What Happens to a Man’s Body After a Vasectomy?

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How does vasectomy affect a man’s body? This is a reasonable question, which unfortunately is rarely answered, even after significant effects occur.

Let’s use an analogy of a 40-year-old fire hose. You hook this fire hose up to a hydrant and turn on the water. Let the hose represent the epididymis portion of the testicles and the vas deferens, which would measure some 20 feet in length if stretched out, and let the water represent the 50,000 sperm cells a minute that a man’s body manufactures, even after vasectomy. That’s over 100 million sperm cells a day on average.

Now, tie a knot in the fire hose. What happens? Something is going to rupture, right? That’s why fire departments don’t use 40-year-old fire hoses, and why men develop ruptures in their testicles after their vas is tied off during the vasectomy procedure.

Ruptures

Actually, the technical term for this phenomenon is a “blowout.” According to Campbell's Urology (a textbook for urology students and doctors) “The brunt of pressure-induced damage after vasectomy falls on the epididymis and efferent ductules…. It is likely that, in time, all vasectomized men develop ‘blowouts’ in either the epididymis or efferent ducts.” This rupturing can occur spontaneously at any time following vasectomy, and often when the epididymis is under pressure, such as when a man is ejaculating. It doesn’t feel good.
Autoimmune Responses

But that’s not all. When the rupturing occurs, sperm cells enter the bloodstream, where they were not naturally intended to be. As a matter of fact, nature makes a very specific point of keeping sperm cells out of the bloodstream, because sperm cells have very strong enzymes on their surfaces and only half a DNA strand. What does the body think is happening? The immune system is sent on full alert to fight off a perceived infection of millions of invading cells per day, and the body becomes “autoimmune”, i.e. the body goes to war on itself. Again from Campbell’s Urology: “Vasectomy results in violation of the blood-testis barrier producing detectable levels of serum antisperm antibodies in 60 to 80 per cent of men….” Once this reaction starts, it is nearly impossible to stop, even with a vasectomy reversal. Research has shown that a sperm count taken prior to vasectomy is a good indicator of the likelihood of this autoimmune response; the higher the sperm count, the more likely a man will become autoimmune after vasectomy. Most doctors choose not to do this test prior to vasectomy, or to even inform their patients of the likelihood of this response. What can’t be predicted, however, is the specific reactions a man might have to the formation of these antibodies. That is left purely to chance.

Why is this autoimmune response important? Well, numerous reactions have been identified as part of this autoimmune response. In three men out of five or more, chronic inflammation leads to the formation of a sperm granuloma at the rupture site, which may need to be removed surgically to alleviate painful symptoms. Other types of cysts often form in the epididymis and/or the scrotum including spermatoceles (sperm-filled cysts) and hydroceles (fluid-filled cysts), which may also require further treatment or lead to other problems. The autoimmune response that follows vasectomy has also been linked to an increase in the incidence of numerous diseases by dozens of studies. These diseases include testicular dysfunction and hormonal imbalances, recurrent infections, various forms of cancer, and other immune system deficiencies. According to Dr. H. J. Roberts, an internist who has studied the effects of vasectomy on the immune system for over 30 years, “no other operation performed on humans even approaches the degree and duration of the multiple immunologic responses that occur in the post-vasectomy state.” The appearance of symptoms from these reactions may take years to manifest.

Pain and Injury

Problems during the procedure itself often cause damage to testicular blood and nerve supplies, and also commonly cause damage to delicate lymph vessels. Chronic testicular pain is an often undisclosed and potentially debilitating result of vasectomy. Urologists tend to play this aspect down, but if you read the literature, you will find a significant incidence of chronic pain resulting from the kinds of reactions discussed thus far. In surveys that asked patients about their post-vasectomy experience, up to a third of vasectomized men complained of chronic testicular pain of varying degrees, which is commonly termed Post-Vasectomy Pain Syndrome (PVPS), or chronic Post-Vasectomy Testicular Pain (CPTP). When this pain is more severe, doctors will often recommend further surgery, up to and including complete removal of the testicle(s) and spermatic cord(s) to alleviate the pain. Sometimes further surgery works, and sometimes it doesn’t.

