

Post-Vasectomy Treatment Options

July 7, 2001

As previously described, chronic pain resulting from a vasectomy can come in the form of a dull ache in the testicles and/or prostate that is constant or periodic. It can come in the form of shooting pains in the groin. It can occur only during sexual arousal. Also, if you are really unlucky like I have been so far, chronic pain can come in all of the forms I have just mentioned, all the time. The onset of this pain can occur days, months, or years after the procedure, and persist for what will feel like many long months and years to follow.

So what do you do in this circumstance? For one, if something goes wrong, start taking notes. This might make your doctor nervous, but do it. Get copies of your medical records. I found these to be some of the most useful practices in understanding what was going on and in developing a treatment plan that suited me. Start doing your own independent research as an adjunct to whatever your doctor is offering you in the way of information. Try to make as balanced of a decision as you can and be insistent about what you want, and what you don't want for that matter.

If you do end up with some form of chronic pain or other complications, and choose to have medical assistance in the resolution of it, be prepared for a highly invasive and unpleasant experience. You may be confronted with being medicated and sliced and stabbed in ways you never thought possible. Be prepared to be coming and going in cups on command, on a repeated basis for years if necessary, if in fact a resolution can be found. And be prepared to have medical professionals who will offhandedly propose the removal of parts of your anatomy you consider quite valuable.

These proposals may occur amid denials of having seen this kind of situation before, often due to legal reasons more than ignorance. Also, be prepared to have a difficult time with your medical insurance coverage for what you need to have done. This is painful stuff for the body and for the pocketbook.

What might be proposed to resolve chronic testicular pain as a result of vasectomy? It took a lot of research to learn about this, so let me save you some time and effort. In a rough descending order of severity, here is at least a partial list of what is likely to be proposed and some of the inherent risks:

- Inguinal orchiectomy- this is a form of castration where the doctor cuts your groin and pulls out the testicle(s) along with the cords, thereby attempting to alleviate the source of the problem and creating several others in the process. These problems can include pain not being resolved for various reasons, lifelong hormonal imbalances and inherent need for medical treatment, and psychological distress that may result. As

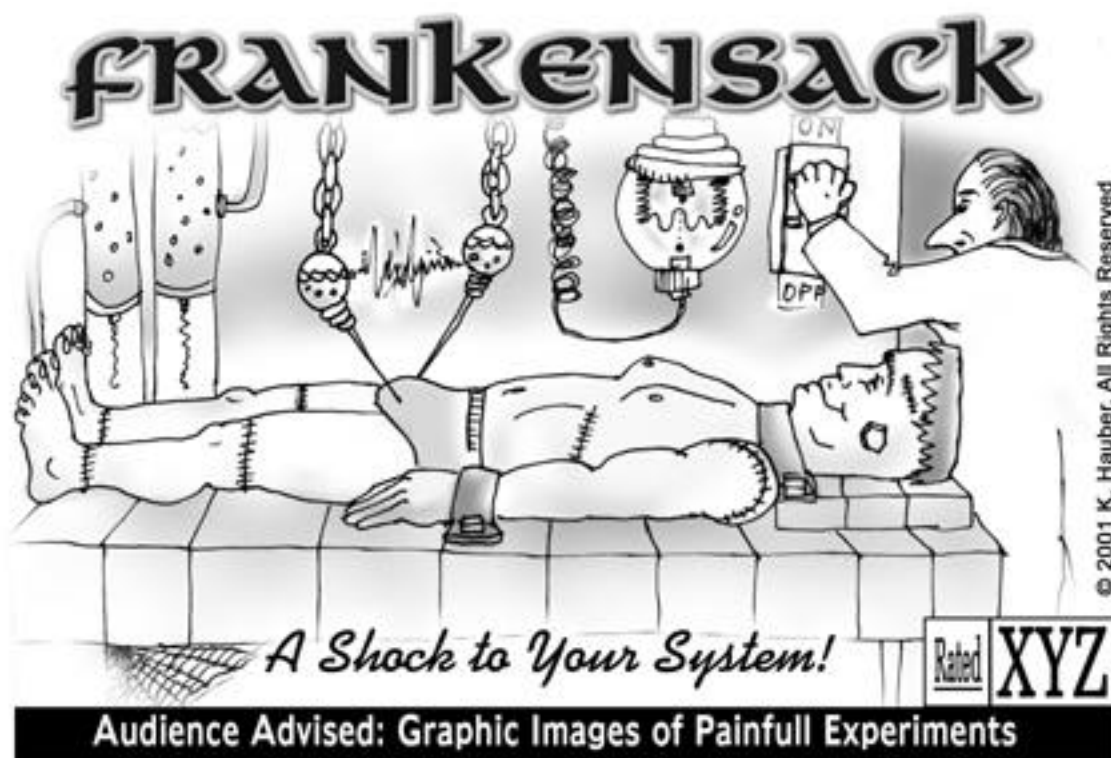
with any surgical procedure there is also the possibility of some really yucky infections that can result in causing you to lose a lot more than your testicles, up to and including a life-ectomy. "Patients often can be insistent about having testes removed for persistent pain but, clearly, they must be counseled that orchiectomy may not provide relief" (Davis et al, 1990). Expect doctors to lead off by offering this option to get your attention and make the other options sound better.

