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VASECTOMY REVERSAL FOR POST-VASECTOMY PAIN SYNDROME: A TEN-YEAR EXPERIENCE

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INTRODUCTION AND OBJECTIVES: Post-vasectomy pain syndrome is a nebulous term for chronic and sometimes debilitating scrotal pain following vasectomy. The syndrome and treatments have been poorly characterized. We report on a single surgeon's 10-year experience treating patients with post-vasectomy pain.

METHODS: We reviewed the charts of 45 men who presented with chronic pain after vasectomy. Data was collected as to time to onset of pain, age of the vasectomy, prior treatments, nature of the pain, physical findings, surgical findings, outcomes and requirement for additional treatment.

RESULTS: 45 men were evaluated for post-vasectomy pain. 63% stated pain began during the vasectomy, 8% within the first week, 13% within the first 5 months and remainder within six years. Median age of the vasectomy was 3.7 years with a range of 0.4-18 years. Forty-five percent complained of pain after ejaculation, 45% testicular ache, 15 % sharp and burning pain radiating up to their abdomen, and 10% tender lump. Two patients had constitutional symptoms. Sixty-seven percent of patients were initially treated by their local urologist with antibiotics and anti-inflammatory drugs without response. Two patients had excision of sperm granulomas with conversion to open ended vasectomy and 2 patients had failed vas reversals. Seventy percent elected to undergo a microsurgical vasectomy reversal with excision of the vasectomy scar/granuloma. At surgery, 40% had a sperm granuloma, 15% generalized inflammation around the vas, 29% had no unusual post-vas findings and one patient had large neuromas. Seventy-five percent of reversal patients experienced complete relief, 10% had greater than 30% reduction in symptoms and 10% no change in symptoms. Two patients had temporary relief after reversal. Two patients underwent microsurgical cord denervation after failed reversal and one patient elected for unilateral orchidectomy. One cord denervation was successful.

CONCLUSIONS: Post-vasectomy pain syndrome is a problem for a small number of men. Pain varies in its time to onset, is inconsistent in its quality, and probably has multiple etiologies. Adequate anesthesia during the vasectomy is crucial as most patient's pain began during the procedure. Vasectomy reversal has a very high likelihood of relieving symptoms. Sperm granulomata, inflammatory/scar tissue, and foreign bodies should be excised during the reversal surgery. Open-ended vasectomy should be avoided as it made subsequent reversal surgery more difficult to perform.

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