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## POST VASECTOMY PAIN SYNDROME

**Background:** Post vasectomy pain syndrome is thought to result from a build-up of fluid in the epididymis following a vasectomy leading to a chronic dull ache in the testes.

-Up to one-in-five men have ongoing pain or discomfort after a vasectomy which eventually resolves with time. (Urology Care Foundation, 2019).

### Treatment:

- Adequate scrotal support with jock strap
- Avoid strenuous activity
- Sit in a warm bath as needed for discomfort.
- Anti-inflammatory such as ibuprofen 600 mg 3 times daily or naproxen 220 mg twice daily taken with food or a proton pump inhibitor to help prevent GI upset or the possibility of GI ulcer/bleed. Treatment course 7 to 14-days depending on the severity of symptoms.

-If these measures are not enough to relieve pain, local nerve blocks or steroid injections may be provided by a pain specialist.

-In cases where pain does not respond to therapy, surgery may be required, including a vasectomy reversal.

## SPERM GRANULOMA

**Background:** During a vasectomy the vas deferens are cut and cauterized or tied in order to prevent the passage of sperm. Over time, a mass or lump may develop as a result of the body's immune reaction to sperm leaking from the cut end of the vas into the scrotal tissue.

-Statistics suggest that 15-40% of men develop a granuloma post-vasectomy. (Viera, 2019).

-A granuloma is not cancerous or harmful. May be painful or sensitive to touch or pressure but usually improves over time.

**Treatment:** Treated with anti-inflammatories, such as ibuprofen. If sperm granuloma causes significant scrotal discomfort, it may be treated by surgically removing the granuloma.