JUSTIN HOUMAN MD
MEN'S HEALTH
TOWER UROLOGY

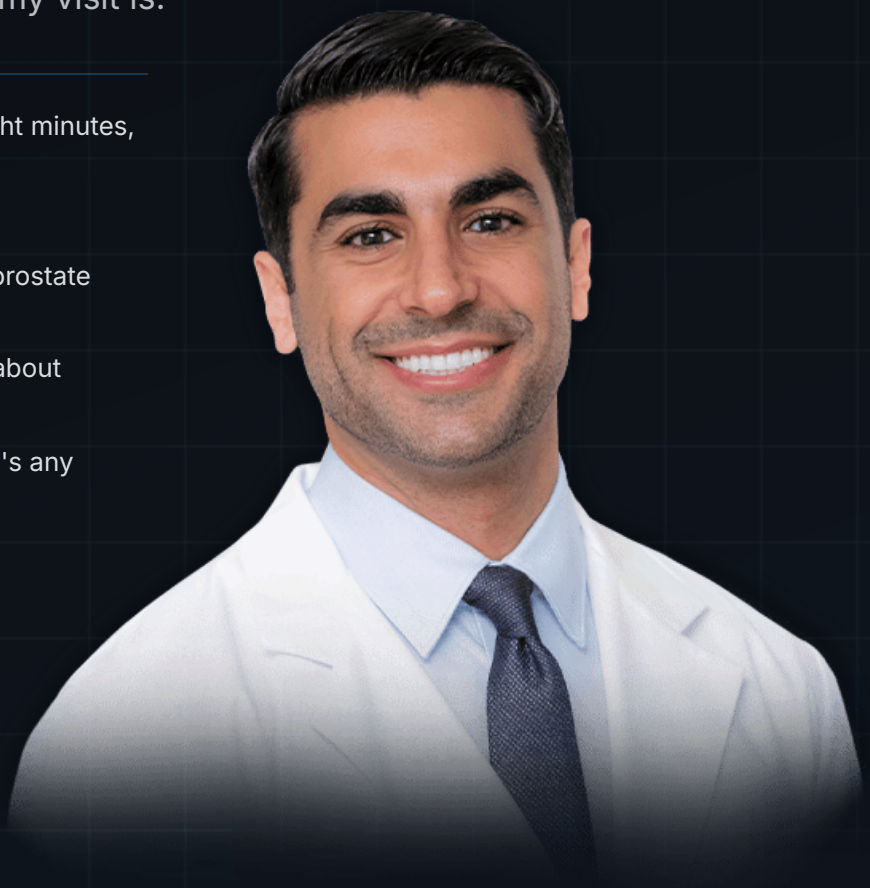
FREE GUIDE

VASECTOMY

# The no-needle, no-scalpel vasectomy.

The hardest part about a vasectomy is scheduling the appointment. Most guys are pretty surprised about how simple and uneventful the vasectomy visit is.

- What actually happens in the seven to eight minutes, with no needle and no scalpel
- What recovery looks like, day by day
- Three myths about your sex life, and the prostate cancer question
- The three things most guys only find out about afterward
- Why I tell guys to bank sperm first if there's any chance

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01 START HERE

# The hardest part is scheduling the appointment.

I can't tell you how many times guys have told me the hardest part about the vasectomy is scheduling the initial visit. Once you have that conversation, you realize it's pretty easy and straightforward.

A lot of guys are quite fearful of it, just because it's a vasectomy. They feel like any type of procedure down in that territory can be painful, can cause side effects, can have a bevy of negative outcomes. But in reality, it's a very straightforward procedure, and it's something we do on a daily basis. Sometimes it takes guys months to years to come in. They're building up the expectation of what a vasectomy is.

02 THE BASICS

# What a vasectomy actually does.

The vas deferens is the tube that carries sperm outwards from the testicle. A vasectomy blocks that tube. All it does is stop the sperm from going into your ejaculate. Testosterone is made in the testicle and goes straight into your bloodstream, so a vasectomy has zero impact on testosterone production.

The best version of a male contraceptive is the vasectomy. It's the gold standard for contraception, especially for male contraception, and it's over 99% effective.

TIME
**About seven to eight minutes**
In the office, under local anesthesia. You're in and you're out.

TECHNIQUE
**No needle, no scalpel**
The numbing is a jet spray. A tiny opening instead of an incision, so no stitches.

