

Does the Need for Epididymovasostomy Relate to the Patient Age at the Time of Vasectomy?

Michael Eisenberg, Glen Yang, Thomas Walsh, Paul Turek

Introduction: Most vasectomy reversals require only vasovasostomy for successful repair. However, as the obstructive interval after vasectomy lengthens, the rate of epididymal obstruction rises, and the need for epididymovasostomy (EV) increases. There is also evidence in the literature that the need for EV correlates with patient age. We hypothesized that younger men, having better sperm production, might be more prone to epididymal blowout over the same obstructive interval than older men. We sought to determine how the rate of EV varies with both obstructive interval and patient age after vasectomy.

Methods: In a retrospective review of consecutive vasectomy reversals performed by a single surgeon, the relationship between the type of reversal procedure was correlated with age of vasectomy and the age of the patient. An EV was performed in the presence of sperm fragments with creamy fluid (Silber score 4 fluid) or complete vasospermia (Silber score 5). Cases in which both units, or one of two units, underwent EV were included in the analysis.

Results: Among 174 patients who underwent reversal and who had adequate follow-up, n=74 had EV's for an overall rate of 21% of patients. Among all cases, the mean age was 44 +/-7 years. Median vasectomy age was 10 years (range 1 to 30). The rate of EV increased as the age of vasectomy lengthened; the calculated EV rate was approximately 3%/year beyond 5 years of vasectomy obstruction(see figure). However, when controlling for obstructive interval, men >45 years of age showed an increased need for EV compared to younger patients.

Conclusions: The need for EV after vasectomy increases with patient age. However, the need for EV after vasectomy is not greater for younger men with the same vasectomy obstructive interval as older men.

