



JUSTIN HOUMAN, MD, FACS

Vasectomy Reversal Specialist

The Vasectomy Reversal Guide

What affects success. How to prepare.
What to ask your surgeon.

SECTION 01

What Is Vasectomy Reversal?

Vasectomy reversal (vasovasostomy or vasoepididymostomy) is a microsurgical procedure that restores sperm flow after vasectomy, allowing a man to father children naturally. More than 500,000 vasectomies are performed in the United States each year, and up to 6% of men will later seek reversal. Success depends heavily on time elapsed since vasectomy, the surgical technique used, and the surgeon's level of subspecialty training. If you have been told reversal will not work for you, you may not have seen the right specialist.

Dr. Houman's Outcomes

50+

vasectomy reversals
per year

99%

patency rate
< 8 yrs post-vasectomy

1 week

return to work
& exercise

SECTION 02

Common Reasons Men Seek Reversal

Men pursue vasectomy reversal for a variety of personal and medical reasons:

- Change in relationship or new partner wanting biological children
- Loss of a child and desire to have additional children
- Vasectomy-related pain syndrome: chronic scrotal or ejaculatory discomfort
- Regret following vasectomy, regardless of current relationship status
- Desire to restore natural fertility before pursuing assisted reproduction
- Sperm retrieval for IVF, where reversal may offer superior long-term outcomes and lower cost

SECTION 03

When to Seek Evaluation

Time Is the Most Critical Factor

The longer you wait after vasectomy, the lower the success rate. Dr. Houman achieves a 99% patency rate in men who are fewer than 8 years out from vasectomy. After 15 years, anti-sperm antibodies and epididymal obstruction significantly reduce success. Do not delay consultation if you are considering reversal.

See a subspecialist promptly if any of the following apply:

- You are considering biological children within the next 1 to 5 years

- Your female partner is over 35 and time to conception is a priority
- You have been experiencing post-vasectomy pain for more than 3 months
- You have been told by another provider that reversal "probably won't work"
- You are weighing reversal against IVF with sperm retrieval

SECTION 04

How Is It Evaluated?

A thorough pre-operative evaluation determines candidacy and surgical planning:

- Detailed reproductive and surgical history, including time since vasectomy and prior fertility
- Physical examination of the vas deferens, epididymis, and testes
- Scrotal Doppler ultrasound to assess anatomy and rule out secondary pathology
- Female partner fertility evaluation to ensure timing and approach are optimized
- Hormone assessment including testosterone and FSH when indicated
- Intraoperative findings at the vasectomy site to determine repair type

SECTION 05

Types of Vasectomy Reversal

The appropriate repair is determined intraoperatively based on findings at the vasectomy site and epididymis. Two techniques may be required, and both demand microsurgical expertise:

Procedure	What It Involves	When It Is Used
Vasovasostomy (VV)	Direct reconnection of the two cut ends of the vas deferens under a surgical microscope	Sperm present in vas fluid at the vasectomy site
Vasoepididymostomy (VE)	Bypass of an epididymal obstruction; the vas is connected directly to a single epididymal tubule	No sperm in vas fluid; epididymal backup present
Bilateral repair	Either technique applied to both sides depending on individual anatomy	Most cases; each side evaluated independently
Revision reversal	Corrective microsurgery when a prior reversal has failed or re-scarred	Failed prior reversal with ongoing infertility

SECTION 06

Surgical Technique: Microsurgical Vasectomy Reversal

Vasectomy reversal is among the most technically demanding procedures in male reproductive medicine. The anastomosis (reconnection) is performed using sutures finer than a human hair under a high-powered operating microscope. Success is directly tied to precision at the anastomotic site, and outcomes are measurably better in the hands of fellowship-trained microsurgeons performing the procedure at high volume.

Rapid Recovery

Microsurgical vasectomy reversal is performed as an outpatient surgery under general anesthesia, typically lasting 2 to 4 hours. Most of Dr. Houman's patients return to desk work and light exercise within 1 week of surgery.

SECTION 07

Robotic-Assisted Vasectomy Reversal

Dr. Houman offers robotic-assisted microsurgical vasectomy reversal, which enhances surgical precision through tremor filtration, three-dimensional high-magnification visualization, and improved instrument articulation. This is particularly valuable in complex cases including revision reversals and vasoepididymostomy.

