

Madigan Army Medical Center Referral Guidelines

Vasectomy Reversal

Diagnosis and Definition

Approximately 6% of men who have a vasectomy will seek a vasectomy reversal. While vasectomy reversal has good success rates, it may not be the best options for all couples seeking to have children (please see Indications for Specialty Care below).

A vasectomy can be reversed by performing either a vasovasostomy or vasoepididymostomy. Which procedure is performed is based on the assessment of the anatomy and quality of the vasal fluid at the time of surgery. In general men who are older and/or have a longer interval since the vasectomy are more likely to require a vasoepididymostomy.

- The success rates for vasectomy reversal depend on several factors to include the age of the man, the length of time since the vasectomy, the quality of the effluent from the vas deferens, and the length of the healthy vas segments.
- After a vasovasostomy, approximately 80 to 90% of patients will have sperm in the ejaculate.
- After vasoepididymostomy only 30 to 60 % of patient will have sperm in the ejaculate and it can take up to 1 year for sperm to appear in the ejaculate.
- Pregnancy rates after vasectomy reversal can range from 20% to 50 % and depend a great deal on the health and age of the female partner. Rates of spontaneous pregnancy after vasoepididymostomy are much lower than after vasovasostomy.

Initial Diagnosis and Management

The Urology Service at Madigan Army Medical Center maintains a waitlist for male patient wishing to undergo vasectomy reversal.

- Some fertility treatments, such as vasectomy reversal, are not a TRICARE benefit and as such cannot be prioritized ahead of surgical conditions that are covered by TRICARE. The Urology Service at Madigan Army Medical Center is committed to providing vasectomy reversal and other infertility surgeries to our beneficiaries. Madigan Army Medical Center and performs approximately 30 microsurgical vasectomy reversal per year. Vasectomy reversals are frequently scheduled on short notice when an extra operating time becomes available or another surgical case is canceled unexpectedly.

Ongoing Management and Objectives

None

Indications for Specialty Care Referral

Couples in whom the female partner is age 35 or older or has known or suspected fertility problems should be counseled about the option of sperm harvest and assisted reproductive techniques instead of vasectomy reversal.

- Because female fertility begins to decrease after age 35, our concern is that a couple may miss their best opportunity for pregnancy if the male has to wait 1 to 3 years to have a vasectomy reversal.
- Couples who fit these criteria or are interested in hearing more about assisted reproductive techniques should be referred to urology AND gynecology for further counseling.
- These consults can be entered by typing infertility and selecting “M MALE INFERTILITY” and “M INFERTILITY CLINIC” for the urology and gynecology services respectively.

Patients interested in undergoing a vasectomy reversal need a consult entered for urology with the diagnosis of vasectomy reversal.

- Once the consult is received the patient will be added to the waitlist and the consult will be canceled.
- The waitlist is managed by the Secretary, Urology Service at 253-968-2300. Instruct patients to contact the Secretary, Urology Service directly to inquire about the protocol for the vasectomy reversal list.
- It is imperative that the patient’s contact information be kept up to date in DEERS and with the Secretary, Urology Service.

Criteria for Return to Primary Care

N/A

Last Review for this Guideline: **November 2009**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
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