RECOVERY
**Two to three days of rest**
Back to normal exercise and normal living after about five to seven days.

EFFECTIVENESS
**Over 99%**
Once a follow-up semen analysis confirms there are no sperm left. Until then, it isn't effective.

03 BEFORE: THE CONSULTATION

### We start with a conversation.

There's a consultation that happens before the vasectomy. We discuss the risks, the benefits, and everything that needs to be done before, during and after the vasectomy to optimize outcomes. We've advanced the technology for a vasectomy to be done in the office under local anesthesia, in a very calm environment, and patients do great.

04 WHAT I ACTUALLY DO

## Seven minutes. No needles, no scalpels.

The no-needle vasectomy, as you can imagine, has no needles and no scalpels. Here's what it entails.

1. **Numbing, without a needle.**
   The local anesthetic is delivered through a jet spray rather than an injection: a fine, high-pressure spray that numbs the skin without a needle stick.
2. **A very small opening.**
   We stretch the skin of the scrotum, a very small portion of it. There's no incision, so there are no stitches. The opening heals on its own within a few days.
3. **Find the vas deferens.**
   We identify the vas deferens and isolate it from everything else.
4. **Tie it off.**
   We tie off both ends of it and remove a small portion of the vas deferens to send off.
5. **Seal both ends.**
   Then we burn both ends, to make sure the ends of the vas deferens never come together.

It takes about seven to eight minutes, very straightforward. After the procedure, we give you some scrotal support to help with the recovery process, and you go home.

> JUST AS EFFECTIVE
>
> **The jet spray and the tiny opening are about comfort. How well a vasectomy works comes from sealing the vas deferens, so the result is the same as the traditional technique.**

05 RECOVERY

# Recovery, day by day.

Guys are usually back on their feet that night, take a couple of days off work, and are back to normal exercise and normal living after about five to seven days.

DAY OF
**Home the same day**
Scrotal support, ice, and Tylenol or Advil. Back on your feet that night.

DAYS 1 TO 3
**Rest**
About two to three days off work, 48 to 72 hours.

DAYS 5 TO 7
**Back to normal**
Normal exercise and normal living. Ease back into sex.

WEEKS 8 TO 16
**Semen analysis**
Keep using birth control until it confirms there's no sperm.

## The first couple of days

- **Ice and regular pain medication.** It really comes down to making sure you're icing. I usually say every six hours you want to take either Tylenol or Advil, back and forth.
- **Scrotal support.** We give it to you after the procedure to help with the recovery process.
- **Time off.** You want to take a couple of days off from work, 48 to 72 hours.

## Sex and exercise

Let your body heal up before you start intercourse, or at least aggressive intercourse. The reason some guys say they feel a lower libido after a vasectomy is that a lot of times they're still recovering. There's some soreness in that area, and any time you're having intercourse, that area is going to be irritated. Subconsciously, you're not going to want to engage in something that's causing pain. Give your body that time, and the pathway back to a normal sex life is easier.

WHEN TO CALL MY OFFICE

**Call if you develop a fever, significant swelling, or pain that's increasing instead of settling down.** Some soreness for the first few days is expected.

06 YOUR SEX LIFE

# Will a vasectomy change your sex life?

Here are the three biggest myths, or the three biggest worries, that men have when it comes to a vasectomy.

1. **Will it lower my testosterone levels? Absolutely not.**
Testosterone is made in the testicle. It goes straight into your bloodstream. A vasectomy is on the tube that carries sperm outwards from the testicle, so it has zero impact on testosterone production.

2. **Will it lower my sex drive or erections? Absolutely not.**
Desire and erections are controlled by your hormones, and that has nothing to do with the vas deferens itself. Many couples actually say sex gets better, because the pregnancy worry is no longer there after a vasectomy.

3. **Will my ejaculate look different? Again, absolutely not.**
Sperm only makes up 1% of your semen volume. The prostate and your seminal vesicles make up the other 99%, and we're not touching any of those. You will not notice any difference.

> **It's one and done. It doesn't cause any hormonal health issues, doesn't cause any erectile dysfunction, no sexual side effects, no libido issues. Very, very well tolerated.**

## Does a vasectomy cause prostate cancer?

This is a myth that, for whatever reason, men have been told, but there's zero evidence of a vasectomy causing prostate cancer. There have been numerous analyses done, and there's no reasonable connection between a vasectomy and prostate cancer.

