Vasectomy and Psychosexual Damage

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The recent deluge of warnings regarding the possible psychological damage of vasectomies is misleading in some respects. Unfortunately, the news media play up the spectacular, shocking, or disturbing facts rather than the sound weighted judgment of mature consideration.

The vasectomy warnings could have a repercussion as did the Senate Birth Control Hearings. After these hearings, there was a nationwide drop of 15 percent in the use of the pill. Although this drop was temporary, thousands of extra hours are still being devoted to counseling in family planning clinics throughout the world as a direct result of these hearings.

The family planning clinics of the San Bernardino County Health Department have conducted vasectomy clinics since August 1970. More than 1,000 vasectomies have been completed, and about 12 a week are being performed.

Questionnaire Study

With proper preoperative counseling and selection, psychosexual damage is virtually nonexistent. In support of this contention are the following results of a questionnaire completed by husbands and wives 6 months to a year after the first 300 vasectomies.

	Percent	
Question	*Male*	*Female*
Is sex life:		
Better	61.0	67.1
Worse	2.4	2.4
Unchanged	36.6	30.5
Relationship with children:		
Better	17.1	26.8
Worse	1.2	0
Unchanged	81.7	73.2
Marital relationship:		
Better	48.8	54.9
Worse	1.2	1.2
Unchanged	50.0	43.9
Sense of masculinity:		
Better	14.6	.....
Worse	0	.....
Unchanged	85.4	.....
Sense of femininity:		
Better	.....	15.9
Worse	.....	3.6
Unchanged	.....	80.5

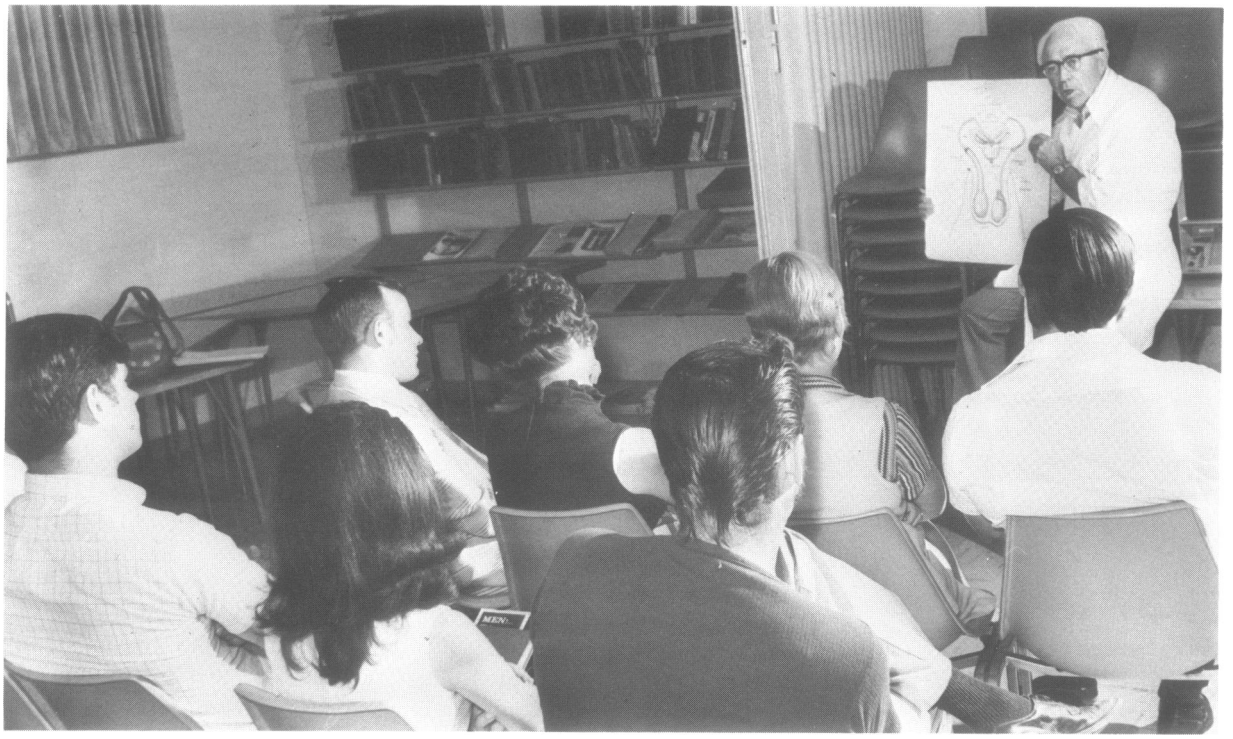
Of course, the pessimist will pounce on the figures in the "worse" column. However, I think the 100 percent report of improved or unchanged sense of masculinity and the small percentages in the "worse" column are noteworthy.

The following responses to two more questions in this survey reveal surprisingly few regrets among the study group.

	Percent	
Question	*Male*	*Female*
Are you glad the operation was done?		
Yes	98.8	95.1
No	1.2	4.9
Has male sterility caused any new problems in your life?		
Yes	.....	.....
No	100.0	100.0

Counseling

The essential ingredients of group counseling must be presented in easily understandable terms and often in the layman's vernacular. First, the couple must understand what hormones do and exactly how they get from ovary or testicle into the bloodstream. Clear graphic presenta-



Dr. Savage discusses details on vasectomy with a consultation group

tion must be made. This presentation is then combined with an explanation of the mechanics of partial vasectomy to assure the patient that his only sexual physiological change is his fertility. The explanation includes the fact that the ejaculate continues to have practically the same volume and that full seminal vesicles still stimulate the urge for evacuation.

In essence, the counselor must be sure that the couple is convinced that the operation in no way alters the physical ability to perform sexually, and that it has no possible physical effect on sexual desire.

The second point to stress is that there are psychological changes, but these are entirely situational. Specifically and mainly these changes are relief of fear of unwanted pregnancy and the substitution of confidence in sterility for varying degrees of uncertainty of birth control. Adverse psychological effects have resulted from patients' uncertainty of the reality of absence of physiological change other than azoospermia.

The third point to stress, in my opinion, is the probability of irreversibility of the procedure. Reanastomosis procedures or "on and off valves" or resorts to semen banks carry no assurance. The prospective patient must realize and understand that preoperatively he can produce children, and after a negative semen examination he most probably will never be able to. If he needs the crutch of believing he can reestablish his procreative power, then he is not mentally and psychologically ready for this surgery. He must be made to consider all this in the light of imagining possible loss of his children or his wife and the possibility of remarriage.

If the patient has any doubts, he is advised not to have the surgery. He must understand that the burden of this decision is his. He must be able to live at peace with his decision.

In addition, of course, the wife must consider the fact that should she become pregnant after the vasectomy she is placing her marriage in severe jeopardy. Experience has demonstrated that some women need this fact underlined.

The most important concern of the counseling is to insure that all persons concerned understand thoroughly what they are considering and that their decisions are based on mature considerations. The remainder of the counseling session is devoted to factual reassurances as to the degree of pain and technical details.

The vasectomy, at present, is the most feasible and satisfactory method of birth control for a large group of mature persons.