- Tremor-free robotic instrumentation for finer suture placement at the anastomosis
- Three-dimensional high-magnification visualization of the vas lumen and epididymal tubule
- Particularly suited for vasoepididymostomy, revision reversal, and complex anatomy
- Reduced surgeon fatigue during long microsurgical procedures, maintaining consistent precision

SECTION 08

Why Dr. Houman's Approach Is Different

Vasectomy reversal outcomes are directly tied to surgeon training, operative volume, and intraoperative decision-making. Dr. Houman is one of a small number of fellowship-trained microsurgeons in the United States who subspecializes in vasectomy reversal and performs it at high volume, including complex revision and vasoepididymostomy cases.

Metric	National Average	Dr. Houman
Patency rate (< 8 yrs post-vasectomy)	85-90%	99%
Annual reversal volume	Low to moderate	50+ per year
Return to work & exercise	2 to 3 weeks	1 week
Vasoepididymostomy capability	Limited availability	Routinely performed
Robotic reversal option	Rarely offered	Available for complex cases
Subspecialty training	General urology	Fellowship-trained microsurgeon

SECTION 09

The Intraoperative Decision Framework

What Sets This Approach Apart

Dr. Houman evaluates vasal fluid at the time of surgery under the microscope before committing to a repair technique. The presence or absence of sperm, the quality of the fluid, and the appearance of the epididymis all guide whether a vasovasostomy or vasoepididymostomy is performed on each side independently. This real-time decision-making, performed by a surgeon trained in both techniques, is what distinguishes subspecialty reversal care from generalist practice. Sperm are also banked intraoperatively as a precaution in eligible patients.

SECTION 10

Why Dr. Houman's Approach Is Different

Fellowship-trained microsurgeon

Dr. Houman completed subspecialty fellowship training in male reproductive medicine and microsurgery. This training is held by fewer than 2% of practicing urologists in the United States.

High surgical volume

Dr. Houman performs over 50 vasectomy reversals per year, placing him among the highest-volume reversal surgeons in the country. Outcomes in microsurgery are directly linked to case volume.

Bilateral VE capability

Vasoeepididymostomy is technically the most demanding anastomosis in male reproductive surgery. Many urologists refer these cases out. Dr. Houman routinely performs bilateral vasoeepididymostomy.

Robotic microsurgery capability

One of a select few surgeons in the country offering robotic-assisted vasectomy reversal, providing additional precision for complex cases and revision surgeries.

Intraoperative sperm banking

Sperm are cryopreserved at the time of reversal when appropriate, providing a safety net if the anastomosis does not achieve patency and IVF is later pursued.

Coordinated female partner evaluation

Dr. Houman works closely with reproductive endocrinologists to ensure the female partner's fertility status is factored into surgical planning and timing decisions.

SECTION 11

Questions to Ask Your Surgeon

Vasectomy reversal requires a surgeon with the training and volume to perform both techniques and make real-time intraoperative decisions. Use these questions at your consultation:

Q: How long ago was my vasectomy, and how does that affect my options?

Time elapsed is the single most important prognostic variable. Dr. Houman achieves a 99% patency rate in men fewer than 8 years out from vasectomy. Success rates decline progressively beyond that window due to epididymal pressure buildup and anti-sperm antibody formation.

Q: Are you trained in both vasovasostomy and vasoepididymostomy?

Many surgeons can perform vasovasostomy but cannot perform vasoepididymostomy. If you need a VE intraoperatively and your surgeon is not trained in it, outcomes will be compromised. Confirm both.

Q: How many reversals do you perform per year?

Volume correlates directly with outcomes in microsurgery. Dr. Houman performs over 50 vasectomy reversals per year, including complex vasoepididymostomy and revision cases.

Q: When can I return to work and exercise?

Most of Dr. Houman's patients return to desk work and light exercise within 1 week of surgery, significantly faster than the 2 to 3 week recovery typical at lower-volume centers.

Q: Do you offer robotic-assisted reversal?

Robotic microsurgery enhances precision and is particularly valuable in revision cases and vasoepididymostomy. Not all centers offer it.

Q: Will sperm be banked at the time of surgery?

Intraoperative sperm banking is standard of care at high-volume centers. It preserves options for IVF if the reversal does not achieve patency.

Q: What are the risks of vasectomy reversal?

Failure to achieve patency, re-scarring at the anastomosis, hematoma, infection, and rare cases of testicular atrophy are the primary considerations. These risks are reduced by microsurgical technique and surgeon experience.

JUSTIN HOUMAN, MD, FACS

Ready to take the next step?

If you are considering vasectomy reversal, or you have been told it will not work, the most important thing you can do is get evaluated by a subspecialist.

Book a Consultation

www.HoumanMD.com/contact

Website: HoumanMD.com

This guide is intended for educational purposes only and does not constitute medical advice. Please consult a qualified physician for diagnosis and treatment.