

Vasectomy

Some Questions and Answers

THE RELATIVE PERMANENCE of surgical sterilization causes people to pause before taking such a serious step. Yet, driven by fear — fear of sickness or death from the Pill or IUD and their abortion-causing effects, fear of unplanned pregnancies resulting from the less effective barrier methods, and sometimes fear of exercising sexual self-control — many couples turn to surgical sterilization out of desperation.

Many of these couples later regard this step as drastic and unwise especially after they have become informed about the highly effective modern method of natural family planning known as the Sympto-Thermal Method.

What is vasectomy?

A vasectomy is a surgical operation performed to make a man sexually sterile. In a vasectomy, a doctor cuts out a portion of both ducts (vas deferens) through which sperm pass from the testes; then he ties or coagulates the ends and sutures the cut made in the scrotum. Usually performed under local anesthesia, the operation is relatively painless, although some swelling and tenderness are common during the brief recovery period.

Is vasectomy 100% effective?

No. The only 100% effective sterilization surgeries are male castration (removal of both testicles) and female castration (removal of both ovaries); these surgeries are simply not performed for birth control purposes.

Vasectomy has a failure rate of .1% (one-tenth of one percent).¹ Recanalization, the rejoining of a vas deferens by internal healing processes, occurs in one case per thousand, and sometimes the urologist will not catch the rare presence of a third vas deferens. Both situations may result in a surprise pregnancy.²

What are the health risks of vasectomy?

Although the final verdict on the health risks of vasectomy is not in, suspicions are rising that the long-term effects on a man's immunological system can pose serious health problems. Criticism is mounting within the medical community about the uncritical way in which vasectomy has been declared medically safe. Between 10% and 15% of adult men in the U.S. have been vasectomized³ and yet, as Dr. H. J. Roberts has written, "I know of no other operation performed on humans that induces responses to such a degree by the immune system."⁴

What happens to the sperm?

After a vasectomy, sperm production continues as before, around 50,000 spermatozoa per minute.⁵ Lacking a normal anatomical passage, these cells are either consumed by destroyer cells (macrophages) or degenerate and produce antigens that cause antibodies to be produced.⁶

At least eight of these sperm antigens have been identified. These antigens frequently infiltrate the bloodstream and induce other cells throughout the body to manufacture antibodies against the sperm. These are called "anti-sperm autoantibodies."

What is autoimmunity?

Antibodies are the way we immunize ourselves

against specific diseases in our environment. Antigens are the triggering mechanism the body needs in order to produce the right antibodies for its defense. An example of this effect is the allergic reaction that occurs when the body is highly sensitive to a certain food cell.

When the body gears up its defenses to destroy cells of its own making, as after a vasectomy, then the body becomes "auto-immune" — allergic to itself.

Has this been linked with vasectomy?

Several studies confirmed this linkage in the 1970s, finding antibodies to sperm antigens in 55% to 75% of patients within two years after vasectomies.⁷ In a 1982 study, investigators pointed out, "... the incidence of sperm antibody following vasectomy may have been underdetected."⁸ It is so common to see this reaction among vasectomized men that an absence of such antibodies has become an indicator of hormonal malfunction.⁹ With more advanced methods of detection, it has been possible to detect the antibody response within two weeks after vasectomy.¹⁰

What are some auto-immune diseases?

Auto-immunity has been suspected to cause diseases such as multiple sclerosis, diabetes mellitus, rheumatoid arthritis, some types of hepatitis, Addison's disease (malfunction of the adrenal glands), and lupus erythematosus.¹¹

A landmark study by Nancy J. Alexander and Thomas B. Clarkson concluded that "the immunologic response to sperm antigen that often accompanies vasectomy can exacerbate atherosclerosis" (hardening of the arteries).¹² Subsequent studies have lent support to their finding.¹³

What about the risk of cancer?

