

# **Problems With the Quick Fix Or How Does a “Simple” Vasectomy Turn Into the Pain Every Man Dreads?**

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We live in an impatient culture. If we want a product, a service or a particular state of health, we want it now. Don't tell me why it will take so long; just get me what I want so I can be gratified, even if it is only temporarily. Do you recognize the attitude? When it comes to contraception, often the same type of impatience is present. We want to have our cake and eat it too, so to speak, and we want it now.

For many men, over fifty million of them in fact, a vasectomy has been performed with the intent of allowing a normal sex life without the concern of unintended pregnancy. The idea is attractive at first glance at least: a quick, “simple” fix that allows for a greater freedom in a couple's sex life. This promise has great allure to it. The problem is that it doesn't necessarily work out that way. What am I talking about? Keep reading.

Doctors have made efforts over the years to minimize the short-term complications of vasectomy. Most guys have heard the horror stories of eggplant-like scrotums and other complications, which are the thing nightmares are made of. This has a dramatic impact on one's enthusiasm to participate in a surgical process where such results are possible, so doctors have made many efforts to find ways to minimize such effects, even if they can't be eliminated completely. When these dramas do occur, they are often of a short-term nature, lasting a few days or weeks, which still may seem like a long time if you are the one who is swollen, bleeding, infected, etc. Doctors have even come up with an innocuous sounding version of the procedure called a “no-scalpel vasectomy,” which is advertised to have minimized complications.

What doesn't get discussed very often are the long-term consequences of vasectomy and how a man's health can be substantially affected. It's almost like a “dirty little secret” of the urology trade. Let me give you a very personal example. When I had my vasectomy performed in August of 1999, it wasn't just a little uncomfortable; it was actually quite painful. By the time I started moving around again over the next few days, my constant pain level was increasing. After several trips back to the urologist over the next few weeks, I finally asked, “OK, level with me. Why do I feel like I've been kicked in the balls all the time?” This is a sensation that no man enjoys, and all men are motivated to avoid at all costs. I was experiencing that sensation constantly, with all the pain, nausea, and muscle guarding that goes with it.

The doctor explained that I had experienced nerve damage somehow as a result of my vasectomy, and he wanted to try out a couple of medications on me. Not being one to take medications, I inquired how long might this go on. "Hang in there," he stated cheerfully, "This might take months." I struggled to retain my composure at this point. Beyond this, my urologist clamed up and didn't tell me a whole lot more, in hopes, I think, of medicating me through what he believed would be a brief encounter with chronic testicular pain. This didn't turn out to be the case.

I didn't do well on any of the medications that were prescribed, and in fact reacted so negatively to everything that was occurring that I ended up in the hospital a month after my vasectomy when my intestines started bleeding, causing incredible abdominal pain to accompany the testicular pain. The situation was going from bad to worse. At that point, many people tried to convince me that I was one in a million, and that this kind of reaction just didn't happen with vasectomies. After months of research, I found out that nothing could be further from the truth. I came across a wealth of research information on a little-discussed condition known as post-vasectomy pain syndrome. Other names that had been given to this condition over the years include congestive epididymitis, late post-vasectomy syndrome, and chronic post-vasectomy testicular pain.

Here's what happens to lead to this condition. After a vasectomy, the natural duct for sperm, the vas deferens, is closed off. The testicles continue to produce sperm at a rate of about 50,000 cells per minute. These sperm cells build up pressure in the delicate epididymis portion of the testicles, which eventually ruptures from the pressure. This can occur spontaneously, or often when there is stress in the area, such as when a man is ejaculating. These ruptures can lead to what many men have described as an ice pick-in-the-testicle-like sensation. I think that's descriptive enough. Or the effect can be that a man's testicles just ache, either all the time or in a cyclical pattern. From personal experience, I can tell you that all of this can occur. Research results range from as low as 2% to as high as 33% of vasectomy patients experiencing some form of long-term post-vasectomy pain.

What happens to all those sperm cells? For one, sperm burst out into places they were not naturally meant to be, and make their way into the bloodstream. Sperm cells are the commandos of the cell world and are naturally quite active and have very strong enzymes that make them capable of getting to and eating through the outer layers of egg cells. Sperm cells also have only half of a DNA strand in anticipation of joining with those aforementioned egg cells and making a new fetus. This is why a man's body has a strong layer of tissue known

as the blood-testes barrier. Vasectomy, or any scrotal surgery in a fertile man, ruptures this barrier. A man's immune system is not accustomed to the presence of these strong, active sperm cells in the bloodstream, and regards this as a major infection that needs to be ousted.

What follows is a crusade-like autoimmune response, wherein a man's immune system starts making antibodies to attack his own cells. This assault is not just confined to the sperm cells themselves, but affects other cells and tissues as well. There's no way to predict exactly what the reaction will be, but it is known that 75% or more of the men who have had a vasectomy will begin to produce these antisperm antibodies. Many doctors characterize this reaction as harmless. But a good deal of medical research says otherwise. "The presence of sperm antibodies correlates with nearly every pathological condition of the male reproductive tract" (Verajankorva, et al, 1999).

Numerous studies over more than 30 years have shown correlations between vasectomy and increased incidences of many diseases. The list of the diseases studied for links includes prostate cancer, rheumatoid arthritis, erectile dysfunction, chronic testicular pain, chronic inflammation, epididymitis, prostatitis, testicular cancer, and autoimmune orchitis, which is a disease wherein antibodies attack a man's own testicular cells. If that's not enough, how about other reports of vasectomy resulting in increased incidences of recurrent serious infections, fatal scrotal gangrene, atherosclerosis, non-Hodgkin's lymphoma and several other forms of cancer, diabetes, multiple sclerosis, migraine and other forms of headaches, liver dysfunction, generalized lymph node enlargement, and adrenal gland malfunction. The list goes on, but I think you've got the idea. According to H. J. Roberts, MD, who has done extensive research on the subject for more than 25 years, "no other operation performed on humans even approaches the degree and duration of multiple immunologic responses that occur in the post-vasectomy state" (Roberts, 1993).