- Scrotal orchiectomy- this is a similar form of testicular deforestation as above, save the incision being made in the scrotum and the spermatic cord being left in the groin. The risks are similar, save that the risk of the pain not being resolved is higher, since the source of the pain may be nerve damage along the cord.
- An epididymectomy may be proposed as a sure-fire method of resolution. It is not sure fire, and studies have been mixed as to the extent of pain relief from this procedure, with many results showing about a 50% success rate. The chief advantage, of course, is that the man remains sterile, which he probably wanted to begin with, and retains his testicles, which he probably also wanted to begin with. Unfortunately, he may only keep his testicles for a short while longer after an epididymectomy since the blood supply to the testicles can be damaged in the procedure, causing testicular atrophy, along with numerous other possible complications.
- Neurectomy, or surgical denervation (nerve stripping) is another option that can be performed which may block the pain if not resolve the problem at the source. This may be OK, if being numb from the groin down through the testicles and into the inner thigh doesn't bother you. I have yet to speak with a man who has had this done successfully and still been able to have a normal life, including a normal sex life. Knowing these kinds of results would be of principle interest to me. Also, several doctors have told me that nerves severed in this way can grow back together or find alternate pathways to transmit signals, and when they do the sensations are "angry."
- Reversal of the vasectomy may be proposed by vasovasostomy or vasoepididymostomy as necessitated by the degree of congestion you have in your epididymis and vas. This is the closest surgical option to the "just leave me as you found me" approach. However, as you may have gathered by now, this procedure is quite unpleasant and quite expensive. Some men have had good results with reversals to relieve their pain, while others like me have not. If your intent is to ever try to father children again, the chance of this are reduced from your pre-vasectomy state. The flip side of this is that you will need to reinstate some other form of contraception if you are trying to avoid another pregnancy. The medical

community in general wants to warn against a panic that would cause a rush to get reversals. The jury's still out on that one as far as I can see, and you have to weigh the potential effects of continuing to retain sperm in your body against the potential effects of fathering additional children. This is not an easy call.

- Redoing your vasectomy as an open-ended vasectomy may be an option if the damage isn't too severe, as it was for me, unfortunately. This has the advantage of maintaining a sterilized state if that's what you still want, and not increasing the risks of an unexpected pregnancy, if properly done that is. It might be a good idea to ask the surgeon how many open-ended procedures he or she has done, which only became clear in my case when I was on the operating table.
- Removal of potentially painful granuloma(s) or other cysts may be proposed. This still carries all the aforementioned surgical risks and may not resolve the pain.
- A spermatic cord nerve block and or an epidural may be proposed. My experience has been that the farther away from the source of the pain, the better when it comes to sticking good-sized needles full of anesthesia into your privates. The most successful nerve block I have experienced was a superior hypogastric nerve block, which, while very effective, didn't last very long, and was followed by a lot of those "angry" nerve responses. A series of nerve blocks may be proposed to try to break the pain cycle.
- Conservative measures are likely to be suggested by doctors before any of the invasive procedures noted above are undertaken. This probably means medications aplenty, so be careful of drug interactions and addictive properties. Antidepressants, anti-seizure medications, anti-convulsants, various painkillers, hormone therapy, and anti-inflammatories are all medication possibilities that you will need to weigh the potential benefits of against the risks. Among the anti-inflammatories, I have found Vioxx to be the most helpful medication, and Quercetin and Wobenzym to be the most helpful herbal formulations. Use whatever works best for you.
- Acupuncture has been one of the more effective pain relieving methods I experienced, about as effective as most forms of anesthesia with far less dramatic aftereffects. I found an abstract from a Chinese medical journal that addressed this very issue, which my acupuncturist and I adapted to my situation. This form of treatment was quite relieving, even if it was not permanent. I'll quote the abstract in it's entirety for your information: "Cui SY, Treatment of epididymal stasis after vasoligation with audio-frequency therapy applied on the points. Chinese Journal of Integrated traditional and Western Medicine, 6:2, 89, 1986. An audio frequency instrument, model NY-2, with adjustable frequencies 50-500 Hz. & 50x15x1 mm lead