WATCH ME EXPLAIN IT

**Vasectomy myths, answered**

Scan with your phone camera, or **tap here** to watch on YouTube.

07 WHAT GUYS FIND OUT AFTERWARD

# Three things most guys only find out about afterward.

1. **It isn't effective right away.**
   You need a semen analysis to prove it worked.
2. **Pain that lasts for months is real.**
   It's uncommon, and we have great solutions for it.
3. **Reversals work, but banking sperm first is a great insurance option.**
   If there's any chance you'll want a child later.

08 AFTERWARD, NUMBER ONE

# You're not sterile yet.

Most patients think: I've had a vasectomy, it's going to be perfect, I don't need to do a semen analysis afterwards. Absolutely not. You always want to do a semen analysis after a vasectomy to ensure that there's no sperm in your ejaculate.

A vasectomy works immediately in terms of the transmission of new sperm, but you're always going to have swimmers in your tract. So I always tell guys to ejaculate 20, 30 times after the vasectomy. Then you do a semen analysis, confirm that there are no swimmers, and then you're good to go. From the time of the vasectomy until you have that confirmation test, you should not be having unprotected sex.

THE TEST
**Post-vasectomy semen analysis**
It checks whether there are any sperm left in your semen.

WHEN
**8 to 16 weeks after**
That's the window in the current AUA guideline (2026). I'll tell you when.

THE RESULT
**One qualifying sample**
One test confirms it. Until then, keep using birth control.

> **If motile sperm are still there at six months, we talk about a redo. It's very rare, but it happens. This is why the follow-up test isn't optional.**

09 AFTERWARD, NUMBER TWO

# Still in pain months after your vasectomy?

A vasectomy is an invasive procedure, and you're going to have some pain afterwards, sometimes for days, sometimes for weeks. Most men recover without any lasting discomfort; studies suggest roughly 1 to 2% develop chronic pain that affects their quality of life. If it persists for months, it qualifies as post-vasectomy pain syndrome. There are three common causes: back pressure in the testicle, irritated nerves in the spermatic cord, or a sperm granuloma, a small lump next to the vasectomy site.

This is real. This is not in your head. First we try anti-inflammatory medications. Then a spermatic cord block tells us whether it's congestion-type pain or nerve irritation, and that decides between a vasectomy reversal and a microsurgical spermatic cord denervation. You don't have to live with this for years and years. My Testicular Pain Guide covers it in full.

WATCH

**Pain after a vasectomy: the three causes, and how they're treated**

Scan, or **tap here** to watch on YouTube.

10 AFTERWARD, NUMBER THREE

# Should you freeze your sperm first?

The way you should think about a vasectomy is that it's supposed to be permanent. Obviously reversals work. Vasectomy reversals have great success, especially if they're done within seven to 10 years. But banking sperm before a vasectomy is a great insurance option. I would recommend anybody who's thinking about having a child later just to bank your sperm. Not only will you have sperm, you'll have healthier sperm, because it's sperm from a younger period of your life.

It's very easy to do these days. The same companies that check your semen analysis at home will do storage: you ejaculate into a cup, you mail it in, and they keep it frozen for you.

> **Unless you're truly sure you never want to have kids again, banking sperm is a great option. It's a great insurance policy.**

11 FOR THE PARTNER

# A vasectomy is almost always a couple's decision.

Most guys have both partners in the room. Each partner really comes in with different questions.

THE GUY GETTING THE VASECTOMY

**How does this affect me?**

He's always worried about how it impacts his testosterone, libido and erectile function. The answer is it has zero impact on any of those. All it does is stop the sperm from going into the ejaculate.

THE PARTNER

**What do I need to do afterward?**

The partner is more worried about post-op care. It really comes down to icing, regular pain medication (Tylenol or Advil every six hours, back and forth), and a couple of days off work.

Most couples come in with a list of questions, and we answer all of them. But the big thing is, most people leave the consultation having realized the procedure itself is a lot easier than they think. It's about a seven to eight minute procedure, outpatient. Incredibly safe, incredibly straightforward.

MY SOAPBOX

**Any couple who's done with their fertility, the guy should undergo a vasectomy.**

12 WAITING FOR THE MALE PILL?

# We're just not there yet.

We've been doing vasectomies for decades. It's a physical thing: the plumbing is no longer routed the same way. It's old school, but it works. There are new technologies trying to replace the vasectomy, like different polymers injected into the inside of the vas deferens. But that procedure itself is basically half a vasectomy. To get access to the inside, they're still opening you up.

