Preface

Jay I. Sandlow, MD Harris M. Nagler, MD, FACS
Guest Editors

Vasectomy is a safe and effective method of contraception that should be viewed as permanent. In the United States, it is employed by nearly 11% of all married couples and is performed on approximately one-half million men each year. Thus, vasectomies are carried out more often than any other urologic surgical procedure. Worldwide, however, far fewer vasectomies are performed than female sterilizations by tubal ligation, even though vasectomy is less expensive and is associated with less morbidity and mortality than tubal ligation. This apparent underutilization of a safe procedure is caused, in part, by concerns of men and their partners. Some men fear pain and complications; others falsely equate vasectomy with castration or loss of masculinity. It is important to recognize that these misconceptions, concerns, and questions are reflected in the professional community as well. There is little agreement on some of the basic standards regarding vasectomy and its outcomes, follow-up, and complications. For instance, is one method of vasectomy better than others? Which adverse outcomes are considered complications, and which are merely a normal consequence of the procedure? Is there a difference between the outcomes achieved with the various occlusion techniques? What is the recommendation regarding submitting a segment of vas deferens to the pathologist, and what are the legal ramifications of not doing so? How many postvasectomy semen analyses are necessary, and is complete azoospermia required to assure a man of his sterility? As with any surgical procedure, especially those that are elective and have alternatives, the medico-legal issues are significant and are a constant source of concern for the practicing urologist. The first part of this issue addresses these important matters and attempts to provide the practitioner with guidance and answers.

The second half of this issue concentrates on vasectomy reversal. Although, as stated earlier, vasectomy should be considered a permanent procedure, nearly 6% of men who undergo vasectomy ultimately desire a reversal. Divorce and remarriage is the most common reason men seek vasectomy reversals, but many men undergoing reconstruction have the same partner and simply desire more children. There are a variety of personal and social reasons for these decisions. Many individuals regard vasectomy reversal as a new procedure with poor success. Others are under the impression that it is more expensive and less successful than other options. This issue of the *Urology Clinics of North America* provides the reader with the appropriate historical information and discusses the evolution of the technique. As in many surgical procedures, advances have affected success rates significantly. The success rates, as well as the factors predicting success, are reviewed here. Finally, in the era of evidence-based medical decisions, no discussion of vasectomy reversal would be complete if it did not address the cost effectiveness of vasectomy reversal relative to the effective and now well-established alternative of sperm acquisition in conjunction with in vitro fertilization.

Vasectomy continues to be a significant form of contraception. Vasectomy reversal is a consequence of the success of this procedure. We

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believe this issue will provide the practitioner with the essential information to guide patients interested in both procedures. The patient will be better informed, and thus the urologist can feel that he or she has fulfilled the obligation to inform the patient fully.

Jay I. Sandlow, MD
Department of Urology
Medical College of Wisconsin
9200 West Wisconsin Avenue
Milwaukee, WI 53226, USA

Harris M. Nagler, MD, FACS
The Albert Einstein College of
Medicine of Yeshiva University
Sol and Margaret Berger Department of Urology
Academic Affairs/Graduate Medical Education
Beth Israel Medical Center
10 Union Square East, Suite 3A
New York, NY 10003, USA

E-mail addresses:
jsandlow@mcw.edu (J.I. Sandlow)
HNagler@chpnet.org (H.M. Nagler)