Vasectomy Reversal Information Sheet - Dr Luke Machen

What is a Microscopic Vasectomy Reversal?

A vasectomy reversal is a surgical procedure that reconnects vas deferens, which is the path for sperm to get into semen. While a vasectomy is intended to be permanent, life changes—and so do your goals! This microsurgical procedure aims to restore your fertility.

Two Types of Procedures

Depending on what Dr Machen finds during the operation, one of two techniques will be used:

- Vasovasostomy (VV): The most common method. The surgeon sews the severed ends of the vas deferens (the tubes that carry sperm) back together.
- Vasoepididymostomy (VE): A more complex procedure used if there is a blockage or "blowout" further down the line. The surgeon attaches the vas deferens directly to the epididymis (the gland behind the testicle where sperm matures).

Note: Dr Machen determines which procedure is necessary *during* the surgery by checking the fluid inside the vas deferens for the presence of sperm.

Success Rates & Expectations

It is important to distinguish between patency (sperm returning to the semen) and pregnancy.

Factor	Statistics/Details
Sperm Return after Vasovasostomy	Often as high as 90% to 95%.
Sperm Return after Vasoepidimyostomy	Generally 50% to 70% due to complexity.

Time to Conception	On average, 12 months, depending on partner age and health.
Key Success Factor	The "obstructive interval" (the years since your original vasectomy).

The "obstructive interval"—the amount of time that has passed since your vasectomy—is one of the most significant factors in predicting the success of a reversal. While a reversal can be performed decades later, the statistical likelihood of success does shift over time.

The following data is based on large-scale clinical studies and represents the average outcomes for patients:

Success Rates vs. Years Since Vasectomy

Years Since Vasectomy	Patency Rate (Sperm present in semen)	Pregnancy Rate (Natural conception)
Less than 3 years	~97%	~76%
3 to 8 years	~88%	~53%
9 to 14 years	~79%	~44%
15 years or more	~71%	~30%

Why Does Time Matter?

1. Epididymal Health: Over time, the pressure buildup in the system can cause a "blowout" or blockage in the epididymis. If this occurs, a more complex Vasoepididymostomy (VE) is required instead of a standard reconnection.
2. Partner's Age: Fertility is a "team sport." As the obstructive interval increases, the female partner's age typically increases as well, which is an independent factor in the overall pregnancy rate.

Important Considerations

- Patency vs. Pregnancy: A "successful" surgery (patency) does not always guarantee a pregnancy. These numbers reflect natural conception; many couples who do not conceive naturally after a reversal still find success with the help of lower-level fertility treatments (like IUI).
- The Surgeon's Skill: Using a high-powered operative microscope (microsurgery) significantly improves these outcomes compared to non-microsurgical techniques.

Recovery: The First 72 Hours

Recovery is usually very manageable, but patience is key.

- Ice!: Apply ice packs (20 minutes on, 20 minutes off) for the first 48 hours to minimize swelling.
- Movement: Limit activity to walking around the house. No heavy lifting or strenuous exercise for at least 2 weeks.
- Hygiene: You can typically shower after 48 hours, but avoid soaking in baths or pools for 2 weeks.
- The "No-Fly" Zone: Avoid ejaculation/sexual activity for 3 weeks to allow the delicate internal sutures to heal.
- Typically Dr Machen will prescribe 2 medications to help with discomfort afterwards. It is safe to take tylenol in addition to the prescribed meds.

Risks & When to Call the Doctor

While complications are rare, keep an eye out for:

- Fever or chills.
- Excessive swelling (the size of a grapefruit or larger).
- Redness or drainage at the incision site.
- Pain that is not managed by prescribed medication.