A few men will demonstrate immediate and significant responses to the presence of antibodies that form following vasectomy. This was my experience. Many other men will take months or years to manifest symptoms, which is why many doctors don't look for the connection between vasectomy, the antibodies that result, and the diseases that occur later. Even in the case of chronic testicular pain that develops months or years following vasectomy, many doctors will diagnose what appears to them to be epididymitis, which is often from the congestive effects of the procedure.

There are direct physical signs that can be pointed to as resulting from vasectomy. Studies show that about 60% of men will form cysts in or around their testicles following the procedure. The most commonly studied of these cysts is known as a sperm granuloma. These cysts are believed to form as a result of the autoimmune process that occurs after vasectomy, and can become alarmingly large and painful. In many cases, the cysts will need to be removed surgically in an effort to seek relief of the pain that results from their presence.

Why aren't these facts disclosed and discussed more openly? For one, sterilization has become a huge industry with lots of social implications and lots of dollars attached. Understandably, doctors may not want to critically examine a procedure performed so commonly in light of such evidence, since there are huge health and legal implications involved. Then there are those who just plain don't want to believe it. A survey of 1,500 urologists in the U. S. reported that 90% of the doctors would not change their practice of performing vasectomy, despite numerous reports of vasectomy being linked to prostate cancer (Sandlow, et al, 1996).

This situation is summarized well by R. F. Raspa in the Journal of the American Family Physician (1993): "Family physicians should be aware of the potential effects and complications of vasectomy so they can appropriately counsel patients seeking sterilization. Vasectomy produces anatomic, hormonal and immunologic changes and...has been reputed to be associated with atherosclerosis [hardening of the arteries], prostate cancer, testicular cancer and urolithiasis [kidney stones]. Complications of vasectomy include overt failure, occasional sperm in the ejaculate, hematoma [bruising], bleeding, infection, sperm granuloma, congestive epididymitis [another term for post-vasectomy pain syndrome], antisperm antibody formation and psychogenic impotence." In light of many physician's reluctance to discuss such changes and complications, it would appear necessary to take a "let the buyer beware" approach as a patient.

What happens when you have problems following your vasectomy? Many will try to convince you that you are somehow exceptional, despite the presence of evidence to the contrary. Throughout the year and a half of chronic pain that has ensued since my vasectomy, I can't count how many people, including medical providers have said, "Gee, I've never seen this happen before." Some will try to convince you to buck up and take it like a man or some other macho stuff like that, even if you, not them, are in pain every time you walk, sit, make love, or whatever you might like to do. This too, has been my experience.

I've lost count of how many doctors have offered to remove my testicles or significant portions thereof with the idea that this might alleviate the pain. Then again, it might not, they are quick to add. It has gotten to the

point that in response I've offered to remove the doctor's testicles to see if that helps my pain, which usually changes the direction of the conversation. That aside, since my original vasectomy, I have undergone six additional surgeries and nerve blocks in an attempt to stop the chronic pain, including a four and a half-hour testicular reconstruction and vasectomy reversal. 90 medications have been offered in the process in conjunction with innumerable therapies. Some approaches have offered temporary relief, but none have provided a cure. Other men I've come in contact with who have experienced the same type of painful consequences from their vasectomy procedures have been dealing with the aftereffects for five to ten years and more. This is a very difficult situation to stop once the ball starts rolling, you might say.

I believe that most men are motivated to consider vasectomy because of concern about overpopulation on a personal or planetary level. While the concern is appropriate, the medical advice and information that is usually received before making a decision is highly incomplete. Based on my experience, the experience of many other men, and the numerous researchers on the subject, it is clear that another form of contraception other than surgical alteration of a man's body is the wisest choice. This is where that patience factor I spoke of at the beginning comes into play. Learning to use condoms effectively or other forms of contraception takes practice, patience and consistency, which are traits that we are not well trained in as a culture.

Before getting off the subject, I should mention that the negative effects of tubal ligation for women and many other long-term methods of birth control used by women are well known. Unlike men, though, this has been discussed openly for many years. Knowing this, I must expand my prior statement to say that men and women should consider the possible substantial negative results before seeking surgical sterilization. This is not a contraceptive hot potato to be tossing back and forth between the sexes.

One of the facts I became well acquainted with during this process was that there are very few readily available public sources of this information about vasectomy complications unless you really dig, and very few places to go when you experience problems. That is one reason for this article. It is also the reason for the book I wrote on the subject, titled [If It Works, Don't Fix It: What Every Man Should Know Before Having A Vasectomy](#), which is now awaiting publication. In an effort to further assist others who have experienced similar problems, there is now an Internet web site: <http://dontfixit.org>. These steps are a start. Awareness in the medical community and among patients is what is needed next. Share this information with your loved ones and others who are concerned about the subject.

Friends and acquaintances, upon hearing what has happened to me, often remark, “Gee, I’ll bet that really messes up your sex life!” What I can tell you is that it really messes up your whole life, as anyone who has chronic pain will tell you. What I have learned beyond a shadow of a doubt is that it is much easier and better to alter one’s attitudes and practices than it is to alter one’s body for the sake of convenience.