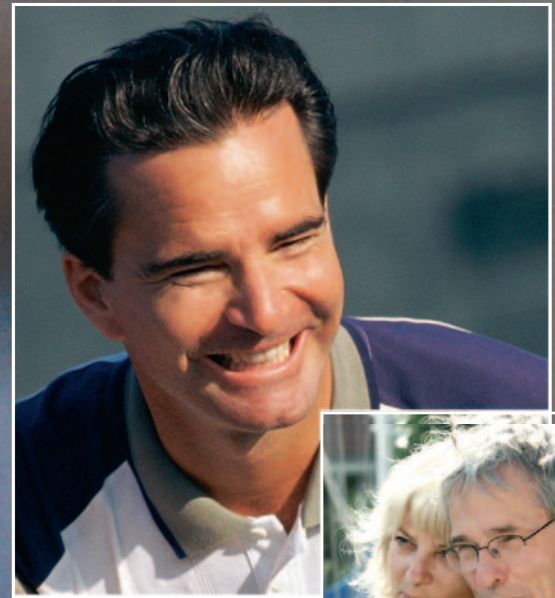
About one-half million men undergo vasectomy per year in the USA. The number requesting vas reversal surgery has grown dramatically over the past 20 years. It is estimated that about 5% of vasectomized men seek reversal. Divorce with subsequent remarriage, death of a child, and "changed my mind and we want more kids" are the common reasons given.

With the refinement of microsurgical techniques, vas reversal surgery results in the return of sperm in over 90% of men and yield pregnancy rates in the partner of greater than 50%. Ultimate success depends on both male and female fertility factors. The age and fertility status of the female partner should be included in the preoperative discussion. And she should have a gynecology evaluation to assure adequate fertility potential.

Preop examination of the patient may reveal that a very long segment of the vas deferens was removed at vasectomy, alerting the surgeon and selection of the surgical approach.

Epididymal induration and the number of years since vasectomy, can help the surgeon in counseling the patient about the likelihood of needing to do an epididymovasostomy (extra steps intraoperatively that require special training, practice, and exquisite surgical technique). In general, the further out you are from your vasectomy (greater than 10 years), the more likely you will require the epididymovasostomy.

Some vasectomy patients do develop antisperm antibodies after their vasectomy. This means they might be allergic to their own sperm and have motility problems after successful reversal. Preoperative antibody testing is such a controversial predictor of postoperative pregnancy that it is of unproven value.



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When vas reversal surgery fails to return adequate numbers of quality sperm to the ejaculate, redo vas reversal surgery has about a 40% success rate. The option of surgically harvesting sperm combined with high-tech "in vitro fertilization and intracytoplasmic sperm injection (IVF-ICSI)", should also be offered in addition to a second attempt at vasectomy reversal. All these become expensive options in order to have biological children.

Because reversal surgery takes about 3 hours to perform confidently under an operating microscope, general anesthesia is preferred. It is of utmost importance for the surgeon to carefully examine the vasal fluid expressed from the cut end of the testicular side of the vas deferens with a laboratory microscope. There are different categories of quality of this particular fluid. This specifically guides the surgeon in knowing whether to proceed with a microsurgical vasovasostomy or move forward with the more technically challenging microsurgical epididymovasostomy. If the patient gets a vasovasostomy when he really needed an epididymovasostomy, then the reversal is destined to failure.

Nowadays, successful vas reversal surgery is accomplished in the operating room by an experienced surgeon using an operating microscope, micro-sutures, and a water tight two-layer anastomosis. Knowing when and how to do the potentially needed epididymovasostomy is paramount.

Since Fridays are a good day to do these, patients can take the weekend off and return to work Monday as long as they have a desk type job. Men who have more physical jobs will need to take a couple weeks of light duty. Patients can resume baby making in 2 weeks. We start checking semen for sperm after 2 months and then every other month monitoring for the first year after surgery.

The bottom line...after vasovasostomy in couples where in the female partner is less than 38 years old, pregnancy rates range 50 to 70 percent. After epididymovasostomy, pregnancy rates range 30 to 50 percent.