

Post Vasectomy Pain (PVP) –

The Dawson Microsurgery assessment and experience.

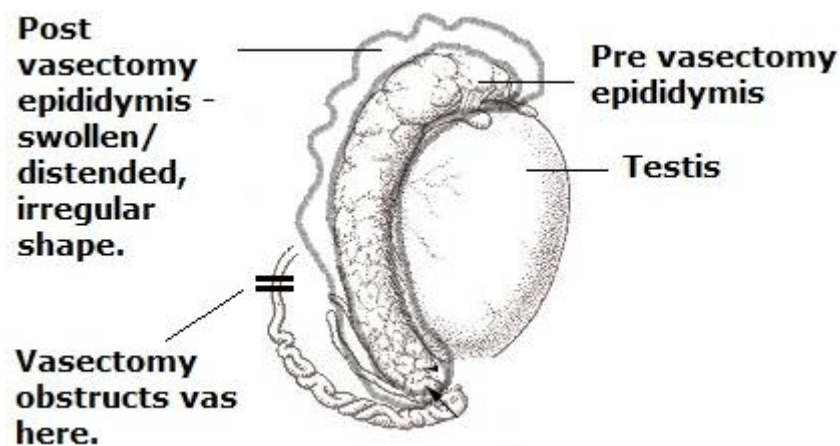
What is PVP??

The Dawson Microsurgery definition is a

- *A chronic relapsing testicular ache whose onset may be as little as 8 weeks to as long as 5 years or more post vasectomy.*
- *PVP may occur immediately after ejaculation or the pain may be of insidious onset over subsequent days.*
- *The pain is chronic, lasting for years with relapses usually lasting 1-4 days though very variable in frequency.*
- *Often the pain is unilateral or at least more severe on one side than the other.*
- *PVP should, where possible, be a diagnosis of exclusion after investigation has failed to identify any other lumbar or urological abnormality'.*

Differential diagnosis

We advise exclusion of lumbar spinal problems, prostatic disease, and varicocele.



Spectrum of severity

As with other diseases there is a spectrum of severity with symptoms varying from trivial and short lived, to severe and persistent. At its most severe PVP can affect the patient's everyday life leading to irritability, depression and relationship problems. GPs, urologists and ultrasound departments will all be familiar with vasectomy patients reporting post vasectomy discomfort. Most PVP sufferers will be reassured by the exclusion of testicular malignancy by a normal US Scan but some will require intervention.

Clinical findings

Examination generally shows a completely normal testis but a swollen, often tender epididymis in which there can be firm swellings, possible concretions due to sperm stasis. On the vas, sperm granuloma may be present but in our experience does not cause PVP.

Aetiology (causation)

Various suggestions have been made, neurological damage at the site of vasectomy, epididymal distension and formation of sperm granuloma. Investigation has shown that there are no histological correlations post vasectomy changes in the vas, epididymis or testis so the presence of PVP is an individual response to the vasectomy. At Dawson Microsurgery we believe that PVP is caused by pressure build up in the epididymis leading to distension of this delicate structure and its overlying fascia. Over the last 10 years we have performed reversal of vasectomy for approximately 24 PVP sufferers. We also have experience PVP as an incidental finding (over 100 cases) in men requiring return of fertility. Overall, reversal in this clinic leads to complete resolution of pain in over 90% of cases.

Treatment

Various treatments have been devised for PVP. These include excision of the epididymis, converting the vasectomy to open ended and reversal of vasectomy. In our view reversal is the best option as this is a simple day case procedure without risk of significant complication and has a proven high success rate. Reversal of the vasectomy allows the accumulated sperms and fluid to drain freely thus allowing the epididymis to deflate and return to normal. One word of caution, if the connection scars and closes the pain will return, so excellence of technique, quality and accuracy of microsurgery, is all important.

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