AB040. Post-vasectomy pain syndrome

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Abstract: Persistent pain after vasectomy is bothersome to both patients and urologists. The incidence of long-term pain after vasectomy, the so-called post-vasectomy pain syndrome (PVPS), is variable in the literature, ranging from 0.1% to 15%. The exact cause of PVPS is unknown, but several theories have been proposed, including interstitial fibrosis of the epididymal duct after obstruction of the testicular end of the vas deferens, and sperm granulation formation resulting in perineural fibrosis and inflammation. No risk factors such as immediate postoperative complications, age, socioeconomic status, or vasectomy techniques have been identified for PVPS. Conservative therapy, including scrotal elevation and support, heat or ice packing, and oral pain killers is the first line therapy for PVPS. Those who fail to have response to conservative treatment for at least three months should consider spermatic cord blocks. Surgical interventions could be employed if minimally-invasive procedures fail. Excision of the sperm granulation and intraluminal cautery occlusion of the vas deferens could be applied if the pain is localized to a sperm granulation, while epididymectomy could be performed in patients with palpable tenderness at epididymis. Vasectomy reversal and microscopic denervation of the spermatic cord might be helpful in about 70% of the patients. Inguinal orchiectomy is sometimes useful for severe cases of PVPS. Since PVPS is unpredictable, it is essential to inform the patients of this potential complication during preoperative counseling. More data are warranted to evaluate the role of abdominal robotic microsurgical neurolysis in patients with PVPS unresponsive to orchiectomy.

Keywords: Post-vasectomy pain syndrome (PVPS); epididymectomy

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