In the early 1980s, Dr. Richard Ablin, researcher at the Hektoen Institute in Chicago, hypothesized that prostate cancer could be caused by unejaculated sperm. A decade later, epidemiologists reported an "unexpected association" between vasectomy and prostate cancer. One study found the risk of this cancer increased between 3.5 to 5.3 times;¹⁴ a separate study found an overall risk 1.7 times greater beginning 12 years after vasectomy, rising to 2.2 times (more than double the risk) between 13 and 18 years later.¹⁵ Two large studies of vasectomized men were conducted through the Harvard Medical School and published in 1993. They found the overall risk of prostate cancer increased between 56 and 60%, increasing to 89%

for those who had vasectomies 20 or more years earlier.¹⁶

Prostate cancer is the second leading cause of cancer deaths among American men, claiming some 30,000 lives per year. Although these studies did not prove any conclusive link between vasectomy and prostate cancer, the American Urological Association urged that patients be informed of the risk on the basis of these papers.¹⁷

Increased risks of lung cancer, non-Hodgkin's lymphoma and multiple myeloma were noted among men 20 years after vasectomy.¹⁸ The Coronary Artery Surgery Study, analyzing 1,106 men, found a 2° times higher risk of kidney stones among vasectomized patients 30-35 years old.¹⁹ An association with testicular cancer has also been noted.²⁰ A healthy immune system is our day-to-day defense against cancer. The authors of the Harvard studies hypothesized "the immune response to sperm antigens following vasectomy may enhance tumor growth by blocking of antibodies of tumor suppressor cells by sperm antigens."²¹

Are vasectomies reversible?

High-cost microsurgery techniques reverse sterilization in men and women. The functional success rates vary widely. A published paper reported rates around 50%;²² anecdotal reports tell of rates ranging up to 80%. Still, men and women "must consider any sterilization technique as permanent."²³

Are there psychological side effects?

A standard personality disorder test revealed that over 40% of a vasectomy study group experienced personality disturbances between their first testing and that of a year later after the operation.²⁴

A study of vasectomy patients and their wives by Dr. Frederick Ziegler found "striking adverse changes and reduced marital satisfaction in husband and wife notwithstanding general satisfaction with the procedure itself."²⁵

When a person takes such an irrevocable course of action, it is psychologically difficult to admit that a mistake has been made. This explains why patients who experience difficulties with sterilization still respond in surveys that they are "satisfied" with the procedure. "The need to convince ourselves is served by convincing others," noted one researcher.²⁶ Thus, while 53% of vasectomized participants in an Indian study suffered decreased sexual desire, 92% of the group expressed satisfaction with the operation.²⁷

What are the social consequences?

Although a million Americans each year choose sterilization for birth control purposes,²⁸ there is little research on the social consequences of sterilization. It has been suggested that men who believe themselves to be truly sterile may feel more inclined toward marital infidelity. Vasectomy may also aggravate the tendencies among middle-aged men that lead them to discard their wives in favor of younger women.²⁹

Minimum age and spousal consent requirements for sterilization have been reduced in many states, which can cause stress in marriages, especially when a couple later on reconsiders this permanent decision made earlier in their married life.

Regrets over this decision, made under stressful circumstances, may adversely affect marriages. Some of the most heartbreaking letters received by the Couple to Couple League come from couples who have deep sorrow and bitterness about a sterilization operation.

Another distressing social consequence comes from the very nature of sexual sterilization: the acceptance of the idea that an essential part of the body can be disconnected like a machine. This has grave implications. Cats and dogs are spayed for the convenience of their masters — who are the "masters" in the human social order?

Can "voluntary" sterilization become "forced"?

Yes. Perhaps the greatest social danger from "voluntary" sterilization is that it is only a half-step away from *forced* sterilization. If people reject the reality that sterilization is a serious evil, accepting it as a "morally neutral act," the way is paved for coerced sterilization.³⁰ In any functional social order, citizens may be morally compelled to do certain things, but they may not morally be forced to perform evil actions nor forced to consent to them. For example, traffic laws force us to limit our speed but there is nothing inherently evil in driving slower. Such legitimate laws are morally justified forms of coercion.

However, sterilization attacks the physical integrity of the human person. While this may be justified as a punishment for crime, the evil of sterilization should not be forced on anyone as a matter of social policy. Those considered "unfit" by Nazis standards lost their right to reproduce. Indira Gandhi launched a massive coerced sterilization campaign that led to her electoral defeat. In the United States, Margaret Sanger, founder of Planned Parenthood, advocated sterilization of the poor,³¹ and there have been other

attempts to employ forced sterilization for population control.³²

How does religion view sterilization?

Before 1930, no Christian Church accepted sterilization or any form of contraception as morally acceptable. The Catholic Church and some Protestant Churches still teach that deliberate sterilization is an immoral form of birth control. "Equally to be excluded [as morally permissible], as the teaching authority of the Church has frequently declared, is direct sterilization, whether perpetual or temporary, whether of the man or of the woman" (*Humanae Vitae*, 14).³³

Is there a safe and healthy alternative?

