

Vasectomies

The Perfect Birth Control For Men



What Is A Vasectomy?

If you are sure that you don't want to have any or more children, and you are still fertile and sexually active, you should make sure that you don't accidentally trigger a pregnancy. The best way to protect against accidental pregnancies besides abstinence is sterilization. The vasectomy sterilization procedure for men is currently one of the top most effective forms of birth control and it can be performed in as little as 15 minutes. It is still theoretically possible for a couple to face a pregnancy, but the probability of pregnancy after a vasectomy is extremely low. A vasectomy is a simple and dependable procedure that permanently blocks sperm from entering semen (the ejaculate that travels out of the penis and into the vagina). If the sperm can't enter the vagina, then fertilization and subsequent pregnancy can't occur. Since sperm is only about 2.5% of all semen volume, the rest is mostly composed of fluids from the prostate gland and the seminal vesicles. Vasectomies do not stop ejaculation, merely the part of the ejaculate which causes pregnancy.

How Effective Is A Vasectomy

Fortunately the vasectomy happens to be an optimal way to safeguard against onsetting the creation of new life, with a stunning 99.85% success rate, or 0.15% failure rate for people within the first year of getting a vasectomy (1 to 2 out of 1000 couples will experience a pregnancy as result of a vasectomy failure). When it comes to preventing pregnancy and abortions from PIV (penis-in-vagina) sex, there's no more responsible non-hormonal prevention method than a vasectomy. Post-vasectomy erections, ejaculations, and sex drive are usually indistinguishable from how they were pre-vasectomy. Sex can become more pleasurable for both partners when there's no concern, anxiety, or fear over pregnancy. An orgasm will still feel the same and look the same.

All drugs, medicines, and operations can carry the risk of complications, but complications from vasectomies are very rare. The safest possible contraception plan between partners is for both to be sterilized, but tubal ligations and bilateral salpingectomies carry more barriers, risks, and expenses than vasectomies.

The operation is usually painless and small in scope, there's typically a quick recovery process, and it's generally considered to be safer and more effective than female sterilizations. Many people report that it's easier than going to a dentist appointment.

Vasectomy Techniques

Scalpel Technique

According to The American College of Obstetricians and Gynecologists:

After a local anesthesia is injected into the skin to numb the scrotum and vas deferens, a scalpel is used to make one or two small openings in the skin of the scrotum. Each vas deferens is pulled through the opening until it forms a loop. A small section is cut out of the loop and removed. The two ends are tied and may be cauterized (sealed with heat). This causes scar tissue to grow and block the tubes. Each vas deferens then is placed back into the scrotum.

Scalpel-Free Technique

According to Urologists.org:


A special tool (injector) is used to spray a high-pressure stream of anesthetic through the skin of the scrotum. This numbs both the vas deferens and surrounding tissues without the use of a needle. Instead of a scalpel, the doctor uses a specially designed sharp clamp to make a small hole (puncture) in the scrotum. The hole is gently stretched to enable the doctor to pull the vas deferens through the puncture hole, cut it, and seal off the ends with either sutures or by way of thermal-cautery. The doctor also positions a layer of tissue surrounding the vas deferens so that it separates the two cut ends. This reduces the chance of the two ends growing back together. Because the puncture is so small (2 to 3 millimeters), it seals itself after the procedure, often by the next day. Antibiotic ointment is applied to the puncture hole, along with a gauze bandage.

The no-needle and no-scalpel vasectomy can be done in less than half an hour and it can be done as an outpatient procedure.


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Post-Vasectomy Care

After a vasectomy, there is likely to be some soreness and sensitivity. It's common to experience bruising, pain, and swelling in the scrotum. For one's comfort and the overall recovery process, it's best to wear snug underwear that keeps the testes from hanging down for the first couple days after the surgery. Right after the vasectomy, it is recommended that you take it easy, do not engage in strenuous exercise or heavy lifting, and wait 1-2 weeks before having sexual intercourse again (which should be done with a secondary form of contraception, like a condom, for the first 2-4 months). You might want to use cooling packs or some frozen product to help minimize pain and swelling. Doctors usually advise taking Ibuprofen, Paracetamol, or Tylenol to help mitigate the pain. Over time, this soreness should wane.

Vasectomies are not immediately effective as semen needs time to pass to be totally free of any remaining sperm. Until you've verified your sperm-free status, other forms of contraception are still recommended for 2-4 months. The doctor will usually ask for a sperm count test to be conducted within several months of the vasectomy to make sure the sperm are gone. Once the sperm count has dropped to zero, the doctor can advise on whether the person can be considered infertile. In very rare instances (about 1 in 500), the cut ends of the vas deferens can grow back together (recanalization), causing a sterilization failure.

Vasectomy Cost

According to Simplevas: Vasectomies are a relatively low one-time expense, often covered by insurance companies or by federal grant money through state programs for low-income patients without insurance (check your benefits to see if you qualify). If you have to pay out-of-pocket for the whole operation, the costs can range from about \$600-\$2000 USD.

Vasectomy Myth Busting

Myth 1: A Vasectomy is basically castration

Vasectomies and castration are two completely different things. Castration involves an operation whereby a person's testicles are either removed or deactivated. Given that the masculine hormone testosterone is produced in the testicles, castration significantly reduces the production of testosterone. For a vasectomy, the testicles and production of testosterone stay intact. Normally sperm is produced in the testicles and travels up a tube called the vas deferens. When ejaculating into a vagina, sperm travels via the vas deferens to the urethra (a tube running through the penis) before being released into the vagina. A vasectomy simply involves blocking the movement of sperm from the testicles by cutting and blocking the vas deferens. The testicles stay intact, continue to function as normal, and produce both testosterone and sperm, just like pre-vasectomy days.

Myth 2: You don't get an erection, orgasm, or ejaculate anymore

A vasectomy doesn't stop erections, the production of semen, or orgasms and the ejaculations that an orgasm provokes. The urethra (the tube running through the penis) transports not just sperm but also semen and urine. Given that a vasectomy blocks sperm from entering the urethra, only semen will make its way into the ejaculate. Given that sperm are microscopic, ejaculation after a vasectomy looks identical to the human eye.

Myth 3: You become less manly

A vasectomy merely blocks sperm and does not alter the functioning of the testicles, so the body produces the same amount of testosterone after a vasectomy. A vasectomy is not the same as castration, which involves removal or deactivation of the testicles, in turn reducing testosterone production.

Myth 4: Sex is less pleasurable

A vasectomy has no effect on sex drive, erections, or sexual performance. On the other hand, there is anecdotal evidence to suggest that many partners experience an improvement in sexual performance post-vasectomy, as they are no longer worried about unintended pregnancies. When people are anxious or concerned about a potential pregnancy occurring, it can decrease sexual performance and pleasure. In rare cases someone's sex life will be adversely affected by getting a vasectomy and it could even hurt to ejaculate, but this is uncommon.

Myth (partially) 5: A vasectomy is reversible

Although it is technically possible for vasectomies to be reversed, these operations are expensive and don't always work, and as such, vasectomies should generally be considered irreversible. The reversal operation is much more complex and invasive than the original operation and the chances of a successful reversal aren't the most promising. Vasectomies are subsidized by the government in many countries, but vasectomy reversals are not.

Myth 6: So much sperm will build up that the testicles will explode

Not to worry, nobody's testes have ever exploded after receiving the snip. The body will continue to produce sperm well after a vasectomy, but the sperm won't have anywhere to go. They'll break down into smaller parts and will be reabsorbed back into the body.