plate electrodes, with a 60x20 mm lining, were used. Two electrode protocols were used once per day for a 10-day course. (a) In course one, two electrodes placed symmetrically at bilateral ST30-LV12-LV11 along both sides of the genitals (200 Hz, 20mA). (b) In course two, two electrodes were placed along the course of CV, Chongmal and KI channels at CV01 + CV03-K112 (200Hz, 20-30 mA). Protocols (a) and (b) were alternated between courses, using the principal of combination of related points. The intensity used in the third course depended upon the patients' conditions, but the maximal intensity was kept < 40mA. 10/11 cases were cured." If this nomenclature makes little sense, which is probably the case, take this to a reputable acupuncturist who will take out their secret decoder ring and help you make sense of it. Just to give you a visual of this for reference sake:



- Other conservative therapies outside the normal medical realm have actually been the most helpful in my case. These have included, in order of appearance, warm baths, swimming, therapeutic massage, network chiropractic, diet and nutrition counseling, physical therapy, and myofascial release of the pelvic floor, abdominal, and low back muscles. I found all of these therapies are helpful in unwinding some of the stress that chronic pain puts on the body, without putting me at a higher risk of complications. Again, do what you body tells you is right, but be conscious of attempting to unwind that stressful pain spiral, lest you end up in the hospital with bleeding intestines, as I did.

- The other treatment option that deserves mentioning is time. This is a tough one since post-vasectomy pain syndromes can go on for years. To help you through this, I would suggest that you consider some form of pain and stress management training, because you will need it. A program modeled after the University of Massachusetts Medical School program designed by Jon Kabat-Zinn was a tremendous benefit to me. Likewise, forming a relationship with a good counselor can help you through the anger and depression that are inevitable parts of a chronic pain scenario. Learning to recognize and control anger is key here. Have you ever seen a movie where someone kicks a guy in the balls and he's so angry about it that he grabs a gun and shoots the kicker? That's what you will feel like, often, I might add. Getting control of the anger response will help you hurt less.
- Finding out if you are having any autoimmune reactions by blood or semen analysis may be appropriate. Be sure the test is looking for antisperm antibodies. Most labs need specific instructions about this, or you may get a false negative result. Ask for an indirect immunobead antisperm antibody test to be done on your blood if you have not had a reversal, on your semen if you have had a reversal and are fertile again. Expect to have to explain what you want and why. This is experience talking. It also may be worthwhile for you to have your testosterone and other hormone levels checked, since this seems to lead to so many other possible problems following vasectomy. Unfortunately, no one has been able to tell me a good way to eliminate the autoimmune response your body is likely to have to a vasectomy. This is probably the most daunting aspect of vasectomies, even if you're not experiencing chronic pain as result.
- You would be well advised to start doing a regular testicular self-exam if you don't do so already. Whether you do this daily or not as Richard Green suggests is up to you, but you are more likely to detect some change, pain, or abnormality than to wait for the doctor to try to find something with infrequent checks. Besides, the doctor is checking testicles all day long. How do you expect him to remember what's normal for yours?

Anyway, here's a good description of the self-exam as offered by www.discoveryhealth.com: "Follow the simple steps listed below once a month, after a bath or shower. The warmth helps loosen and relax the tissues, and moist skin enhances the ability to feel any lumps.

1. Examine one testicle at a time.

2. Gently grasp the testicle between your thumb and index finger, rolling it between them to feel for any lumps on its surface. Be sure to feel the entire surface, top to bottom.
 3. Be aware that a small soft structure, the epididymis, is attached to the top and back of the testicle. Soft blood vessels and a firm cord-like structure, the vas deferens, also may be felt behind and above the testicle. Become familiar with the normal shape and feel of your own testicles; in that way changes from the norm will be more apparent to you. "If a new lump is found, do not panic. Remember that most lumps are benign, but that all of them merit investigation and evaluation by an experienced doctor. Resist the temptation to repeatedly check the lump, since doing so might make it more swollen or tender and hamper the doctor's evaluation."
- Testicular massage may be a beneficial exercise for men who have had a vasectomy as well as those who have not. In their book The Multi-Orgasmic Man, authors Mantak Chia and Douglas Abrams Arava make several observations and recommendations pertinent to our discussion about vasectomy and sexual health. The reader may not be interested in cultivating the ability for multiple orgasms (who wouldn't be?), but from a health standpoint it is stated that "with a vasectomy, the vas deferens is cut just above the testicles and the sperm have nowhere to go.... Many men complain about feeling congested in the testicles and pelvis." That's one way to put it.

