

Specialist urologists should handle vasectomy reversal cases says 10-year study

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Vasectomy reversals should be carried out by urology specialists with access to appropriate micro-surgical training and assisted reproductive technologies and not general urology surgeons, according to research published in the October issue of *BJUI*.

The findings are based on a series of surveys carried out among consultant members of the British Association of Urological Surgeons (BAUS) over a ten-year period.

"It is clear from our research that couples should not be seen by urologists with diverse interests, but by those with appropriate knowledge of all of the factors influencing the outcome of a vasectomy reversal" says co-author and consultant urologist Dr Stephen R Payne from Manchester Royal Infirmary, UK.

"Patient management after previous vasectomy is a complex process requiring detailed knowledge when it comes to the surgical techniques available and the options for maximising the chance of any subsequent pregnancy."

BAUS members were surveyed in 2001, 2005 and 2010, with a total of 835 replies to the three questionnaires and an overall response rate of 47%.

Every year some 20,000 vasectomies are performed in the UK. During the procedure, the vas deferens, the ducts that carry sperm from the testicles to the seminal vesicles, are cut and tied to interrupt sperm flow.

About 6% of men subsequently ask for the procedure to be reversed so that their partner can get pregnant. Various options are available to these couples, including vaso-vasostomy, a surgical reversal procedure where the ends of the vasa are identified and joined back together again. The other options are surgical retrieval of sperm, which then need to be used together with IVF, and the use of donated sperm or adoption.

The overall findings of the surveys showed that:

- more than 80% of respondents performed vaso-vasostomy, but about three-quarters were only doing 15 or less procedures a year

- only 50% of urologists counselled couples about alternatives to vasectomy reversal
- less than half (41%) gave patients details on their personal outcomes for vaso-vasostomy.

However, the 2010 audit showed that members of the BAUS section of andrology, who specialise in problems relating to the male genital tract, were more likely than non-members to:

- perform more than 15 vaso-vasotomies a year (25% versus 4%)
- insist on seeing both partners (85% versus 80%)
- discuss all options for parenting in detail (63% versus 44%)
- be fully conversant with the criteria for in-vitro fertilisation (54% versus 23%)
- provide their individualised information about expected outcome (86.5% versus 71%)
- routinely retrieve sperm when carrying out a vaso-vasostomy (18% versus 10%)
- use an operating microscope (40% versus 26%).

"The latest data showed significant differences between BAUS members with an andrological affiliation and those without, when it came to their ability to discuss options for having a child and local eligibility criteria for IVF treatment, give individualised outcomes from vasectomy reversal and perform a larger number of procedures" says Dr Payne.

"It can be inferred from these results that surgeons with an andrological sub-specialist interest give a more balanced view of the options couples might consider when counselling men presenting for vasectomy reversal.

"Further sub-analysis suggests that quality improves as surgeons handle an increased number of case each year. Although our data suggests a trend that quality improves after 15 procedures per year, a prospective study is required to determine the relationship between outcome measures, such as live birth rates, and annual case volume."

Source: **Wiley**