

A letter about PVPs (Post Vasectomy Pain syndrome)

Some patients are extremely concerned about PVPs, a condition, which is rare, at least where so severe that surgical reversal has to be considered. A gentleman from the USA found me on the internet and contacted me some time ago about this condition. I wrote back to him with some of my own thoughts and they are printed below. This may help you to decide whether or not to go ahead with vasectomy if you are concerned about this problem. My conservative view is, that if you are so concerned you are researching the internet up and down about this condition, vasectomy may not be for you. Find below the letter to a gentleman from the USA mentioned above:

Dear Mr B[...],

[...]. Can I please firstly let you know, that I am extremely sorry for any patient including yourself, who is suffering of PVP. I agree, while the large majority of patients are extremely happy with their vasectomy there are a small minority of patients, who are affected by symptoms, which are ill explained and just very painful. These patients wish they had never done the procedure.

I would like to re-assure you we treat all our patients with the utmost respect and I mention PVP to every patient in the extensive pre-surgery consultation for which I take 15 minutes, more than most other clinicians I have seen.

However, while the existence of PVP is without doubt, I am not necessarily willing to accept the existence of PVPs, which is a very small, but important difference. Let me logically explain.

As a doctor I have seen many surgical procedures carried out on patients. And in each and every of these procedures, there is a small percentage of patients, who suffer chronic side effects afterwards. Lets say you have a hernia. You could wear a hernia belt or you decide to have something done about it and have it operated on. Once the operation is complete most patients are better after a short amount of time, but some, i.e. 5-10% suffer some chronic side effects.

In fact, every trauma you cause to the body can in principle cause a pain stamp in the brain and never disappear. Take a simple whiplash injury. 90% of patients are fine after 2 weeks, but a small percentage does suffer neck pain for the rest of their lifes. Even if you explained this before you sell a car, how many patients do you think would abstain from driving?

Thus risk is something, everybody has to decide for themselves following fair and impartial counselling of the clinician.

Now to the ethics of vasectomy and carrying out the procedure:

Vasectomy after confirmation of negative sperm samples is currently the safest form of contraception we know, apart perhaps from Implanon, which may be nearly as safe. It has far fewer side effects than female sterilisation, mind you a [very] small percentage of women die from this procedure due to abdominal bleeds or anaesthetic side effects. I do not know of any deaths following vasectomy under local anaesthetic. Implanon is very safe, but the implant can migrate and

be lost in muscle needing deeper intervention. When coils for ladies migrate, this can be very difficult indeed [causing peritonitis in the extreme]. And the pill is not very safe and causes other side effects like deep vein thrombosis and pulmonary embolisms [and possibly breast cancer] killing a very small proportion of women every year. Terminations are yet another way of late contraception and people think differently about them.

John Guillebaud is one of the UK top contraceptive experts and his clinic has carried out 40000 vasectomies (conventional and NSV) in 30 years. He did a questionnaire study on 5000 patients and asked them considered any possible side effects they had after their vasectomy would they have a vasectomy again and all 5000 patients answered yes. However, he admits in 40000 vasectomies his team had 2 reversals for pain, one of which worked and one, which did not.

In my over 2000 vasectomies I had very few patients who came back with PVP and most of them improved slowly, but surely over time. We use a tissue protective and advanced form of NSV and care for every patient individually

[...]

Dr M Kittel on PVP, in response to an email, March 2011