The authors go on to recommend a form of testicular massage developed by Taoist monks of antiquity. These Taoist monks believed that the production of millions of sperm cells a day takes a tremendous amount of energy, and in this I'm sure they are right. They also believed that constantly ejaculating those millions of sperm cell is a tremendous drain on the body's energy system. Hence, constantly ejaculating may be OK for 15-year-olds, but as we age, conserving energy becomes an issue.

So the Taoists developed a non-ejaculatory sexual practice premised on the retention of sperm cells called the Tantra. This goal of not ejaculating had to be balanced by their belief that orgasms were good for the body and soul, and the more, the merrier. This beats the old sin and guilt model all to heck, doesn't it? To mitigate the effects of sperm cells retained in the body (sound familiar?) the Tantrists developed a series of self-massage techniques, since it unlikely that you can get anyone else to do it for you anyway. The intent of these massage techniques is to clear congestion and dead cells from the testicles and improve blood flow. These are worthwhile goals. However, this should be approached cautiously and gently at first, especially if you are experiencing any testicular pain.

If all of this sounds too much like self-pleasuring instead of just good self-care, I would offer two observations. First, you haven't tried it, since these massage techniques can take you to the edge of what you can stand, especially if you are already having symptoms of congestion. Secondly, dare I point this out, it is far easier on your body than surgery and you might just feel better. Enough said? So put away all of those "the body is a bad thing" concepts for a little while and give it a try.

Here is the method recommended by Chia and Arava:

"Testicle Massage

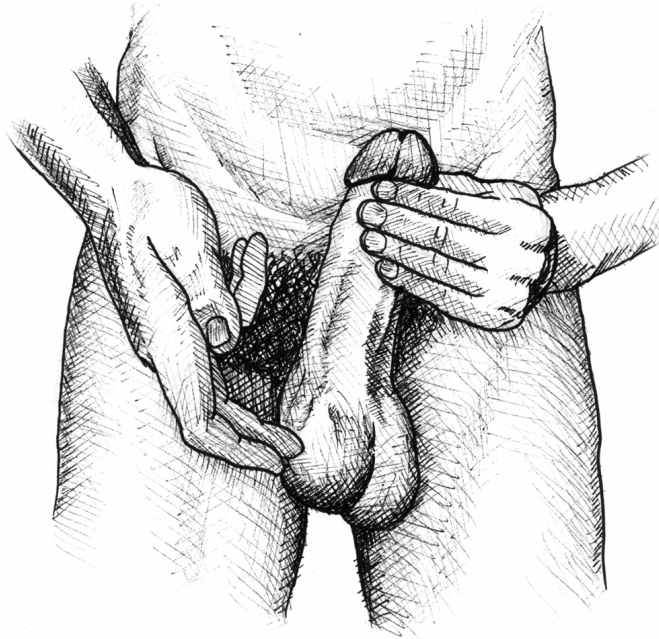
"1. Rub your hands together to warm them up.

"2. Hold one testicle between the thumb and fingers of each hand [see below]. Your testicles should feel like small apricots between your fingers. [If they feel like large eggplants you may be in trouble.]

"3. Firmly but gently massage your testicles with your thumbs and fingers for a minute or two. If your testicles ache or are sensitive, rub lighter but longer, until the pain goes away [hopefully]. The pain is caused by blockage, and the massage will help bring blood and sexual energy to the area, which will disperse any blockage.



“4. Hold your penis up to expose your testicles and tap with your longest finger for a minute or two [see below and proceed with caution]. This helps invigorate your testes and increase sperm production.



“5. Finally, hold your penis and scrotum with your thumb and forefinger [This is the toughest if you already have testicular pain]. Now lightly pull your penis and scrotum forward with your hand as you pull back with your pelvic muscles. Then repeat, pulling to the right with your hand and to the left with your pelvic muscles. Then pull to the left with your hand and to the right with your pelvic muscles. Finish by pulling your hand down and your pelvic muscles up. Do this exercise nine, eighteen, or thirty-six times. It will keep the ducts that carry your sperm healthy.”



- If you are concerned about the prostate cancer risk aspect of vasectomy, or just about the general risk of prostate cancer if you haven't even had a vasectomy, there are a number of simple preventative measures you can take. Chan et al, 1998 states "nutritional factors, especially meat, fat, and dairy intake, have been linked to greater risk of disease. Higher consumption of selenium and Vitamin E, fructose/fruits, and tomatoes all have been associated with reduced occurrence of prostate cancer...." So it appears that eating in a more healthy fashion is good for you in ways you might not have expected. The article goes on to call out risk factors for prostate cancer including smoking and exposure to cadmium, and low levels of physical activity and exercise. Oh, by the way, vasectomy is also mentioned as a risk factor. Surprise, surprise.