Right now, I don't think we're there for any of these procedures, or for medications like the pills. I think we'll eventually get there. We're just not there yet. The vasectomy is still the gold standard.

13 CHOOSING A DOCTOR

# Who should do your vasectomy?

Most men considering a vasectomy want to find a doctor who does thousands of them. Not a general urologist. That's why men come to see me.

You always want to go to somebody who does a lot of them, like anything else, any other operation, just because they're experienced with it. I'm fellowship-trained in male reproductive medicine and microsurgery, training held by fewer than 2% of practicing urologists, and I do vasectomy reversals too, so I understand the procedure from both sides. It's no coincidence that we have more than 200 five-star reviews. Patients want to come here.

14 BEFORE YOU BOOK

# Four questions to ask any doctor.

1. **How many vasectomies do you do?**
   You want somebody who does a lot of them. For me, it's something we do on a daily basis.
2. **Do you use a no-needle, no-scalpel technique?**
   Mine uses a jet spray for the numbing and a tiny opening with no stitches. About seven to eight minutes, in the office.
3. **When do I do my semen analysis, and who checks it?**
   You always want to do a semen analysis after a vasectomy. Until it confirms there's no sperm, keep using birth control.
4. **Should I bank sperm first?**
   If there's any chance you'll want a child later, I'd say yes. It's easy to do at home, and it's a great insurance policy.

ABOUT WHO WROTE THIS

# I'm Dr. Justin Houman.

I'm a board-certified men's health urologist and assistant professor of urology at Cedars-Sinai Medical Center in Los Angeles. I practice at Tower Urology.

When I was in residency, very few urologists specialized in men's health. Men's health is really three buckets: sexual health, fertility health and hormonal health. These are the things that bring men to the doctor for the first time. Men won't tell you when they have high blood pressure, but they'll tell you when they can't get an erection.

A typical urology visit is no more than ten minutes. Patients are meant to be pushed through, not dug into to figure out what is actually going on. My practice is different. I like to figure out what the cause is, so it has better long-term outcomes. Being at Tower Urology at Cedars-Sinai, I have the background of an academic medical center, but with my own practice inside it I'm not on a corporate clock.

TRAINING
**Fellowship-trained microsurgeon**
Board-certified urologist with fellowship training in male reproductive medicine and microsurgery.

VOLUME
**1,000+ varicocelectomies, 800+ implants**
Microsurgery for fertility, pain and sexual health is a big part of my practice.

RECOGNITION
**Super Doctors® Rising Stars℠**
Selected for inclusion in 2027 Southern California Super Doctors® Rising Stars℠, Urology.

DESIGNATIONS
**Centers of Excellence**
Endo Xiaflex Center of Excellence (Peyronie's) and Boston Scientific AMS 700 Center of Excellence (penile implants).

VISITS IN PERSON OR BY VIDEO

## You don't have to live in Los Angeles.

Telehealth is how a lot of my patients actually start. The first visit for a lot of patients, especially patients who are outside of Los Angeles, is a video call from home. We go through your symptoms, your history, and any labs or imaging you've had. Sometimes patients send those in beforehand. A lot of patients come to me for second opinions on results from other urologists, and we figure out what's missing, what hasn't been done. Many times an exam needs to be done in person before figuring out the next steps.

YOUR NEXT STEP

# You're in, and you're out.

Vasectomies are incredibly safe, and I highly recommend it to men. You want to go to somebody who does a lot of them. It takes about seven to eight minutes in the office, and you're able to resume your life within a few days.

REQUEST A VISIT

**Book online**

Scan, or tap here.
houmanmd.com/contact

CALL MY OFFICE

**310-854-7822**

Monday to Friday, 8:30am to 5pm
Tower Urology at Cedars-Sinai

**Not in Los Angeles?** If distance is what's stopping you from coming to see me, a video visit is a great alternative.

BEFORE YOU BOOK

I see patients Wednesday through Friday, and new-patient openings are limited each week.

One practical note so there are no surprises: I'm in-network with Medicare. Other insurance is out-of-network, and my office provides a superbill you can submit to your plan for reimbursement. My team will walk you through costs before you book anything.

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This guide is for education only and is not medical advice. Reading it does not create a doctor-patient relationship. Every patient is different; talk with a qualified physician before making medical decisions.