How Can This Be True?

By now you have probably asked yourself, “How can this guy be saying all this? After all, he doesn’t have ‘Dr.’ in front of his name.” Actually, I have lived the nightmare of chronic pain and autoimmune reactions since my own vasectomy in August of 1999. Nineteen surgeries and nerve blocks, 197 medications and other substances, and dozens therapies that I have pursued in the interim have not resolved the pain I experience on a daily basis. Other men have told of similar experiences for even longer durations. Many men are reluctant to discuss this issue due to its highly personal nature.
Do You Care To Be A Lab Rat?

Hundreds of medical research articles and several books by numerous doctors over the last three decades have examined the issues of vasectomy and the effects the procedure can have on the body. A partial list of these articles can be found in the reference section of the www.dontfixit.org web site. Unfortunately, much of that information has been well concealed from the public eye. Studies and cases have described findings of increased incidences of many disorders, including:

- Adrenal gland dysfunction
- Atherosclerosis (hardening of the arteries leading to heart disease)
- Autoimmune orchitis (degeneration of testicular tissues due to antibody action)
- Chronic inflammation including the formation of sperm granulomas
- Chronic testicular pain (Post-Vasectomy Pain Syndrome)
- Circulatory problems including phlebitis
- Congestive and infectious epididymitis
- Decreased testicular function including changes in testosterone production
- Diabetes
- Erectile dysfunction/impotence
- Gangrene of the scrotum and other serious infections
- Generalized lymph node enlargement
- Hypoglycemia
- Life-long autoimmune (allergic) responses
- Liver dysfunction
- Loss of libido
- Lung cancer
- Lupus
- Migraine and other related headaches
- Multiple myeloma
- Multiple sclerosis
- Narcolepsy
- Neuropathy (nerve pain and damage)
- Non-Hodgkins lymphoma
- Personality disturbances
- Prostate cancer
- Prostatitis
- Pulmonary embolism
- Rheumatoid arthritis
- Scrotal and epididymal cyst formation including Spermatocoele and Hydrocele cysts
- Staph infections including infections of the heart valves
- Testicular atrophy (shrinking of the testicles)
- Testicular cancer
- Urolithiasis (kidney stones).
- Vasitis nodosa (chronic inflammation of the vas deferens)

According to Dr. Talma Samuel and Dr. Noel Rose in the 1980 Journal of Clinical and Laboratory Immunology, “Having been induced by the individual’s own untreated [sperm] antigen... the response [to vasectomy] justifies the most rigorous definition of autoimmunity. The wide scale use of vasectomy, therefore, provides the clinical immunologist with a unique opportunity to study a longstanding, induced autoimmune response in otherwise normal human subjects.”

Over 100 million men have unwittingly participated in this experiment. You need to ask yourself if you want to do the same.
The Bottom Line

If you feel that this is a rare occurrence, I invite you to visit the forum and reference sections of the web site at www.dontfixit.org and see for yourself. While on the web site, you can order a copy of the book detailing the subject titled If It Works, Don't Fix It: What Every Man Should Know Before Having A Vasectomy. And if you think that the negative effects of surgical sterilization are restricted to men, I invite you to see the web site posted by the Coalition for Post-Tubal Women at www.tubal.org. Both of these sites will provide a real eye-opening experience.

The bottom line is that it is much better and easier to make minor adaptations in your sexual practices than it is to alter your body surgically. Natural Family Planning (see the web sites at www.canfp.org or www.ccli.org for more info) and/or condoms and other forms of barrier-type contraceptives are something we all need to become more comfortable with and proficient at using, even in long-term, monogamous relationships. Contraception and population control are important issues on many levels. But preserving the health of the living is an issue that needs to take precedence in this situation. Telling the truth about the consequences of vasectomy and other forms of surgical sterilization are of critical importance to the individual in the decision making process about contraceptive choices.

For more information, contact:

www.dontfixit.org and post a message with any questions.

Or, you can call: 805/459-8844