Yes. Even for the couple who have a most serious reason to avoid pregnancy, the Sympto-Thermal Method of Natural Family Planning (NFP) offers a realistic and moral alternative. No methods of conception regulation are 100% effective (except total abstinence or castration), but studies of Sympto-Thermal Methods have shown remarkably high effectiveness rates;³⁴ one study of a temperature-only form of NFP showed an unplanned pregnancy rate below that for vasectomy and tubal ligation sterilization.³⁵

How can I learn about Natural Family Planning?

Contact the Couple to Couple League either in your own area or at its international office in Cincinnati, Ohio.

— Keith Bower

References

1. Robert A. Hatcher, et al., *Contraceptive Technology* (New York: Irvington, 1990), p.414.
2. Ibid, p.412.
3. T. Randall, *Journal of the American Medical Association* (1991) 268:176-179.
4. H. J. Roberts, *Is Vasectomy Worth the Risk?* (West Palm Beach, FL: Sunshine Sentinel Press, 1993).
5. G. Frenkel, et al., *Israel Journal of Medical Sciences* (1973) 8:34.
6. N. J. Alexander and T. G. Clarkson, "Effect of vasectomy on diet-induced atherosclerosis," *Vasectomy: Immunologic and Pathophysiologic Effects in Animals and Man*, Irwin H. Lepow and Ruth Crozier, eds. (New York: Academic Press 1979), 122.
7. K.S.K. Tung, "Human sperm antigens and antisperm antibodies," *Clinical Experiences in Immunology* (1975) 20:93-104; R. Ansbacher, et al., "Sperm antibodies in vasectomized men," *Fertility and Sterility* (1972) 23:640; T. Samuel, et al., "Autoimmunity to sperm antigens in vasectomized men," *Clinical and Experimental Immunology* (1975) 21:65-74; J.D. Matthews, et al., "Weak antibody reactions to antigens other than sperm after vasectomy," *British Medical Journal* (1976) 2:1359; S. Shulman, et al., "Immunologic consequences of vasectomy," *Contraception* (April, 1972) 5(4) 269-278.

- See also N.J. Alexander, D.L. Fulgham, E.R. Plunkett and S.S. Witkin, "Antisperm antibodies and circulating immune complexes of vasectomized men with and without coronary events," *American Journal of Reproductive Immunology and Microbiology* (1986) 12:38-44.
8. S.S. Witkin, et al., "Sperm-related antigens, antibodies, and circulating immune complexes in sera of recently vasectomized men," *Journal of Clinical Investigation* (1982), 70:33-40.
9. H. Fisch, et al., "Detection of testicular endocrine abnormalities and their correlation with serum antisperm antibodies in men following vasectomy," *Journal of Urology* (1989) 141:1129-1132.
10. S. Naaby-Hansen, "The humoral autoimmune response to vasectomy described by immunoblotting from two-dimensional gels and demonstration of a human spermatozoa antigen immunochemically cross reactive with the D2 adhesion molecule," *Journal of Reproductive Immunology* (1990) 17:187-205.
11. J. Fried, *Vasectomy* (New York: Saturday Review Publ., 1972) 46.
12. N.J. Alexander, and T.B. Clarkson, "Vasectomy increases the severity of diet-induced atherosclerosis in *Macaca fascicularis*," *Science* (1978) 201:538-541.
13. N. Bansal, N.K. Ganguly Majumdar, R.N. Chakravarti, "Long term effects of vasectomy on experimental atherosclerosis in rhesus monkeys," *Australian Journal of Experimental Biology and Medical Sciences* (1986) 64:527-533; H.G. Fahrenback, N.J. Alexander, J.W. Senner, et al., "Effects of vasectomy on the retinal vasculature of men," *Journal of Andrology* (1980) 1:299-303; H.S. Jacob, "Complement induced granulocyte aggregation: Important in myocardial infarction and shock lung," *Journal of the American Medical Association* (1981) 245:2016.
14. L. Rosenberg, J.R. Palmer, A.G. Zauber, et al., "Vasectomy and the risk of prostate cancer," *American Journal of Epidemiology* (1990) 132:1051-1055.
15. C. Mettlin, N. Natarajan, and P. Huben, "Vasectomy and prostate cancer risk," *American Journal of Epidemiology* (1990) 132:1056-1061.
16. E. Giovannucci, A. Ascherio, E.B. Rimm, et al., "A prospective cohort study of vasectomy and prostate cancer in U.S. men," *Journal of the American Medical Association* (1993) 269:873-877; E. Giovannucci, T.D. Tosteson, F.E. Speizer, et al., "A retrospective cohort study of vasectomy and prostate cancer in U.S. men," *Journal of the American Medical Association* (1993) 269: 878-882.
17. Position Statement of the American Urological Association, Feb. 17, 1993.
18. E. Giovannucci, T.D. Tosteson, F.E. Speizer, et al., "A long-term study of mortality in men who have undergone vasectomy," *New England Journal of Medicine* (1992) 326:1392-1398.
19. R.A. Kronmal, J.N. Krieger, J.W. Kennedy, et al., "Vasectomy and urolithiasis," *The Lancet* (1988) 331:22-23.
20. A.R.J. Cale, M. Farouk, R.J. Presett, I.W.J. Wallace, "Does vasectomy accelerate testicular tumor? Importance of testicular examination before and after vasectomy," *British Medical Journal* (1990) 300:370; J.A. Thornhill, M. Butler, J.M. Fitzpatrick, "Could vasectomy accelerate testicular cancer? The importance of prevasectomy examination," *British Journal of Urology* (1987) 59:367.
21. Giovannucci, Tosteson, and Speizer, *JAMA*, 877.
22. For men the rate is around 50%, for women slightly better, although up to 70% of women requesting reversals are not accepted for the surgery because of irreversible damages. A.M. Siegler, et al., "Reversibility of female sterilization," *Fertility and Sterility* (1985) 43:499-510.
23. Hatcher, 416-417.
24. H. Edy, "Psychological aspects of vasectomy," *Medical Counterpoint* (January, 1972) 19.
25. F.J. Ziegler, D.A. Rodgers, S.A. Kriegsman, "Effect of vasectomy on psychological functioning," *Psychosomatic Medicine* (1966) 20:8.
26. H. Wolfers, "Psychological aspects of vasectomy," *British Medical Journal* (1970) 4:297.
27. K. Dandekar, "After-effects of vasectomy," *Artha*

- Vijnana* (Poona, India: Gokhale Institute of Politics and Economics, 1963) 5:212.
28. *Association of Voluntary Surgical Contraception News* (July, 1989) 27:1.
29. The psychological and social forces responsible for this distressing phenomenon are described superbly in George Gilder's *Men and Marriage* (Gretna, LA: Pelican Books, 1992).
30. "Let it be considered also that a dangerous weapon would thus be placed in the hands of those public authorities who take no heed of moral exigencies. Who could blame a government for applying to the solution of the problems of the community those means acknowledged to be licit for married couples in the solution of a family problem?" Pope Paul VI, encyclical letter *Humanae Vitae*, dated July 15, 1968, §17.
31. Margaret Sanger, *Pivot of Civilization* (New York: Brentano's, 1922), 124-145. Sanger expresses an especially strong paranoia that irresponsibly copulating "subhumans" will overpopulate the earth and contaminate the gene-pool.
32. Sterilization as a tool of the state has a long history in America. In the mid-1890s castration was used on the "feeble-minded" in Kansas. In 1899 a 19-year-old was castrated at the Indiana Reformatory because of his "addiction" to masturbation. In 1907 Indiana commenced sterilizing criminal and unfit elements in the state. Fifteen states enacted similar laws between 1907 and World War I. The eugenics movement touted the social benefits of involuntary sterilization into the 1930s. In 1974 two Alabama sisters, ages 12 and 14, were sterilized without their consent at a Montgomery birth control clinic.
33. Pope Paul VI, encyclical letter *Humanae Vitae*, July 25, 1968, §14.
34. R.E.J. Ryder, "Natural Family Planning: effective birth control supported by the Catholic Church," *British Medical Journal* (September 18, 1993) 307:723-726. This article compared studies from around the world indicating that modern inexpensive NFP methods, used by well-motivated couples, are as effective as the Pill in regulating births.
35. B. Vincent, et al., *Methodes Thermique a et Contraception: Approches medicale et psychologique* (Paris: Masson, 1967) 52-73.

© 1995 The Couple to Couple League International, Inc.

The Couple to Couple League

P O Box 111184

Cincinnati OH 45211

(513) 471-2000

www.ccli.org

Single copies: 20¢ each plus a self-addressed stamped envelope. Bulk rates upon request.